



**The meeting of the Board of Directors**

**To be held on Tuesday, 27 November 2018 at 10.:30am  
in the Boardroom, Bassetlaw Hospital**

**AGENDA**

**Part I**

	<b>Enclosures</b>	<b>Time</b>
1. Apologies for absence	(Verbal)	10:30am
2. Declarations of Interest	(Verbal)	

Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.

3. Actions from the previous meeting	Enclosure A	
4. Freedom to Speak Up Guardian Annual Report Lynn Goy - Freedom to Speak Up Guardian	Presentation	10:35am

**Reports for decision**

5. Use of Trust Seal Kate Sullivan – Corporate Governance Officer	Enclosure B	11:00am
6. ICS Memorandum of Understanding Richard Parker – Chief Executive	Enclosure C	11:05am

**Reports for assurance**

7. Brexit Preparations David Purdue – Accountable Officer for Business Continuity	Enclosure D	11:15am
8. Chairs Assurance Logs for Board Committee held 22 & 23 November 2018 Neil Rhodes – Chair of Finance and Performance Committee Kath Smart – Chair of ANCR	Enclosure E	11:30am
9. Finance Report as at 31 October 2018 Jon Sargeant – Director of Finance	Enclosure F	11:40am
10. Performance Report – 31 October 2018 Led by David Purdue – Chief Operating Officer	Enclosure G	12:00pm

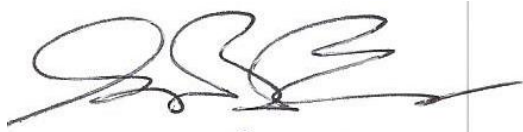
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| 11. People and Organisational Development Update<br>Karen Barnard – Director of People and Organisational Development                              | Enclosure H | 12:20pm |
| 12. Guardian for Safe Working Update<br>Karen Barnard – Director of People and Organisational Development<br>Jay Dugar – Guardian for Safe Working | Enclosure I | 12:40pm |

### Reports for information

- |  |             |     |
|--|-------------|-----|
| 13. Chair and NEDs' Report<br>Suzy Brain England – Chair   | Enclosure J | 1pm |
| 14. Chief Executive's Report<br>Richard Parker –Chief Executive  | Enclosure K |     |
| 15. Minutes of Finance and Performance Committee, 20 September & 22 October 2018<br>Neil Rhodes – Chair of Finance and Performance Committee           | Enclosure L |     |
| 16. Minutes of Audit and Non-clinical Risk Committee – 23 July 2018 & 20 September 2018<br>Kath Smart – Chair of Audit and Non-clinical Risk Committee | Enclosure M |     |
| 17. Minutes of Management Board, 15 October 2018<br>Richard Parker – Chief Executive   | Enclosure N |     |
| 18. <b>To note:</b><br>Board of Directors Agenda Calendar<br>Kate Sullivan – Corporate Governance Officer  | Enclosure O |     |

### Minutes

- |  |             |        |
|--|-------------|--------|
| 19. To approve the minutes of the previous meeting held 23 October 2018  | Enclosure P | 1:10pm |
| 20. <b>Any other business (to be agreed with the Chair prior to the meeting)</b>   |             |        |
| 21. <b>Governor questions regarding the business of the meeting</b>  |             | 1:20pm |
| 22. <b>Date and time of next meeting</b><br>Date: 18 December 2018<br>Time: 10.00am<br>Venue: Boardroom, MMH   |             |        |
| 23. <b>Withdrawal of Press and Public</b><br><br>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. |             | 1:30pm |

A handwritten signature in black ink, appearing to read 'Suzy Brain', followed by a horizontal line that ends in a vertical tick mark.

Suzy Brain England  
Chair of the Board



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

## Action Notes

**Meeting:** Board of Directors  
**Date of meeting:** 23 October 2018  
**Location:** Boardroom, DRI  
**Attendees:** SBE, RP, KB, PD, MH, DP, AA, LP, JP, JS, PS, KS, SS, NR  
**Apologies:** None

No.	Minute No	Action	Responsibility	Target Date	Update
1.	18/4/44	Presentation to be given to Board on work in theatres and outpatients.	DP/MK	Autumn 2018	Timetabled for a future Board.
2.	18/6/47 18/7/27 18/7/64 18/9/23	Workshops to be organised on: <ul style="list-style-type: none"><li>• Digitising A&amp;E</li><li>• LEAN</li><li>• Values based recruitment</li><li>• Freedom to Speak Up Strategy</li></ul>	KB/MK	Autumn 2018	Included in board development schedule.
3.	18/9/3	Board development work with Karl George to be brought into an action plan.	KB	November 2018	On agenda.

No.	Minute No	Action	Responsibility	Target Date	Update
4.	18/9/51	QEC to deep dive cancelled operations.	DP	December 2018	Not yet due.
5.	18/10/36	Feedback on events with HM Prison Service be reported back to Board.	DP	November 2018	Update from EC, Deputy COO - During #systemperfect week the Deputy COO led 2 sessions focussed on Effective Patient Pathways for Prisoners. The purpose of the sessions was to bring together clinical teams and senior managers to share service line information and delivery across each provider and to identify opportunities to improve patient flow, quality and overall patient experience. Together, partners identified a number of opportunities they felt would add value to prisoners and provider clinical teams. Subsequently NHSE have approved a business case to support a 6 month programme of work to take forward the opportunities identified. A Trust project manager started in early November and a steering group is now established, chaired by the Deputy COO, with representation from Care UK, NHSE and partners.
6.	18/10/38	Further details of new nurse-led paediatrics service to be brought back to Board.	DP	November 2018	Update to be provided at the meeting



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

Date of next meeting:

27 November 2018

Action notes prepared by:

M Kane

Circulation:

SBE, AC, NR, KB, MH, KS, PD, DP, JS, SS, RP, LP, SM

DRAFT



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

Title	<b>Use of Trust Seal</b>											
Report to:	<b>Board of Directors</b>	Date:	<b>27 November 2018</b>									
Author:	<b>Matthew Kane, Trust Board Secretary</b>											
For:	<b>For approval</b>											
<b>Purpose of Paper: Executive Summary containing key messages and issues</b>												
<p>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:</p> <table border="1"> <thead> <tr> <th>Seal No.</th> <th>Description</th> <th>Signed</th> <th>Date of sealing</th> </tr> </thead> <tbody> <tr> <td rowspan="2">102</td> <td rowspan="2">License relating to employment services at Bassetlaw Hospital between DBTH and South Yorkshire Housing Association</td> <td>Richard Parker Chief Executive</td> <td rowspan="2">24 October 2018</td> </tr> <tr> <td>Jon Sargeant Director of Finance</td> </tr> </tbody> </table>				Seal No.	Description	Signed	Date of sealing	102	License relating to employment services at Bassetlaw Hospital between DBTH and South Yorkshire Housing Association	Richard Parker Chief Executive	24 October 2018	Jon Sargeant Director of Finance
Seal No.	Description	Signed	Date of sealing									
102	License relating to employment services at Bassetlaw Hospital between DBTH and South Yorkshire Housing Association	Richard Parker Chief Executive	24 October 2018									
		Jon Sargeant Director of Finance										
<b>Recommendation(s)</b>												
The Board is requested to approve use of the Trust Seal.												



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

<b>Title</b>	<b>Memorandum of Understanding SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>27 November 2018</b>
<b>Author</b>	<b>Will Cleary-Gray, Chief Operating Officer, South Yorkshire and Bassetlaw Integrated Care System</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision	X	
	Assurance		
	Information		

**Executive summary containing key messages and issues**

The final version of the Memorandum of Understanding for South Yorkshire and Bassetlaw ICS for 2018/19 has been developed in negotiation with NHS England and NHS Improvement, ahead of the go live level 2 date of 1 October 2018.

The MOU for 2018 builds on the MOU signed by the SYB ICS Chief Executive on behalf of the system last year. It covers:

- The national NHS priorities and deliverables (the NHS Constitution standards)
- The financial framework (all governing bodies and boards previously agreed the framework)
- The ICS priority areas (also previously agreed)

The one area within the MOU yet to be finalised is the revised operating model and governance arrangements for 18/19, which we are currently working through, both as part of a wider system governance review and with NHSE /I regional colleagues to ensure the ICS is empowered and enabled to deliver its responsibilities as a level 2 ICS. This will be taken forward through a process of enabled due diligence.

**Recommendation(s) and next steps**

The Board is asked to APPROVE the Memorandum of Understanding and direction of travel.

## **Memorandum of understanding for Integrated Care Systems**

Dear Andrew,

We are writing to confirm South Yorkshire and Bassetlaw's status as an Integrated Care System (ICS), subject to collective agreement of all the leaders in your system, and to describe the terms of this relationship with the national leadership bodies.

In order to enable the further development of the ICS approach in 2018/19, this document sets out the national expectations of ICSs, the freedoms and flexibilities that these systems will gain in return and how we will work to support system leaders and their teams.

### **1. Objectives**

ICSs are systems in which NHS commissioners providers, NHS England and NHS Improvement, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they use their collective resources to improve quality of care and health outcomes. They are expected to make faster progress than other health systems in transforming the way care is delivered, to the benefit of the population they serve.

ICSs will:

- re-design and integrate clinical and care pathways to better meet the needs of the local population, incorporating use of prevention and self-care where appropriate;
- develop population health management approaches that facilitate the integration of services focused, in the first instance, on populations that are most at risk of developing acute illness and hospitalisation;
- work with key system partners and stakeholders including patients and residents and their democratic representatives, health and care staff, local government and the voluntary sector;
- take collective responsibility for managing financial and operational performance, quality of care (including patient/user experience) and health and care outcomes;
- implement new methods of payment that support integration of services and population health management approaches, whilst enabling delivery of a shared system control total;

- create more robust cross-organisational arrangements to tackle the systemic challenges that the health and care system is facing;
- act as a leadership cohort, demonstrating what can be achieved with strong local leadership, operating with increased freedoms and flexibilities; and
- commit to developing and disseminating learning, together with the national bodies, so that other systems can develop ICSs.

## **2. National NHS priorities and deliverables**

The NHS guidance for refreshing 2018/19 plans confirmed the priorities set out in [Next Steps on the Five Year Forward View](#). These include to:

- improve investment in, access to and the quality of mental health services as defined in [Implementing the Five Year Forward View for Mental Health](#) and the planning round refresh;
- promote better prevention and earlier diagnosis of cancer, as well as increasing access to innovative and timely treatments that improve survival, quality of life and patient experience;
- stabilise general practice, ensuring measures are in place to maximise GP retention and recruitment, and support the development of primary care networks that improve access and share assets and workforce. In time these networks will collaborate to expand the range of services available in the community, including proactive services aimed at keeping people well and/or prevent acute deterioration;
- redesign and strengthen the urgent and emergency care system through successful implementation of the UEC transformation programme. This includes delivering national operational standards, the 2018/19 ambitions on “Reducing long stays in hospital - to reduce patient harm and bed occupancy” and urgent and emergency mental health care for people of all ages;
- transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals; and
- continue to make maternity services in England safer and more personal through the implementation of the Better Births guidance.

The national deliverables that underpin these priorities are set out in Annex 1 of this document for ease of reference.

We are also expecting ICSs to go further than other systems in driving improvement across the clinical priority areas including:

- reaching 100% coverage of self-identified primary care networks (PCNs) by the end of 2018/19. We expect PCNs to be: functionally sharing assets and workforce and consistently delivering care through integrated teams to high risk

groups; making use of data to understand their populations, identifying variation in resource use and outcomes, and guiding clinical decision making; acting as a core partner in system decision making. We will work with each ICS over the summer to agree the level of primary care network maturity that systems expect to achieve by March 2019, and that would represent a step change in the delivery of integrated primary care during 2018-19. We will also co-produce with ICSs appropriate measures to assess progress and impact, aligned with the national Primary Care Network Programme;

- enhancing resilience of systems before next winter, for example by improving system-level working across urgent and emergency care and improving resilience in care homes through implementation of the Enhanced Health in Care Homes framework;
- working in partnership with the National Mental Health Team to develop and implement actions to improve system-level working across all local partners for Mental Health delivery in 2018/19, and work towards a system-wide mental health investment strategy, and credible mental health workforce plan for 2019/20;
- working through, and as an active member of your Cancer Alliance, and in partnership with the National Cancer Programme, to implement the National Cancer Taskforce's recommendations<sup>1</sup>.

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<sup>1</sup> [http://www.cancerresearchuk.org/sites/default/files/achieving\\_world-class\\_cancer\\_outcomes\\_-\\_a\\_strategy\\_for\\_england\\_2015-2020.pdf](http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf)

### **3. Integrating care**

In addition to making progress on these core priorities, ICSs will lead the way in integrating health and care services at the population and person level, including in the following ways.

- Analysing patterns of need, health and care utilisation, cost and other metrics by population segment. These analyses should help ICSs identify population groups that should receive proactive care with the objective of preventing illness or hospitalisation and reducing inequalities. Nationally we will work with ICSs to design a mechanism that can provide a common and consistent source of data to support benchmarking, peer learning and improvement.
- Using these analyses to redesign care with a view to providing proactive services to at-risk population groups and coordinating different services for them. We will support ICSs with practical learning derived from the new care models programme as well as other models used internationally.
- As population analytical methods will initially be snapshots, ICSs will increasingly need to build the digital infrastructure that allows for real-time analyses, patient ‘tracking’ and actionable insight. We will provide ICSs with advice on interoperability, information governance and, where necessary and appropriate investment.
- With support from the national team, ICSs will be required to make significant progress from baseline assessment towards full maturity of the three population health management capabilities and develop a system-wide plan setting out locally determined population health priorities.

#### 4. Local priorities and deliverables

As well as delivering the priorities outlined in our system operating plan, the ICS leadership commits to take responsibility for developing a shared system strategy and plan to oversee transformation delivery in the following high priority deliverables in 2018/19:

Summary:

- The next stage of building and strengthening primary care networks
- Building capacity and capability for population health management
- Implementing the next stage of the hospital services review and corresponding SYB out of hospital strategy
- Implementing a system efficiency approach together with governance arrangements and efficiency boards.

ICS Function	Priority Area	Actions
<b>Strategy, Planning and Transformation</b>	<b>Governance arrangements</b> Build on existing partnership arrangements to establish robust arrangements for level 2 ICS governance which are inclusive and transparent.	<ul style="list-style-type: none"> <li>• Review of governance arrangements for ICS at level 2 moving to level 3 by 2019/20</li> <li>• Including the future role of provider Committees in Common, and the Joint Committee of CCGs</li> <li>• Develop and implement Accountable Care Partnership (ACP) Integration Agreement within the ICS and each of its five Places</li> </ul>
	<b>SYB ICS strategy 2018/19 – 2019/20</b> Refresh SYB system plan	<ul style="list-style-type: none"> <li>• Refresh STP plan to create strategy to deliver level 3 ICS by April 2019</li> <li>• Working with each of the five places, develop Out of Hospital/ Shift left strategy in parallel with Hospital Services Review next stage</li> </ul>
	<b>Patient and public involvement</b>	<ul style="list-style-type: none"> <li>• Undertake Hospital Services Review communications / engagement /consultation in line with Strategic Outline Case and Outline Business Case process</li> </ul>
	<b>Strengthening capacity and capability</b>	<ul style="list-style-type: none"> <li>• Develop Human Resources Framework for ICS</li> </ul>
<b>Provider development</b>	<b>Hospital Services Review – next stage</b>  Successful implementation of next stage of the Hospital Services Review (HSR)	<ul style="list-style-type: none"> <li>• Agree collective response to the HSR.</li> <li>• Develop Strategic Outline Case and OBC (following the national assurance process)</li> <li>• Develop Pre-Consultation Business Case / Decision Making Business Case</li> <li>• Meet change assurance process</li> <li>• Procurement arrangements with ACPs</li> </ul>

<b>Population health and primary care</b>	<b>Integrated primary care networks</b> Take forward development of primary care at scale and integrated primary care networks	<ul style="list-style-type: none"> <li>• Support ACPs to deliver national requirements</li> <li>• Develop ICS out-of-hospital model</li> <li>• Develop SYB population health plan for 2019/20</li> </ul>
	<b>Population health management</b> Building and strengthening population health management capability in each place and across the system	<ul style="list-style-type: none"> <li>• Develop population health capacity and capability in partnership, with each of the five ACPs making good progress towards being a middle range system by 2019/20</li> <li>• For each of the five ACPs, enable all local care networks to achieve a level of maturity that ensures consistent coverage of new models of integrated primary care underpinned by population health management</li> <li>• Adopt integrated ways of working within the five localities that bring together local networks, including community services, with secondary care redesign – to support whole place-based care</li> </ul>
<b>Finance, contracting, capital and estates</b>	<b>Finance</b> Building on finance strategy and making best use of resources	<ul style="list-style-type: none"> <li>• Develop financial strategy, governance and mechanisms underpinned by the national financial framework for ICSs and aligned with system-wide provider /commissioner finance and efficiency plans and payment reform</li> </ul>
	<b>Estates and capital planning</b> Strengthening capital and planning capability and capacity	<ul style="list-style-type: none"> <li>• Develop estates strategy and capital plans to support system transformation</li> <li>• Review capacity and capability and requirements for 2018/19 and beyond</li> </ul>
	<b>Contracting</b> Establishing system approach to contracting	<ul style="list-style-type: none"> <li>• Implement ‘system commissioning’ lead contracting models and new (outcomes based) payment mechanisms</li> <li>• Develop outcomes-based contracts (i.e. alliance, ICP contract model) to incentivise quality of care and population health management</li> </ul>
	<b>System efficiency</b> Establishing a system approach to improving efficiency	<ul style="list-style-type: none"> <li>• Implement SYB ICS Efficiency Board to oversee system efficiency programme</li> <li>• Implement priorities for 2018/19 and develop priorities for 2019/20</li> </ul>
<b>Integrated assurance and improvement</b>	<b>Single assurance framework</b> Establishing a mutual accountability model and integrated assurance approach	<ul style="list-style-type: none"> <li>• Work with the regions and central sponsor to establish how the ICS will be enabled to have a shared oversight role</li> <li>• Develop and implement mutual accountability model building on</li> </ul>

		<p>existing work and approaches</p> <ul style="list-style-type: none"> <li>• Deliver integrated ICS System Operational Plan</li> <li>• Develop 2019/20 system plan and priorities via the local planning round with the five Places</li> </ul>
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## **5. Transformation funding**

ICSs have been given transformation funding delegated to a host CCG on behalf of an ICS to support the implementation of integrated care and the local priorities set out above. This transformation funding package is set out in Annex 2. We will also be taking steps where possible to increase the flexibility of transformation funding streams dedicated to specific priorities from 2019/20 and beyond.

### ***Financial governance arrangements***

Definitive allocations are subject to NHS England and NHS Improvement approval for ICSs to go live. Prior to the release of any of the additional devolved funding included in this package each ICS will need to demonstrate:

- Governance and accountability arrangements so it is clear how decisions are made and who is accountable for delivering value for money from the expenditure.
- A value based allocation process for determining the use of the funding.
- Arrangements for oversight and reporting of expenditure and tracking of benefits realisation.

## 6. Managing collective resources

### i) System improvement plan

You have committed to operating as a live ICS and as such, you are required to work within your system improvement plan as detailed below. You have been given the flexibility, on a net neutral basis, and in agreement with NHS England and NHS Improvement, to vary individual control totals during the planning process and to agree in-year offsets of financial over-performance in one organisation against financial under-performance in another.

### ii) Incentive scheme

You have selected the 50% partial PSF/CSF Option as set out in NHS England and NHS Improvement's letter of 15 May 2018.

The tables in Annex 3 set out the organisation control totals, system control total and Provider Sustainability Funding allocations for your system. They also set out the quarterly phasing of the Provider Sustainability Funding by type for each organisation, which will reflect the incentive scheme you have chosen.

As you have agreed a system improvement plan, Annex 3 also shows the calculation of the starting point for your system improvement plan and the level of performance at which you will begin to 'earn back' lost PSF.

The calculation for the amount of PSF to be earned-back is below.

$$PSF \text{ earned-back} = \frac{PSF \text{ lost for trusts that did not accept their individual CT}}{1} \times \frac{System \text{ improvement Gap between draft system plan and system CT}}{1}$$

The maximum amount of PSF that can be earned-back will be capped at the lost PSF from the ICS's share of the £650m, which in SYB's case is £2,363,000. Earned-back PSF will be paid at the financial year-end based on full year financial performance.

Trust Finance PSF is linked to the delivery of individual control totals and System PSF is linked to the delivery of the system improvement plan.

Trust A&E PSF is linked to delivery of A&E performance at acute trust level, or where the acute trust does not achieve - at A&E Delivery Board level, provided the trust has met its individual control total, subject to any agreed net-neutral changes or in-year offsets between organisations. For trusts without an A&E, the PSF associated with this element (30% of the total) will be paid based on individual control total performance (as is the case for non-ICSs) and is shown under Trust Finance PSF.

Where the quarterly system improvement plan value as per Table 4 is not achieved, the ICS will lose System PSF (finance) at a rate of £1.50 per £1 of system underperformance compared to the system improvement plan value. This will be lost pro rata in each trust up to the maximum System PSF (finance) available in that quarter (as per Table 2), unless an alternative distribution is agreed between the ICS and NHSE/I, prior to the quarter end.

Any lost System PSF can be recovered in later quarters if the system recovers its cumulative position to achieve its system improvement plan value. Similarly, lost Trust PSF (finance) can also be recovered in later quarters if the trust achieves its cumulative individual control total. However, lost Trust PSF (A&E) cannot be recovered.

Where the ICS earns its System PSF (finance) allocation in one quarter, but then goes off-plan in subsequent quarters the funds it has previously received will not be clawed back.

System PSF (finance), Trust PSF (finance) and Trust PSF (A&E) will be paid quarterly and phased in the same way as for non-ICSs in line with the applicable PSF/STF guidance.

### **iii) Single system operating plan**

In the 2018/19 planning round, you set out a single system operating plan that aligns the activity and financial plans of CCGs and providers. We expect you to collaborate to manage income and expenditure as a system openly across commissioners and providers, working together to ensure you live within your agreed system improvement plan value during 2018/19.

### **iv) Capital and estates**

As for STPs, you developed a system-wide estates and capital plan for submission in July. We asked that this should include sufficient focus on out-of-hospital schemes. This STP capital process is the main channel for access to strategic capital in 2018/19.

## **7. Oversight**

We will progressively look to systems to manage and improve their own performance, as well as transforming services to ensure they are clinically and financially sustainable.

We will develop an oversight model that empowers your system to take a shared or leading role in decisions about oversight of trusts and CCGs, supported as necessary by NHS England and NHS Improvement, and with a commitment to minimising the administrative burden placed upon systems.

Regional teams will agree with ICSs how this oversight model will operate, taking into account the maturity of system working, including governance and financial management. This will include:

- establishing a single governance forum, (led and hosted by the ICS, but with input from regional teams) to review both system performance and the performance of individual providers and CCGs.
- agreeing an accountability framework setting out how oversight will work in practice.
- agreeing a work programme and timetable which identifies specific and tangible changes that will be made to the relationship between NHS England, NHS Improvement, the ICS and local trusts and CCGs.

### **General principles**

In order to support system working and as the oversight model develops, all parties agree to work by the following principles:

- The ICS will interact with a single regional director, acting on behalf of both NHS Improvement and NHS England. We are working towards having fully integrated regional teams, as part of our wider plans for joint working.
- Where underperformance is identified, the ICS will generally be responsible in the first instance for working with local organisations to address the issue, supported by regional teams of NHS England and NHS Improvement. Any NHS England or NHS Improvement intervention required will, wherever possible, be identified in consultation with and agreed with the ICS.
- Any regulatory decisions e.g. to put a trust or CCG into special measures, will, as now, be made by NHS England and NHS Improvement, but wherever possible in consultation with and taking into account the views of the ICS.
- NHS England/NHS Improvement will not generally engage with individual providers or CCGs without the knowledge of the system and an invitation to participate in the discussion.
- National programmes will, wherever possible, work through and with the ICS to ensure that challenge and support is in line with the needs of the system. Where

there are national support offers focussed on systems, these offers will be agreed with the ICS.

- NHS England/Improvement will minimise ad hoc data and information requests. Where additional data or information is sought, the ICS will be consulted before the request is issued. Where additional data or information is being sought from CCGs or trusts, we will, wherever possible, agree whether the request should come from NHS England/NHS Improvement or the ICS.
- These principles support a single route of communication, seek to enable the system to focus on improving and transforming quality and efficiency of care and reduce duplication of effort across our organisations. They also start a change in the way the system operates which starts to enable resources to be utilised differently both locally and in the regions.

### **Specific additional agreements made between the region and the ICS**

In addition to abiding by the above general principles, the regional team and the ICS also commit to the following specific actions:

Agreeing that the ICS will not create an additional layer for organisations or the system

A process of **Enabled Due Diligence**, together with the Regions (NHS England and NHS Improvement) and dedicated senior sponsor from the national team to:

- establish a governance mechanism, in discussion with the regions and the national team, to support this process
- agree the principles and terms of reference which will guide the Enabled Due Diligence process.
- commit to defining through the accountability agreement:
  - How the ICS will relate to a single regional director
  - Which functional accountabilities and responsibilities will empower the ICS
  - The identification of any active interventions and their status
  - How the ICS will be enabled through a single integrated assurance and improvement delivery team
  - How the ICS will be enabled to be assured once, as a system, for delivery of the NHS Constitution, mandate and quality and financial performance
  - How the ICS gives wider assurance to the system
  - How the ICS is enabled through data and systems
  - How the ICS is enabled through access to improvement capacity from NHS England and NHS Improvement team

SYB, during its shadow phase, has started to test ways of working which start to model the new assurance framework.

We commit to continue to build on this over the next year and as part of our due diligence process would aim to strengthen and add clarity what we have begun to test:

### **Integrated Assurance**

The SYB ICS through the ICS Chief Executive lead will interact with the single regional director. The ICS lead will be supported by an integrated regional team from NHS England and NHS Improvement.

Within the ICS, the ambition is for the assurance system to be led by a single integrated team and Director. The Director will be responsible for the conduct of the NHS England and NHS Improvement regulatory and assurance functions within South Yorkshire & Bassetlaw, and will report to the ICS lead.

SYB ICS will have flexibility in how the process of assurance is delivered, locally. NHS England and NHS Improvement will be supportive of any SYB assurance process which does not conflict with national frameworks but encourages improved outcomes and improved system management; operational and financial.

SYB will be assured once, as a system, for delivery of the NHS Constitution, mandate, and quality as set out in its Single Operating Plan (April 2018). The draft SYB ICS Single Assurance Framework sets out how the ICS plans to carry out its assurance process.

There will be a separate assurance process for financial performance, linked to the system control total and described in section 6.

The ICS leader will advise NHS England on the annual assessment of each individual SYB CCG, against the Improvement & Assessment Framework. NHS England will retain responsibility for the publication of the CCG annual assessment.

### **Regional Oversight**

If SYB ICS performance is outside of a set of agreed triggers described, it will set out for the regional team its proposal for improvement including:

- Improvement plan
- Monitoring of the standard at increased frequency
- Any requirement for improvement support from the integrated regional team

If SYB ICS performance is outside of the agreed thresholds, then NHS England and / or NHS Improvement retain the right to intervene in the system or individual organisation, with the support of the ICS.

If SYB ICS wishes NHS England or NHS Improvement to exercise their wider powers of intervention, the ICS will provide reasons and evidence to the Regional Director.

An agreed suite of performance reports will be made available by NHS England and NHS Improvement to SYB ICS, including on-line access to the relevant databases. This will be under-pinned by a data sharing agreement.

The ICS will have access to improvement capacity from the NHS England clinical networks and the NHSI improvement team.

### **Planning**

On an annual basis, NHS organisations are required to develop an Annual Operating Plan. For organisations and places within SYB, the assurance of these plans will be the responsibility of the ICS.

The ICS will submit a single operating plan in line with national planning guidance and the ICS strategy. This will be an integrated plan between providers and commissioners based on “place” as the unit of planning.

The single operating plan will include specialised services and NHS England’s other direct commissioning responsibilities in SYB.

The integrated assurance team will provide advice on the aggregate achievement expected at SYB ICS level to contribute to the NHS plan as a whole.

## 8. National support

NHS Improvement and NHS England will continue to support ICSs. We will:

*Facilitate learning between systems* including convening a regular ICS leads development day. We will also continue to convene learning groups on specific topics such as primary care development, population health and communications and engagement. In addition, in 2018/19 we intend to start convening other professional groups such as ICS programme directors.

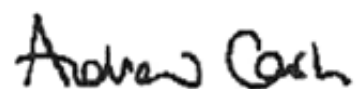
*Dedicate a senior 'sponsor' from the national team* to support the ICS working with the regional team to help source national expertise and help coordinate and control the demands placed on local systems. This sponsor will also be able to provide hands-on help in solving problems or removing barriers that inhibit ICS development.

*Provide bespoke support to leadership teams* drawing on the King's Fund, NHS Confederation and others. In addition to re-procuring leadership support similar to that which we provided last year, we will expand our development offer in 2018/19 to provide, for example, clinical leadership teams with a facilitated programme that builds on Surrey Heartland's Clinical Academy and Frimley's 2020 programme.

*Mobilise teams with specific expertise* or tasked with solving common problems faced by ICSs and other systems. For example, we already have teams assisting many systems with the rollout of primary care networks. In 2018/19, we will provide hands-on expertise around population health management approaches, engagement and communication, and system financial management, resources and staff in our clinical networks and improvement support from NHS Improvement. Other workstreams will be developed in consultation with ICS leaders.

*Continue to develop national strategy and policy with ICSs.* The ICS community provides an invaluable source of expertise on which we will draw in developing policy, for instance on national financial architecture and incentives, the operating model for integrated regional teams, and how national bodies should oversee and support systems as they mature.

*Promote a collaborative and open approach,* working with the ICS community to collectively solve problems and set future direction for the NHS. We commit to communicating openly with you, providing support where we can and doing so at a pace that supports the development of ICSs.

A handwritten signature in black ink that reads "Andrew Cash".

Andrew Cash confirms collective agreement of South Yorkshire and Bassetlaw system leaders

Two handwritten signatures. The first, "Matthew Swindells", is in black ink. The second, "Kathy McLean", is in blue ink.

Matthew Swindells on behalf of NHS England and Kathy McLean on behalf of NHS Improvement

## Annex 1: 2018/19 Deliverables

### Reminder of 2018/19 deliverables – drawn from ‘Next Steps on the NHS Five Year Forward View’ published in March 2017

The NHS already has two-year priorities, set out in last year’s Planning Guidance and the March 2017 publication of the *Next Steps on the NHS Five Year Forward View*. This Annex confirms these deliverables for 2018/19.

For national targets we will, where appropriate, provide disaggregated STP and CCG-level improvement targets and templates to ensure plans are completed on a consistent basis.

#### 1. Mental Health

##### Overall Goals for 2017-2019

We published *Implementing the Mental Health Forward View* in July 2016 to set out clear deliverables for putting the recommendations of the independent Mental Health Taskforce Report into action by 2020/21. The publication of *Stepping Forward to 2020/21*<sup>5</sup> in July 2017 provides a roadmap to increase the mental health workforce needed to deliver this. Making parity a reality will take time, but this a major step on the journey towards providing equal status for mental and physical health. These ambitions are underpinned by significant additional funding for mental health care, which should not be used to supplant existing spend or balance reductions elsewhere.

##### Progress in 2017/18

- On track to ensure an extra **35,000 children and young people** are able to access services this year.
- 70 new or extended **community eating disorder services** funded and commissioned.
- **81 new beds** for Children and Adolescent Mental Health Services (Tier 4) and at least another **50 beds** will open by

##### Deliverables for 2018/19

Additional funding has now been built into CCG 2018/19 allocations to support the **expansion of services** outlined in this planning guidance and the specific trajectories set for 2018/19 to deliver the *Five Year Forward View for Mental Health*. Progress to be made against all deliverables in the *Next Steps on the NHS Five Year Forward View* and the *Implementing the Mental*

<sup>5</sup> Stepping Forward to 2020/21: Mental Health Workforce Plan for England (Health Education England).

end of March 2018.

- Expanded **specialist perinatal care** with over 5,000 additional women accessing these services between April and December 2017. Contracts awarded for four new Mother and Baby Units.
- Continued to meet the waiting time standard for **early intervention in psychosis**.
- **Physical health checks and interventions** for patients with severe mental illness in secondary care, with 60% of people in inpatient settings and 42% in community mental health teams receiving this to date.
- Health Education England (HEE) expects to provide over 600 training places for Improving Access to Psychological Therapies (IAPT) practitioners. At least **800 practitioners in primary care** settings by March 2018.
- 10 mental health **new care models** up and running and an additional 7 go live by April 2018.
- CCGs have continued to meet the **dementia diagnosis standard**, which was at 68.3% by December 2017.
- Seven **Global Digital Exemplar** Mental Health Trusts, funded to identify trusts which they will partner with as 'fast followers'.

*Health Forward View* in 2018/19 with all CCGs and STPs required to:

- Each CCG must meet the **Mental Health Investment Standard (MHIS)** by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. CCGs' auditors will be required to validate their 2018/19 year-end position on meeting the MHIS.
- Ensure that an additional 49,000 **children and young people** receive treatment from NHS-commissioned community services (32% above the 2014/15 baseline) nationally, towards the 2020/21 objective of an additional 70,000 additional children and young people. Ensure evidence of local progress to transform children and young people's mental health services is published in refreshed joint agency Local Transformation Plans aligned to STPs.
- Make further progress towards delivering the 2020/21 waiting time standards for **children and young people's eating disorder services** of 95% of patient receiving first definitive treatment within four weeks for routine cases and within one week for urgent cases.
- Deliver against regional implementation plans to ensure that by 2020/21, **inpatient stays for children and young people** will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds.
- Continue to increase access to **specialist perinatal mental health services**, ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%.

	<ul style="list-style-type: none"> <li>• Continue to improve access to <b>psychology therapies</b> (IAPT) services with, maintaining the increase of 60,000 people accessing treatment achieved in 2017/18 and increase by a further 140,000 delivering a national access rate of 19% for people with common mental health conditions. Do so by supporting HEE's commissioning of 1,000 replacement practitioners and a further 1,000 trainees to expand services. This will release 1,500 mental health therapists to work in primary care. Approximately two-thirds of the increase to psychological therapies should be in new integrated services focused on people with co-morbid <b>long term physical health conditions</b> and/or medically unexplained symptoms, delivered in primary care. Continue to ensure that access, waiting time and recovery standards are met.</li> <li>• Continue to work towards the 2020/21 ambition of all acute hospitals having <b>mental health crisis and liaison services</b> that can meet the specific needs of people of all ages including children and young people and older adults; and deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals subject to hospitals being able to successfully recruit.</li> <li>• Ensure that 53% of patients requiring <b>early intervention for psychosis</b> receive NICE concordant care within two weeks.</li> <li>• Support delivery of STP-level plans to reduce all inappropriate adult acute <b>out of area placements</b> by 2020/21, including increasing investment for Crisis Resolution Home Treatment Teams (CRHTTs) to meet the ambition of all areas providing CRHTTs resourced to operate in line with recognised best practice by 2020/21. Review all patients who are placed out of area to ensure that have appropriate packages of care.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Deliver annual <b>physical health checks</b> and interventions, in line with guidance, to at least 280,000 people with a severe mental health illness.</li> <li>• Provide a 25% increase nationally on 2017/18 baseline in access to <b>Individual Placement and Support</b> services.</li> <li>• Maintain the <b>dementia</b> diagnosis rate of two thirds (66.7%) of prevalence and improve post diagnostic care.</li> <li>• Deliver their contribution to the <b>mental health workforce</b> expansion as set out in the HEE workforce plan, supported by STP-level plans. At national level, this should also specifically include an increase of 1,500 mental health therapists in primary care in 2018/19 and an expansion in the capacity and capability of the children and young people's workforce building towards 1,700 new staff and 3,400 existing staff trained to deliver evidence based interventions by 2020/21.</li> <li>• Deliver against multi-agency <b>suicide prevention</b> plans, working towards a national 10% reduction in suicide rate by 2020/21.</li> <li>• Deliver <b>liaison and diversion</b> services to 83% of the population.</li> <li>• Ensure all commissioned activity is recorded and reported through the Mental Health Services <b>Dataset</b>.</li> </ul>
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## 2. Cancer

### Overall Goals for 2017-2019

Advance delivery of the National Cancer Strategy to promote better prevention and earlier diagnosis and deliver innovative and timely treatments to improve survival, quality of life and patient experience by 2020/21.

<p><b>Progress in 2017/18</b></p> <ul style="list-style-type: none"> <li>• <b>Cancer survival</b> at its highest ever with latest figures showing that one-year cancer survival is up by over 2,000 people a year.</li> <li>• 95.1% of people seen by a specialist <b>within two weeks</b> of an urgent GP referral for suspected cancer, with 5.1% more patients being seen in the 12 months to November 2017 than in the previous 12 months.</li> <li>• Ten <b>multidisciplinary rapid diagnostic and assessment centres</b> in place across the country by March 2018, supporting patients with complex symptoms through to diagnosis.</li> <li>• We are on track to deliver the <b>largest radiotherapy upgrade programme in 15 years</b> modern radiotherapy have now funded 26 new machines in 21 trusts in 2017/18.</li> <li>• Half of the country's Cancer Alliances have begun to roll out <b>personalised follow-up</b> after cancer treatment.</li> <li>• Added 22 more drugs to the Cancer Drugs Fund, which have benefitted nearly 7,500 more patients, taking the total since the reformed CDF launched in July 2016 to 15,700 patients having benefited from 52 drugs treating 81 different cancers.</li> </ul>	<p><b>Deliverables for 2018/19</b></p> <ul style="list-style-type: none"> <li>• Ensure all <b>eight waiting time standards</b> for cancer are met, including the 62 day referral-to-treatment cancer standard. The '10 high impact actions' for meeting the 62 day standard should be implemented in all trusts, with oversight and coordination by Cancer Alliances. The release of cancer transformation funding in 2018/19 will continue to be linked to delivery of the 62 day cancer standard.</li> <li>• Support the implementation of the new <b>radiotherapy</b> service specification, ensuring that the latest technologies, including the new and upgraded machines being funded through the £130 million Radiotherapy Modernisation Fund, are available for all patients across the country.</li> <li>• Ensure implementation of the nationally agreed <b>rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers</b>, ensuring that patients get timely access to the latest diagnosis and treatment. Accelerating the adoption of these innovations helps meet the 62 days standard ahead of the introduction of <b>the 28 day Faster Diagnosis Standard</b> in April 2020.</li> <li>• Progress towards the 2020/21 ambition for <b>62% of cancer patients to be diagnosed at stage 1 or 2</b>, and reduce the proportion of cancers diagnosed following an emergency admission.</li> <li>• Support the rollout of FIT in the <b>bowel cancer screening</b> programme during 2018/19 in line with the agreed national timescales following PHE's procurement of new FIT kit, ensuring that at least 10% of all bowel cancers diagnosed through the screening programme are detected at an early stage, increasing to 12% in 2019/20.</li> <li>• Participate in pilot programmes offering low dose CT scanning based on an assessment of lung cancer risk in</li> </ul>
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	<p>CCGs with lowest <b>lung cancer</b> survival rates.</p> <ul style="list-style-type: none"> <li>• Progress towards the 2020/21 ambition for <b>all breast cancer patients to move to a stratified follow-up pathway</b> after treatment. Around two-thirds of patients should be on a supported self-management pathway, freeing up clinical capacity to see new patients and those with the most complex needs. All Cancer Alliances should have in place clinically agreed protocols for stratifying breast cancer patients and a system for remote monitoring by the end of 2018/19.</li> <li>• Ensure implementation of the <b>new cancer waiting times system</b> in April 2018 and begin data collection in preparation for the introduction of the new 28 day Faster Diagnosis standard by 2020.</li> </ul>
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### 3. Primary Care

<p><b>Overall Goals for 2017-2019</b> Stabilise general practice today and support the transformation of primary care and for tomorrow, by delivering <i>General Practice Forward View</i> and <i>Next Steps on the NHS Five Year Forward View</i>.</p>	
<p><b>Progress in 2017/18</b></p> <ul style="list-style-type: none"> <li>• 52% of the country now benefitting from <b>extended access</b> including appointments on evenings and weekends, beating the target of 40% for 2017/18.</li> <li>• <b>Primary care workforce:</b> <ul style="list-style-type: none"> <li>○ Over 770 additional GP trainees started specialist training since 2015 baseline (3,157 in total in 2017/18);</li> <li>○ Begun GP international recruitment, with the first 100 GPs being recruited;</li> </ul> </li> </ul>	<p><b>Deliverables for 2018/19</b> Progress against all <i>Next Steps on the NHS Five Year Forward View</i> and <i>General Practice Forward View</i> commitments. This includes all CCGs:</p> <ul style="list-style-type: none"> <li>• Providing <b>extended access</b> to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.</li> <li>• Delivering their contribution to the <b>workforce commitment</b></li> </ul>

<ul style="list-style-type: none"> <li>○ Launched the GP Retention Scheme;</li> <li>○ Recruitment of an additional 505 clinical pharmacists, in addition to the 494 already in post.</li> <li>• <b>Investment in general practice</b> continues to increase on track to deliver the pledged additional £2.4 billion by 2021.</li> <li>• CCGs investing in line with expectations set out in the 2017/18 NHS's Planning Guidance, for <b>additional primary care transformation investment (£3/head)</b> over two years.</li> <li>• Invested in <b>upgrading primary care facilities</b>, with 844 schemes completed and a further 868 schemes in development.</li> </ul>	<p>to have an extra 5,000 doctors and 5,000 other staff working in primary care. CCGs will work with their local NHS England teams to agree their individual contribution and wider workforce planning targets for 2018/19. At national aggregate level we are expecting the following for 2018/19:</p> <ul style="list-style-type: none"> <li>○ CCGs to recruit and retain their share of additional doctors via all available national and local initiatives;</li> <li>○ 600 additional doctors recruited from overseas to work in general practice;</li> <li>○ 500 additional clinical pharmacists recruited to work in general practice (CCGs whose bids have been successful will be expected to contribute to this increase);</li> <li>○ An increase in physician associates, contributing to the target of an additional 1000 to be trained by March 2020 (supported by HEE);</li> <li>○ Deliver increase to 1,500 mental health therapists working in primary care.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Investing</b> the balance of the £3/head investment for general practice transformation support.</li> <li>• Actively encourage every practice to be part of a local <b>primary care network</b>, so that there is complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19, serving populations of at least 30,000 to 50,000.</li> <li>• Investing in upgrading primary care facilities, ensuring completion of the pipeline of <b>Estates and Technology Transformation schemes</b>, and that the schemes are delivered within the timescales set out for each project.</li> <li>• Ensuring that 75% of 2018/19 <b>sustainability and resilience funding</b> allocated is spent by December 2018, with 100% of the allocation spent by March 2019.</li> </ul>
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	<ul style="list-style-type: none"> <li>Ensuring every practice implements at least two of the <b>high impact 'time to care' actions</b>.</li> <li>In all practices, delivering primary care <b>provider development initiatives</b> for which CCGs will receive delegated budgets, including online consultations.</li> <li>Where primary care commissioning has been <b>delegated</b>, providing assurance that statutory primary medical services functions are being discharged effectively.</li> <li>Lead CCGs expected to commission, with support from NHS England Regional Independent Care Sector Programme Management Offices, <b>medicines optimisation</b> for care home residents with the deployment of 180 pharmacists and 60 pharmacy technician posts funded by the Pharmacy Integration Fund for two years.</li> </ul>
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## 4. Urgent and Emergency Care

<b>Overall Goals for 2017-2019</b> Redesign and strengthen the urgent and emergency care system to ensure that patients receive the right care in the right place, first time.	
<b>Progress in 2017/18</b> <ul style="list-style-type: none"> <li>More patients able to <b>speak to a clinician</b> about their urgent and emergency care needs when calling NHS 111 – 40% of answered calls now receive clinical input, up from 22% last year.</li> <li>Piloted and evaluated <b>NHS 111 Online</b> in a number of areas, with 27% of the population now able to access urgent and emergency care advice through this online portal.</li> </ul>	<b>Deliverables for 2018/19</b> <ul style="list-style-type: none"> <li>Ensure that <b>aggregate performance against the four-hour A&amp;E standard</b> is at or above 90% in September 2018, that the majority of providers are achieving the 95% standard for the month of March 2019. Also Trusts are expected to improve on their performance each quarter compared to their performance in the same quarter the prior year in order to qualify for STF payments.</li> </ul>

<ul style="list-style-type: none"> <li>• 110 <b>Urgent Treatment Centres (UTCs)</b> designated according to the revised standard specification.</li> <li>• <b>Ambulance Response Programme</b> implemented in all English mainland ambulance trusts.</li> <li>• 105 Trusts received capital funding of £96.7 million to implement <b>front-door clinical streaming</b>. Over 90% of Trusts now have this in place.</li> <li>• <b>1,491 beds have been freed up</b> as a result of <b>reducing delayed transfers of care (DTOC)</b>.</li> <li>• £30 million awarded to 74 areas to increase number of acute hospitals meeting the <b>‘Core 24’ standard for 24/7 mental health liaison teams</b>.</li> <li>• 97% of A&amp;Es, 98% of the initial cohort of UTCs and 96% of e-prescribing pharmacies now have <b>access to primary care records</b> through either summary care records or local record sharing portals.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the <b>NHS 111 Online</b> service to 100% of the population by December 2018.</li> <li>• Access to enhanced <b>NHS 111</b> services to 100% of the population, with more than half of callers to NHS 111 receiving clinical input during their call. Every part of the country should be covered by an integrated urgent care Clinical Assessment Service (IUC CAS), bringing together 111 and GP out of hours service provision. This will include direct booking from NHS 111 to other urgent care services.</li> <li>• By March 2019, CCGs should ensure technology is enabled and then ensure that <b>direct booking from IUC CAS into local GP systems</b> is delivered wherever technology allows.</li> <li>• Designate remaining <b>UTCs</b> in 2018/19 to meet the new standards and operate as part of an integrated approach to urgent and primary care.</li> <li>• Work with local Ambulance Trusts to ensure that the new <b>ambulance response time standards</b> that were introduced in 2017/18 are met by September 2018. Handovers between ambulances and hospital A&amp;Es should not exceed 30 minutes.</li> <li>• Deliver a <b>safe reduction in ambulance conveyance</b> to emergency departments.</li> <li>• Continue to make progress on <b>reducing delayed transfers of care (DTOC)</b>, reducing DTOC delayed days to around 4,000 during 2018/19, with the reduction to be split equally between health and social care.</li> <li>• Continue to improve patient flow inside hospitals through implementing the “Improving Patient Flow” guidance<sup>6</sup>. Focus specifically on <b>reducing inappropriate length of stay for admissions</b>, including specific attention on ‘stranded’ and</li> </ul>
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<sup>6</sup> <https://improvement.nhs.uk/resources/good-practice-guide-focus-on-improving-patient-flow/>

	<p>‘super stranded’ patients who have been in hospital for over 7 days and over 21 days respectively.</p> <ul style="list-style-type: none"> <li>• Continue to work towards the 2020/21 deliverable of all acute hospitals having <b>mental health crisis and liaison services</b> that can meet the specific needs of people of all ages including children and young people and older adults; and deliver <b>Core 24 mental health liaison standards for adults</b> in 50% of acute hospitals, subject to hospitals being able to successfully recruit.</li> <li>• Ensure that fewer than 15% of NHS <b>continuing healthcare full assessments</b> take place in an acute setting.</li> <li>• Continue to progress <b>implementation of the Emergency Care Data Set</b> in all A&amp;Es (Type 1 and Type 2 by June 2018; and Type 3 by the end of 2018/19).</li> <li>• Increase the number of patients who have consented to share their additional information through the <b>extended summary care record</b> to 15% and improve the functionality of e-SCR by December 2018.</li> <li>• Implement a <b>proprietary appointment booking system</b> at particular GP practices, 50% of integrated urgent care services and 50% of UTCs by May 2018, supported by improved technology and clear appointment booking standards issued by December 2018.</li> <li>• Continue to rollout the <b>seven-day services four priority clinical standards to five specialist services</b> (major trauma, heart attack, paediatric intensive care, vascular and stroke) and the <b>seven-day services four priority clinical standards in hospitals</b> to 50% of the population.</li> </ul>
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## 5. Transforming Care for People with Learning Disabilities

### Overall Goals for 2017-2019

Our goal is to transform the treatment, care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier, healthier lives in homes not hospitals.

#### Progress in 2017/18

- 22% increase in the number of **annual health checks** delivered by GPs to improve access to community alternatives to hospital and tackle premature mortality.
- New and expanded **community teams** to support people with a learning disability at risk of admission to hospital, backed by £10 million transformation funding.
- **6% reduction in inappropriate hospitalisation** of people with a learning disability, autism or both, between March and November 2017, totalling a 14% reduction since March 2015. In addition, over 100 people previously in hospital for 5 years or more were discharged between March and November 2017.
- Tackling **premature mortality** by beginning to systematically review and learn from deaths of patients with learning disabilities by March 2018.

#### Deliverables for 2018/19

All Transforming Care Partnerships (TCPs), CCGs and STPs are expected to:

- Continue to **reduce inappropriate hospitalisation** of people with a learning disability, autism or both, so that the number in hospital reduces at a national aggregate level by 35% to 50% from March 2015 by March 2019. As part of achieving that reduction we expect CCGs and TCPs to place a particular emphasis on making a substantial reduction in the number of long-stay (5 year+ inpatients).
- Continue to improve access to healthcare for people with a learning disability, so that the number of people receiving an **annual health check** from their GP is 64% higher than in 2016/17. CCGs should achieve this by both increasing the number of people with a learning disability recorded on the GP Learning Disability Register, and by improving the proportion of people on that register receiving a health check.
- Make further investment in **community teams** to avoid hospitalisation, including through use of the £10 million transformation fund.
- Ensure more **children with a learning disability**, autism or both get a community Care, Education and Treatment Review (CETR) to consider other options before they are admitted to hospital, such that 75% of under 18s admitted to hospital have either had a pre-admission CETR or a CETR immediately post admission.

	<ul style="list-style-type: none"> <li>Continue the work on tackling <b>premature mortality</b> by supporting the review of deaths of patients with learning disabilities, as outlined in the National Quality Board 2017 guidance.</li> </ul>
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## 6. Maternity

<b>Overall Goals for 2017-2019</b> Continue to make maternity services in England safer and more personal through the implementation of the <i>Better Births</i> .	
<b>Progress in 2017/18</b> <ul style="list-style-type: none"> <li>Continuing the year on year <b>safety improvements</b> to maternity services including, since 2010, a 16% reduction in stillbirths, 10% reduction in neonatal mortality and 20% reduction in maternal deaths.</li> <li>Seven maternity 'early adopters' established covering 125,000 births a year to implement specific elements of <i>Better Births</i> and service improvements. Pilots of <b>continuity of carer</b> established to over 3,000 women.</li> <li>44 <b>Local Maternity Systems</b> established bringing together commissioners, providers and service users to lead and deliver transformation of maternity services in every part of the country.</li> <li>We will exceed the planned goal of 2,000 more women receiving <b>specialist perinatal care</b> in 2017/18, with over 5,000 additional women accessing these services between April and December 2017. Four new mother and baby units also funded.</li> </ul>	<b>Deliverables for 2018/19</b> <ul style="list-style-type: none"> <li>Deliver improvements in <b>safety</b> towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019.</li> <li>Increase the number of women receiving <b>continuity</b> of the person caring for them during pregnancy, birth and postnatally, so that by March 2019, 20% of women booking receive continuity.</li> <li>Continue to increase access to <b>specialist perinatal mental health services</b>, ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity is increased by 49%.</li> <li>By June 2018, agree trajectories to improve the <b>safety, choice and personalisation</b> of maternity.</li> </ul>

**N.B.** This is not a comprehensive list of 'Next Steps' deliverables for 2018/19, simply an 'aide memoire' covering these service improvement areas. CCGs and STPs should also continue to work to reduce inequalities in access to services and in people's experiences of care.

## Annex 2: Transformation Funding Package

South Yorkshire and Bassetlaw		
INDICATIVE FIGURES (£m's)		
ICS Transformation Funding	2018/19	Requirements/notes
<b>1. Committed programme transformation funds</b>		
<b>General Practice Forward View</b>		
- Access	7.53	Delivery of GPFV Access requirements
- Training Care Navigators	0.26	Funded from core Primary Care allocations for 2018/19 only
- Online Consultations	0.52	Funded from core Primary Care allocations for 2018/19 only
- Practice Resilience	0.21	Based on a Fair share % per registered patient applied as per the Primary Care team guidance
- Clinical Pharmacists 2	0.39	Delivery of GPFV requirements
- ETTF	1.17	Capital and revenue funds
<b>Other Programmes</b>		
Mental Health	1.01	Tied to delivery of mental health requirements on IPS, Suicide, Perinatal, Liaison and CYP
Diabetes	1.89	Diabetes Next Steps FYFV objectives
Cancer	3.07	Indicative value for the ICS (from Cancer Alliance funds) to deliver the Cancer strategy
Maternity	0.76	Maternity Next Steps FYFV objectives
UEC	0.43	Indicative figures to be confirmed by the UEC team
STP infrastructure	0.28	STP infrastructure support - only applicable to ICS areas co-terminus with STPs
<b>Sub Total</b>	<b>17.54</b>	
<b>2. Uncommitted funds</b>		
Uncommitted Funds	6.94	Released on acceptance of governance information and subject to acceptance of the incentive option. Used to deliver national priorities £1 per head population notionally allocated to primary care network development.
<b>TOTAL</b>	<b>24.47</b>	

## Annex 3: System improvement plan agreement

South Yorkshire and Bassetlaw (SYB)

50% partial

Table 1: Organisation control total, system control total and Provider Sustainability Funding allocations

Org Name	Included in SCT	Control Total (excl. PSF) (£000s)	PSF Allocation (£1.8bn) (£000s)	PSF Allocation (£650m) (£000s)	Total PSF Allocation (£000s)
NHS Barnsley CCG	100%	(600)	-	-	-
NHS Bassetlaw CCG	100%	(700)	-	-	-
NHS Doncaster CCG	100%	(700)	-	-	-
NHS Rotherham CCG	100%	(3,000)	-	-	-
NHS Sheffield CCG	100%	0	-	-	-
<b>CCG Subtotal</b>		<b>(5,000)</b>	<b>0</b>	<b>0</b>	<b>0</b>
Barnsley Hospital NHS Foundation Trust	100%	(17,002)	5,880	2,389	8,269
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	100%	(22,853)	11,547	4,691	16,238
Rotherham Doncaster and South Humber NHS Foundation Trust	100%	668	987	401	1,388
Sheffield Children's NHS Foundation Trust	100%	(1,613)	2,485	1,010	3,495
Sheffield Health and Social Care NHS Foundation Trust	100%	405	780	317	1,097
Sheffield Teaching Hospitals NHS Foundation Trust	100%	(20,999)	18,562	7,541	26,103
The Rotherham NHS Foundation Trust	100%	2,919	5,817	2,363	8,180
<b>Provider Subtotal</b>		<b>(58,475)</b>	<b>46,058</b>	<b>18,712</b>	<b>64,770</b>
<b>System Total</b>		<b>(63,475)</b>	<b>46,058</b>	<b>18,712</b>	<b>64,770</b>

**Table 2: Quarterly phasing of the control total (excl. PSF) and Provider Sustainability Funding by type for organisations that accepted their CT**

Org Name		Q1 (£000s)	Q2 (£000s)	Q3 (£000s)	Q4 (£000s)	2018/19 Total (£000s)
Barnsley Hospital NHS Foundation Trust	CT	(4,860)	(4,839)	(3,340)	(3,963)	(17,002)
	Trust A&E PSF	372	496	744	868	2,481
	Trust Finance PSF	743	990	1,486	1,733	4,952
	System PSF	125	167	251	293	836
	<b>Total PSF</b>	<b>1,240</b>	<b>1,654</b>	<b>2,481</b>	<b>2,894</b>	<b>8,269</b>
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	CT	(8,670)	(8,959)	(4,500)	(724)	(22,853)
	Trust A&E PSF	731	974	1,461	1,705	4,871
	Trust Finance PSF	1,459	1,945	2,917	3,404	9,725
	System PSF	246	328	493	575	1,642
	<b>Total PSF</b>	<b>2,436</b>	<b>3,248</b>	<b>4,871</b>	<b>5,683</b>	<b>16,238</b>
Rotherham Doncaster and South Humber NHS Foundation Trust	CT	178	174	170	146	668
	Trust Finance PSF	187	250	374	437	1,248
	System PSF	21	28	42	49	140
	<b>Total PSF</b>	<b>208</b>	<b>278</b>	<b>416</b>	<b>486</b>	<b>1,388</b>
Sheffield Children's NHS Foundation Trust	CT	(2,780)	(2,433)	1,525	2,075	(1,613)
	Trust A&E PSF	157	210	315	367	1,049
	Trust Finance PSF	314	419	628	733	2,093
	System PSF	53	71	106	124	354
	<b>Total PSF</b>	<b>524</b>	<b>699</b>	<b>1,049</b>	<b>1,223</b>	<b>3,495</b>
Sheffield Health and Social Care NHS Foundation Trust	CT	104	102	102	98	405
	Trust Finance PSF	148	197	296	345	986
	System PSF	17	22	33	39	111
	<b>Total PSF</b>	<b>165</b>	<b>219</b>	<b>329</b>	<b>384</b>	<b>1,097</b>
Sheffield Teaching Hospitals NHS Foundation Trust	CT	(8,693)	(4,277)	(5,339)	(2,690)	(20,999)
	Trust A&E PSF	1,175	1,566	2,349	2,741	7,831
	Trust Finance PSF	2,345	3,127	4,690	5,471	15,633
	System PSF	396	528	792	924	2,639
	<b>Total PSF</b>	<b>3,915</b>	<b>5,221</b>	<b>7,831</b>	<b>9,136</b>	<b>26,103</b>

**Table 3: Quarterly phasing of the control total and draft plan for CT non-acceptors (excl. PSF)**

The Rotherham NHS Foundation Trust	CT	120	811	1,300	688	2,919
	Draft plan	(6,300)	(4,935)	(4,974)	(4,858)	(21,067)
	Total PSF**	N/A	N/A	N/A	N/A	8,180

\*\* CT non-acceptors will not have PSF paid quarterly, but the system may 'earn back' some of this PSF at the end of the year.

Details of the earn back calculation are included within NHS Improvement's letter of 15 May 2018 and Section 6 ii) of the MoU.

**Table 4: System improvement plan starting point (excl. PSF)**

Org Name	CT Acceptor	Starting Point for System Improvement Plan £000s	Source
NHS Barnsley CCG	Y	(600)	Final CT
NHS Bassetlaw CCG	Y	(700)	Final CT
NHS Doncaster CCG	Y	(700)	Final CT
NHS Rotherham CCG	Y	(3,000)	Final CT
NHS Sheffield CCG	Y	0	Final CT
<b>CCG Subtotal</b>		<b>(5,000)</b>	
Barnsley Hospital NHS Foundation Trust	Y	(17,002)	Final CT
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Y	(22,853)	Final CT
Rotherham Doncaster and South Humber NHS Foundation Trust	Y	668	Final CT
Sheffield Children's NHS Foundation Trust	Y	(1,613)	Final CT
Sheffield Health and Social Care NHS Foundation Trust	Y	405	Final CT
Sheffield Teaching Hospitals NHS Foundation Trust	Y	(20,999)	Final CT
The Rotherham NHS Foundation Trust	N	(21,067)	Draft plan
<b>Provider Subtotal</b>		<b>(82,461)</b>	
<b>System Total</b>		<b>(87,461)</b>	



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

<b>Title</b>	<b><u>Brexit Preparations</u></b>  - Risks and Business Continuity  - Procurement		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>27 November 2018</b>
<b>Authors</b>	<b>Jeannette Reay, Emergency Planning Manager (Paper A)</b>  <b>Richard Somerset, Acting Head of Procurement (Paper B)</b>		
<b>Purpose</b>			Tick as appropriate
	Decision		
	Assurance		✓
	Information		✓

<b>Executive summary containing key messages and issues</b>
<p>Paper A - This report provides information on the Trust's approach and current preparations for Brexit.</p> <p>Paper B – This report provides information on the approach to identify national and local supply chain risks and the requirement for a local return to the Department of Health and Social Care (DHSC).</p>
<b>Key questions posed by the report</b>
<p>Is the Board of Directors assured by the preparations being undertaken by the Trust?</p> <p>Is there other information that the Board of Directors would wish to receive to assure itself?</p>

How this report contributes to the delivery of the strategic objectives
<p>Business continuity planning supports the Trust in its strategic objectives to:</p> <ul style="list-style-type: none"> <li>• Provide the safest, most effective care possible;</li> <li>• Develop responsibly, delivering the right services with the right staff.</li> </ul>
How this report impacts on current risks or highlights new risks
<p>Business continuity planning supports the Trust in addressing the risk:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
Recommendation and next steps
<p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• The Board of Directors is requested to note the updates in Papers A and B.</li> </ul> <p><u>Next Steps</u></p> <p>The submission on procurement risks will be made to the DHSC by 30 November 2018.</p> <p>Trust leads will report to the Trust’s Business Continuity Steering Group on risks identified and colleagues will work together on any Trust wide risks that are identified.</p> <p>The Trust’s Emergency Planning Manager will continue to network with colleagues, with an aim to work in partnership on Brexit preparations for the NHS.</p> <p>Information from the NHS European Transition Unit will be monitored to keep abreast of likely areas of impact on service delivery.</p> <p>Consideration will be given to the creation of a Trust wide task and finish group as the national picture becomes clearer.</p>



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

## **PAPER A**

### **BOARD OF DIRECTORS**

### **BREXIT PREPARATIONS RISKS AND BUSINESS CONTINUITY**

## **1. Brexit - National Preparations for Health**

### **Leaving the European Union**

The United Kingdom (UK) has voted to leave the European Union (EU) and is scheduled to depart at 11pm UK time on Friday 29 March, 2019.

### **Department of Health and Social Care**

The Department of Health and Social Care (DHSC) released a statement (updated 14 September 2019) which stated:

“A scenario in which the UK leaves the EU without agreement (a ‘no deal’ scenario) remains unlikely given the mutual interests of the UK and the EU in securing a negotiated outcome. Negotiations are progressing well and both we and the EU continue to work hard to seek a positive deal. However, it’s our duty as a responsible Government to prepare for all eventualities, including ‘no deal’, until we can be certain of the outcome of those negotiations.

For two years, the Government has been implementing a significant programme of work to ensure the UK will be ready from day one in all scenarios, including a potential ‘no deal’ outcome in March 2019.

It has always been the case that, as we get nearer to March 2019, preparations for a ‘no deal’ scenario would have to be accelerated. Such an acceleration does not reflect an increased likelihood of a ‘no deal’ outcome. Rather it is about ensuring our plans are in place in the unlikely scenario that they need to be relied upon.”

### **European Transition Unit**

NHS England has established a European Transition Unit (NHS ETU) to examine risks relating to Brexit nationally.

It has identified nine key areas of risk:

1. Workforce
2. Supply chain
3. EPRR health protection and public health
4. Reciprocal healthcare
5. Research and innovation
6. Data and Information Governance
7. Medicines and Device Regulations
8. Procurement and competition
9. Operations (things contracted and delivered by European partners)

## **2. Brexit - DBTH Preparations**

### **Increased Risks**

As a result of the current lack of detail on the terms, and the resultant impact, of the withdrawal of the UK from the EU, there is a potential for increased risk to the business continuity provision of the NHS and DBTH operational services during, and after, the Brexit transition period.

There is no confirmed national or local guidance on the likely, realistic, impact of Brexit on the NHS or DBTH. Speculation to date has suggested that likely risks may include:

- The availability of pharmaceuticals and supplies imported from the EU;
- EU staff working in the NHS may choose to leave the UK or employment arrangements may change;
- Food and energy supplies may be compromised;
- EU law associated with risk and IG, or contracts with multi-national organisations, may be thrown into doubt;
- The Government is making provision for local command and control structures should there be civil unrest following the withdrawal.

### **Trust Approach**

Work has commenced to identify the impacts which may affect DBTH, in order that arrangements may be put in place to prepare for the consequences of differing scenarios (including a no deal outcome).

The work is being progressed by leads across the Trust who have been tasked with identifying risks and issues for their areas of work – covering each of the nine risk areas identified by the NHS ETU.

Leads have been asked to work in partnership with professional colleagues and peers at other organisations to ensure that issues affecting all NHS organisations are considered and to ensure that efforts are not duplicated.

Specifically leads have been requested to:

- Identify the impact of the risks to the Trust associated with the UK leaving the EU;
- Develop plans to mitigate and reduce identified risks;
- Update local business continuity plans as appropriate;
- Update or add risks to the Trust's risk register as appropriate (see below).

Information on Trust leads for risk areas, their approach, and the progress to date, is included in the table at Appendix A.

The Trust's Emergency Planning Manager continues to network with Emergency Planning colleagues, with an aim to work in partnership where possible, on Brexit preparations for the NHS.

The Trust's Chief Operating Officer and Emergency Planning Manager will monitor information from the NHS ETU through the Yorkshire and Humber Local Health Resilience Partnership, to keep abreast of likely areas of impact on service delivery.

### Communication and Reporting

Initially leads will report to the Business Resilience Steering Group (BRSG) on which Brexit is a standing item. This forum will allow for progress to be shared and for the discussion of any issues which could impact on multiple risk areas.

Should the need arise as the national picture becomes clearer, a Trust wide task and finish group may be established. This may be a sub-group of the BRSG with a reporting structure up to Management Board.

The likely terms of reference for a task and finish group will include:

- To identify any Trust wide risks associated with the UK leaving the EU;
- To prioritise actions and plans required to mitigate and reduce identified risks;
- To update or add Trust wide risks to the Trust's risk register as appropriate (see below).
- To develop internal and external communications relating to the impact to, and the associated actions being taken by the Trust, of the withdrawal of the UK from the EU;
- To providing external assurance, when requested, on the Trust's preparation for the UK withdrawal from the EU, and responding, as required, to FOI requests;
- To be the point of contact to liaise with partner health, private, social, local government, police and voluntary sector partners to ensure they have sufficient contingency arrangements in place and plans across the ACP and ICS are joined up and effective;
- To identify any legal, contractual or governance framework risks or changes impacting on the Trust as a result of the UK withdrawal from the EU.

### Corporate Risk Register

Risks are already captured on the Trust's Corporate Risk Register (CRR) for:

- Medicines shortages;
- Workforce shortages;
- GDPR.

Leads have been requested to consider whether the risks arising from Brexit increase the likelihood of these entries. Where this is the case, leads will request that the detail (scoring) of the existing risk(s) be adjusted.

Leads have also been requested to consider whether any new risks identified as arising from Brexit warrant an addition to the CRR. Where this is the case, leads will request that new risks be added.

### **3. Recommendation**

The Board of Directors is requested to note the update.

**Jeannette Reay, Emergency Planning Officer**  
**21 November 2018**

## APPENDIX A

### **Brexit - DBTH Preparations – November 2018**

Trust actions - aligned to the NHS ETU's nine key risk areas:

NHS ETU Risk Area	Potential Risks	Trust Lead(s)	Approach	Notes
Workforce	<p>EU staff working in the NHS may choose to leave the UK or employment arrangements may change.</p> <p>The validity of qualifications obtained in the EU may change.</p>	Anthony Jones – Deputy Director of HR	<p>Quarterly review of workforce changes undertaken within P&amp;OD since Brexit vote to monitor any negative impact on the workforce. Information reported to NHS Employers.</p> <p>Awaiting the details of the deal to ascertain implications in relation to workforce and working permits / visa for members of Trust workforce from within the EU.</p> <p>Currently working to establish workforce links and supply, through partnership approach with non-EU countries, Nepal and possibly Philippines.</p> <p>Director of P&amp;OD member of Regional HRD Forum where Brexit implications have been raised and discussed.</p>	

NHS ETU Risk Area	Potential Risks	Trust Lead(s)	Approach	Notes
Supply chain	<p>Reduced availability of supplies imported from the EU.</p> <p>Food and energy supplies may be compromised.</p>	Richard Somerset – Head of Procurement	<p>Richard is working with equivalents at partner organisations – including via inclusion on Head of Procurement Meeting agendas.</p> <p>Sheffield Teaching Hospitals (STH) is acting for members of the Procurement Integrated Care System (ICS) in contacting those suppliers which could be affected by Brexit. (Members forwarded supplier lists – less any annual spends below £500 and service providers – and STH circulated a survey to establish risks and their severity).</p> <p>DBTH will provide a report to the Board of Directors on 27 November 2018 to update on supplier risks and the ICS will send data from the survey approach to NHSI by the end of November 2018.</p> <p>(NHSI is undertaking an exercise with key national suppliers).</p>	
Procurement and competition	EU law associated with contracts with multi-national organisations, may be thrown into doubt.	Richard Somerset – Head of Procurement	See response above (Supply Chain).	

Operations (contracted and delivered by EU partners)	EU law associated with contracts with multi-national organisations, may be thrown into doubt.	Howard Timms – Deputy Director of Estates and Facilities	<p>Estates and Facilities Senior Management Team (SMT) to identify any overseas contracts. eg lifts.</p> <p>Noted that all overseas contracts have a UK office base.</p> <p>SMT working with contractors and suppliers to establish any high risk and essential supplies.</p>	
EPRR health protection and public health	TBC.	Rupert Suckling – Director of Public Health (DMBC)	<p>DBTH has requested that this be included on appropriate joint working agendas.</p> <p>The current advice from Alison Knowles at the LHRP is:</p> <p>‘No local actions required for health organisations other than to maintain their business continuity plans.’</p>	

NHS ETU Risk Area	Potential Risks	Trust Lead(s)	Approach	Notes
Reciprocal healthcare	<p>The NHS Cost Recovery Team has not provided any information or guidance on Brexit as yet.</p> <p>The highest risk would be any change to the concept of 'ordinary residence'.</p> <p>Increased surge (already being experienced) in British passport holders coming to UK for healthcare treatment.</p> <p>A potential benefit is raising awareness throughout the Trust of the requirement to recharge overseas visits.</p>	Julie Robinson – Overseas Visitors Team Manager	<p>Brexit is discussed at each meeting of the National Overseas Visitor Advisory Group (held twice per year – most recently on 16 November 2018).</p> <p>The consensus is that there will be no change until at least 2020 to the regulations.</p> <p>Brexit will be included on the agenda for the Northern Overseas Visitor Advisory Group (15 Feb 2019).</p> <p>Julie Robinson will request that Brexit is included on the agenda for the Local Working Group Working – Cohort Trusts Overseas Visitors Teams (date TBC).</p>	
Research and innovation	TBC.	Amy Bell – Clinical Research Development Manager	<p>Brexit has been discussed in a DBTH R&amp;D Management Team meeting and the risks identified are as below:</p> <ol style="list-style-type: none"> <li>1. INCOME - Continuity of research funding from commercial sector - companies may reduce UK placement for new clinical trials/medical devices.</li> </ol>	

			<p>2. PARTNERSHIP OPPORTUNITIES - Continuity of pan-European clinical and research collaborations.</p> <p>3. SUPPLY CHAINS - Potential problems with supply chain for IMP and with vendors outside UK ie central laboratory services.</p> <p>4. DATA/TISSUE TRANSFER - Possible problems transferring data between the UK and EU, for example patient data for clinical trials or treatment.</p> <p>The Trust will continue to link in with regional and national bodies/agencies such as the NIHR Clinical Research Network and Academic Health Science Network to understand the national approach taken to mitigate the shared risks highlighted above. Locally we will continue to diversify our R&amp;D funding model and maintain open dialogue with our research partners about potential delivery risks.</p>	
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NHS ETU Risk Area	Potential Risks	Trust Lead(s)	Approach	Notes
Medicines and Device Regulations	<p>1. <u>Medicines</u></p> <p>Reduced availability of pharmaceuticals and supplies imported from the EU.</p>	Andrew Barker – Chief Pharmacist	<p>Letter from the Department of Health and Social Care clearly states that: <i>‘As far as medicines supplies are concerned, we should not take any action’</i>.</p> <p>That DHSC has asked pharmaceutical manufacturers and importers to ensure that they hold an additional six weeks stock during the Brexit period as a contingency against supply disruption.</p> <p>Brexit will increase the likelihood of medicines shortages and the scoring of this risk on the Trust’s Corporate Risk Register will be adjusted accordingly (led by John Bane – Deputy Director of Pharmacy).</p> <p>DBTH will continue to work with Pharmacy colleagues in South Yorkshire and Bassetlaw and the wider Yorkshire and the Humber area.</p> <p>The Trust is part of the formal Yorkshire and Humber Medicines Procurement arrangements.</p>	

NHS ETU Risk Area	Potential Risks	Trust Lead(s)	Approach	Notes
Medicines and Device Regulations	2. <u>Device Regulations</u> Changes to regulations.	Andrew Leverton – Medical Technical Services Manager	Andrew contacting the North of England Medical Devices Group to determine how the region is responding.	
Data and Information Governance	Nothing yet received from Information Commissioner's Office (ICO).  The Trust's CIO considers that there will be no effect on Data and IG in the short to medium term as:  DPA 2018 has absorbed the European GDPR Regulation; There would need to be legislative changes to DPA 2018 to affect how we manage data in a Brexit environment	Simon Marsh – Chief Information Officer  and  Roy Underwood – Trust Data Protection Officer	Simon examining whether any suppliers provide cloud services from within Europe.  To be included on the agenda for the monthly meetings of the Regional Strategic IG Group (SIGN) – at which Roy is Vice-Chair.  To be included on the agenda for the Northern and Yorkshire Directors of Information Forum (NYDIF).	
IT  (Added by DBTH as not on the NHS ETU's risk area list)	TBC.	Nigel Hall – Head of IT Operations  and  Robin Smith – Security and Continuity Manager	Brexit assessment scheduled for 23 November 2018 to inform revised planning for key IT systems: <ul style="list-style-type: none"> <li>- Any changes in risks;</li> <li>- How IM&amp;T can support Business Continuity arrangements.</li> </ul> Further analysis will be completed in consultation with NHS Digital which provides guidance on risk management for information systems.	



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

## **PAPER B**

### **BOARD OF DIRECTORS**

### **BREXIT PREPARATIONS PROCUREMENT**

## **1. Introduction**

As the Board will be aware, the United Kingdom is in negotiations with the European Union to exit the European Union Single Market as of 29 March 2019. Negotiations are particularly focused on commercial activity and the movement of goods and services post 29 March 2019 between European Countries and the UK.

## **2. Risks to NHS Supply Chain – Central Response**

As a result of the UK's withdrawal the Department of Health and Social Care (DHSC) is of the view that, as a responsible Government Department, it has a duty to ascertain the risk to the NHS Supply Chain in the event that the Government cannot reach an agreement with the EU on the terms which trade with the UK will be governed after the withdrawal date. The DHSC has conducted a full and comprehensive risk assessment to prepare for all eventualities, including a 'no deal', scenario and has developed an action plan to mitigate risk in the event that no deal is reached.

The actions include the DHSC working closely with Cabinet Office to implement a cross Government approach to identifying contracts that may be impacted by potential changes to trading relations with the EU, and developing mitigating actions to help ensure that there are suitable arrangements in place at the point of exit. The DHSC acknowledges that a number of categories/suppliers are best engaged with at national level and is facilitating this engagement.

## **3. Risks to Trust Supply Chain – Local Response**

The DHSC recognises that not all contractual arrangements held by Trusts will be identified through this process and that some activity will sit outside of the identified action plan eg Trust specific contracts, locally held contracts, service contracts and PFI contracts.

In order to ensure those contracts are not overlooked the DHSC has developed a self-assessment methodology for NHS Trusts to use to identify contracts that may be impacted by EU exit.

### **Self-Assessment Survey**

The key questions asked by the survey are:

- Do any of the products you supply to the Trust have a 'touch point' in the European Economic Area?
- How would your supply be impacted by a change in the customs arrangements for supply routes via UK border crossings?
- How impacted would the supply be by changes in the flow of funding between UK and EU?

#### **4. Progress to Date**

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has been tasked with providing DHSC with a summary of those contracts deemed highly impacted, along with the Trust's planned mitigating activities, by 30 November 2018.

Facilitated by Sheffield Teaching Hospitals NHS Foundation Trust, the ICS Procurement Group has worked together to identify all suppliers that Brexit may impact upon and has sent out the DHSC survey.

The results of the survey are being assessed with high risk areas identified. The number of suppliers contacted totals 1300 (from the data period August 2017 to July 2018).

Currently the ICS has received back around 400 responses. Suppliers who have not yet responded are being contacted again (w/c 19 November 2018).

The majority of the 400 responses indicate that there is no additional risk to supply from Brexit. The few suppliers who have indicated that there are risks have highlighted delays in supply as an issue. Where delays in supply may be experience, further work to reduce the risk will be undertaken both centrally and locally.

#### **5. Return**

DBTH will feed back its outcomes and risks to the DHSC by the 30 November 2018 on all suppliers who have returned the survey.

#### **6. Recommendation**

The Board of Directors is requested to note the update.

**Richard Somerset, Acting Head of Procurement**  
**21 November 2018**



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

<b>Title</b>	<b>Chair's Assurance Logs – November 2018</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>27 November 2018</b>
<b>Author</b>	<b>Kath Smart &amp; Neil Rhodes</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

<b>Executive summary containing key messages and issues</b>
<p>Attached as appendices are the reports from the chairs of the two board committees held in November 2018:</p> <p>22 November 2018 - Audit &amp; Non-clinical Risk Committee 23 November 2018 - Finance and Performance Committee</p> <p>The reports set out assurances obtained during the meetings plus any new risks and escalations to Board.</p>
<b>Key questions posed by the report</b>
<p>Is Board able to take confidence from the various assurances given in the attached document?</p>
<b>How this report contributes to the delivery of the strategic objectives</b>
<p>N/A</p>
<b>How this report impacts on current risks or highlights new risks</b>
<p>As highlighted in the paper.</p>

Recommendation(s) and next steps
(1) To note the reports.

## Chair's Log – Audit and Risk Committee (ARC) 22 November 2018

### Overview

This Committee's Terms of Reference has been under review, alongside the ongoing Committee Effectiveness Audit and several proposed changes were agreed at the meeting, including:-

- A change to the name to reflect oversight of risk management systems and processes – Audit and Risk Committee;
- More details around the responsibilities in relation to Counter Fraud;
- Clarification of the Committee's role in Council of Governors appointment of External Audit
- Clarification of roles between F&P and ARC concerning accounting policies
- Clarification of the workplan to reflect those changes

Due to the timing it was agreed the full revised TOR to come to December Board for ratification.

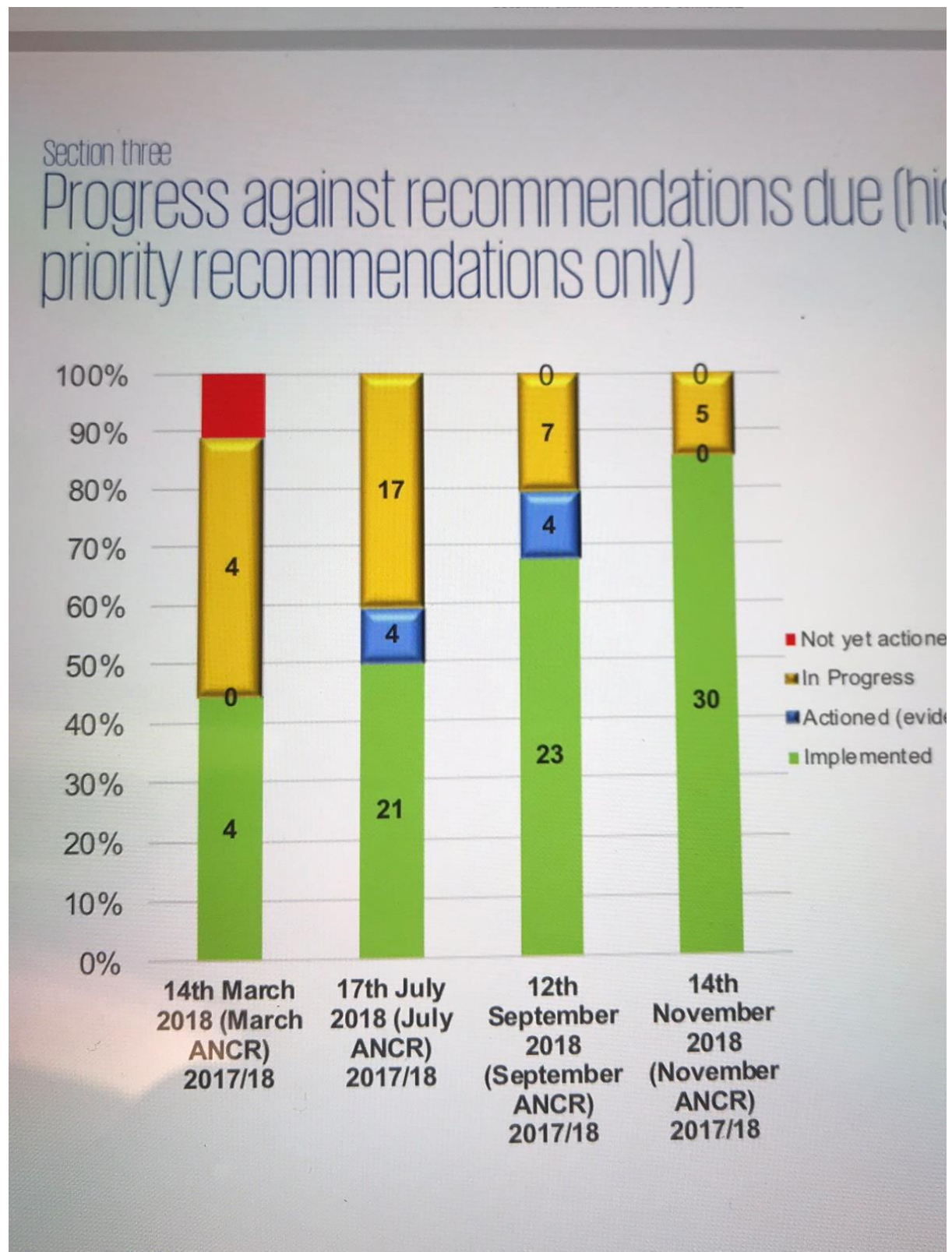
### Assurance area – Internal Audit

- a) Internal Audit – Significant assurance was given regarding progress of the delivery of the Internal Audit Plan to date
- b) Internal Audit Reports Issued – One Audit Report, Serious Incident Reporting, had been issued and was discussed in detail at the Audit Committee. The Medical Director came to the Audit Committee to give an update on this work, as there was disappointment at the partial level of assurance given by the Audit review. Concerns were raised at the Committee regarding the recommendations, including recommendations from previous audits not being implemented; delays in identification of serious incidents; reduced staffing in the Patient Safety Team; missed opportunities for learning; and Root Cause Analysis Training. Re-assurance on these areas was provided by the Medical Director, highlighting there was a full patient safety team in post now and improvements should be seen rapidly following a full review and process mapping of the SI process. Dates have been agreed for all actions. Oversight of recommendations to move to QEC.

Audit Report Issued	Assurance Opinion Given
Serious Incident Reporting	Partial Assurance with improvements required

- c) Internal Audit Recommendations Follow up – The Committee continues to follow up recommendations (see Appendix A), and has renegotiated 5 recommendations implementation dates; plus chased up a further 5 recommendations which are overdue. The process for chasing Audit Recommendations was discussed as there still appears to be a deficit in responses and provision of evidence. The Director of Finance to take this back into Executive Team and IA/Corporate Governance Office to review their timescales for chasing.

<b>Assurance area – Governance</b>
BAF and Risk Register – The BAF changes were noted by the Audit Committee and discussions held around updating some of the risks from F&P, aswell as noting QEC has undertaken a Deep Dive into Q&E9 relating to potential lack of supply of medicines
<b>Assurance area – External Audit</b>
The Finance team have followed up the Recommendations from the ISA 260 Annual Audit Report and the Committee received assurances that all actions were completed or in progress
<b>Assurance area – Counter Fraud (LCFS)</b>
LCFS - Significant Assurance was given to the Committee that workplans, standards & outcomes in relation to LCFS are being delivered to plan
<b>Assurance area –Compliance with Standing Financial Instructions and Standing Orders</b>
Reports on Losses, Compensations and Single Tender Waivers showed compliance with those areas of SFI's/SOs
<b>Meeting evaluation</b>
<ul style="list-style-type: none"> <li>• On the whole positive, although discussion reflected that it was not productive to evaluate every meeting. To be considered as part of Committee effectiveness review</li> <li>• Dial In/virtual meeting arrangements worked better than before. Skype for Business to be utilised if NED members can utilise nhs.net email addresses. Training session needed?</li> </ul>
<b>Kath Smart</b> <b>Chair – Audit and Risk Committee</b>



## **Chair's Log - Finance and Performance Committee 23.11.18**

### **Overview**

Although covering all the usual bases this was primarily a finance focused meeting. We had a deep dive in relation to the progress of the capital plan and an in-depth examination of CIPs and progress towards closing the financial gap. The Board needs to be sighted on the concerns of the Committee, shared below, but reassured that the key executive officers are taking appropriate action to improve the situation.

In addition, performance and workforce management reports were received. We noted progress in relation to the Estates Strategy and IM&T Strategy. We considered a report into Catering Contract Performance, but owing to unfortunate circumstances beyond our control an executive was not able to present it to us or quality assure it with us. Accordingly, a further update has been requested for the next meeting.

We noted the Brexit Plan recently considered by Management Board and were reassured that contingency planning was taking place along with continual monitoring of the developing situation.

### **Assurance area – Performance**

Following a meeting between the Committee Chair, NEDs and Director of Finance a new approach to monitoring Trust performance has been agreed. Jon Sargeant shared with us his outline of a new presentation of performance data that will build trend analysis into the At-a-glance table, share an independent commentary in relation to potential areas of concern to be explored, supported by context and mitigating action provided by the relevant business areas.

This will also provide the basis for a shortened and condensed Board summary, rather than the current position, where the Board receives as much performance data as the F+P Committee.

The new performance report will be at F+P in December 2018 and the condensed Board report available in January 2019.

Performance over the past month is again broadly sound. The Committee had input from Deputy Chief Operating Officer, Claire Jenkinson, Lead Cancer Nurse Stacey Nutt and Medicine General Manager Lesley Hammond.

There was a lengthy discussion around 4 hour access and tactics to sustain and improve performance to enable the March target of 95% to be met. There was a similarly searching conversation around RTT and linkages to delivering contract commitments/income, including the Committee requesting further assurances on trajectories and delivery plans to achieve both the RTT & contract requirements.

### **Assurance area – Workforce Management**

A comprehensive workforce management report was considered by the committee. It covered

- The profile of vacant posts
- Agency spend
- Staff sickness

- Appraisals and SET

We noted Agency Spend, although in excess of target, showing useful in-month improvement. As the new Divisional management approach finds its feet increasing grip is becoming evident across a range of factors such as vacancy management and, finally, senior medical and dental sickness recording.

There was a really useful discussion around the development of Divisional SMTs, with feedback from the first few meetings that had been attended by NEDs. The picture in terms of attitude and intentions was already very positive. A suggestion was passed on through the senior staff present that the general managers may wish to develop an enabling framework for a corporate approach/agenda for SMT meetings to encourage appropriate and standardised coverage of performance, quality, financial and personnel issues. The intention would be to have a comparable level of information sharing across divisions, with the opportunity for senior staff to grow and develop their understanding of and contribution to the business of the division as well as their own particular function.

### **Assurance area – Overall Financial Picture**

A separate financial highlight report has been prepared for the Board meeting. I want to comment on key themes here rather than restate the numbers.

Although monthly financial performance shows income exceeding expenditure for the second month, the Trust is steadily losing ground against its plan. Our confidence level that we can hit our control total is now not as strong and the Board needs to be sighted on key factors – income achievement, CIPs and winter pressures.

The context of our Trust position is that the low-hanging fruit has long ago been taken. A number of demand and pressure factors move frequently through the year, meaning we need to have a certain agility. Systemically, the Trust is marginally underfunded, and control total delivery will always be a tough challenge. Rear loaded plans tend to mean key delivery times coincide with winter pressures, which is far from ideal. As a consequence, we need well developed plans early in the year and although we have improved on last year's position we have not done well enough.

Working to squeeze money out of tight budgets means some schemes will inevitably fail and we need others in the pipeline to replace them. Early engagement with PMO is essential. We probably need to find £2.9 – 3m more in the next few months as well as nailing what we have set out to.

We started the year with a target for CIPs of just under £18m. A significant chunk of that was represented by the WOS scheme (circa £3m). We have been required by NHSi to put that scheme on hold and must now accept that this is unlikely to be deliverable this financial year – control total adjustment needing to be sought to reflect the position. We learned this week that the Strategic Review we were briefed on last month and reassured was a substantive prospect is now unlikely to deliver in the expected way, leading to lost mitigation against the £3m gap reported last month.

Without rehearsing the Finance paper, a number of other schemes are glowing red too. We discussed which ones were most likely to bear fruit if given energy and attention:

- Theatres scheduling and pre-operative assessment
- Clinical Administration review including use of apprentices
- Block contract negotiations
- Care Group and Corporate local plans
- Managing temporary staffing numbers tightly through the winter period
- Outpatients ratios cap

- Lean team work

In addition, we really need to deliver on income achievement. CCGs are now starting to accept that our plans, rather than their commissioned levels were nearer by far to the level of demand and pushing us to deliver. Although delivering more than commissioned level we are not delivering the elective and day case work we had planned to ourselves and which our finances are based upon.

Winter pressures – a word of caution. Last year innovative use of winter pressures monies helped enormously with closing the financial gap. Our divisional leads are in need of clarity around their winter pressures budgets and we must avoid thinking of it as a contingency or mitigation for any struggling schemes. We can only spend it once and must not count it twice.

All in all, much work to do. Last year we pulled BDO in around this time to bolster delivery. This year we need to make a fist of it ourselves and time is tight.

#### **Assurance area – Strategy and Planning**

We noted progress in relation to the Estates Strategy and IM&T Strategy. The papers were considered as information papers owing to the need to give time to financial items on the agenda and the fact they had just been reviewed, with a full presentation at Management Board.

We discussed the tracking of strategies and the best use of organisational time. We noted the multiple occasions on which the same presentation was being received by various committees and internal boards without change or added value. A suggestion was made that to avoid multiple presentations and free committee time we might consider a single Strategy Progress Workshop, where all strategy progress would be reported in a condensed fashion, with detailed scrutiny being undertaken at individual, responsible executive level.

#### **Assurance area – Risk Management**

The Risk Register was considered, both throughout the meeting and as a separate item at the end. We noted revisions, scoring and discussed at length the correct scores around financial risks.

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



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

<b>Title</b>	<b>Financial Performance – Month 7 - October 2018</b>		
<b>Report to</b>	<b>Trust Board</b>	<b>Date</b>	<b>27<sup>th</sup> November 2018</b>
<b>Author</b>	<b>Jon Sargeant - Director of Finance</b> <b>Alex Crickmar – Deputy Director of Finance</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

**Executive summary containing key messages and issues**

The Trust's surplus for month 7 (October 2018) was £45k, which is an adverse variance against plan in month of £1.4m. The cumulative position to the end of month 7 is an £11.9m deficit, which is £1.4m adverse to plan. The in month financial position was c.£360k worse than forecast (realistic case). The Trust needs to achieve a £6.6m deficit to deliver the year end control total, and therefore needs to essentially achieve a better than break even position for the rest of the year.

The forecast completed at Month 6 which was shared with the F&P Committee and Board last month indicates a range of potential year end positions, with the realistic case showing the Trust missing the control total by c.£3m (before PSF risk). Therefore the Trust needs to take immediate action to close the financial gap and deliver the Trust's financial plan.

Some of the significant risks to delivery of the forecast and the financial control total include:

- Whilst work continues to close the financial gap, delivery of CIPs remains a significant risk. Within this there is also a risk in relation to delivery of the WOS CIP (£3m) due to the current pause in the process as a result of the national consultation. It is currently assumed in the realistic forecast position that either the CIP relating to the WOS will be delivered or that the control total will be amended for this.
- Robust plans are required from Divisions to maximise income that deliver in line with plan for elective and outpatients. The Trust has seen growth in the waiting list position over the first half of the year. This in line with the lack of detailed transparent capacity plans is a significant risk which echoes the situation in the 2017/18.
- Control and reduction of agency and additional sessions spend linked to robust

capacity plans and challenging grip and control meetings.

- The Trust has assumed full achievement of PSF in its position. There however remains a risk in achieving PSF through the second two quarters of the year from both A&E and financial performance perspectives.
- The Trust is currently assuming 95% achievement of CQUINs in the position, when historically the Trust has achieved less than this. CQUINs achievement for Q1 has been confirmed however some areas have been deferred to Q2.
- Following a maternity audit in the previous year this identified a potential income risk of c850k. This risk is not assumed in the month 7 financial position, but is identified in the forecast.
- The Trust has identified a historical depreciation risk of £3.9m as previously reported to the Board. The position has been discussed with external audit whose initial review of the accounting treatment agrees with the Trust's position that this is likely to be a prior period adjustment (subject to audit at year end).

### **Key questions posed by the report**

Is the Trust Board assured by actions taken to bring the financial position back in line with plan?

### **How this report contributes to the delivery of the strategic objectives**

This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR.

- F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications
- F&P 3 - Failure to deliver Cost Improvement Plans in this financial year
- F&P 19 - Failure to achieve income targets arising from issues with activity
- F&P 13 - Inability to meet Trust's needs for capital investment

### **How this report impacts on current risks or highlights new risks**

Update on risk relating to delivery of 2018/19 financial plan.

### **Recommendation(s) and next steps**

The Board is asked to note:

- The Trust's surplus for month 7 (October 2018) was £45k, which is an adverse variance against plan in month of £1.4m and c.£360k adverse to forecast (realistic case). The cumulative position to the end of month 7 is a £11.9m deficit, which is £1.4m adverse to plan.
- The Trusts current forecast would mean that the Trust misses its control total by c£3m before PSF losses.
- The progress in closing the gap on the Cost Improvement Programme.
- The risks to delivery of the Trust's control total.



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

## **FINANCIAL PERFORMANCE**

**P7 October 2018**

**DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST**

**P7 OCTOBER 2018**

1. Income and Expenditure vs. Plan						2. CIPs						
Performance Indicator	Monthly	Performance	YTD	Performance	Annual	Performance Indicator	Monthly Performance		YTD Performance		Annual	
	Actual £'000	Variance to budget £'000	Actual £'000	Variance £'000	Plan £'000		Actual £'000	Variance to budget £'000	Actual £'000	Variance £'000		Plan £'000
I&E Perf Exc Impairments	(14)	1,404 A	12,046	1,377 A	6,900	Employee Expenses	210	437 A	1,164	769 A	8383	
Income	(33,065)	(1) F	(217,050)	2,845 A	(375,805)	Drugs	61	(3) F	431	(23) F	700	
PSF (previously STF)	(1,624)	0	(7,307)	0	(16,238)	Clinical Supplies	68	(10) F	218	28 A	954	
Donated Asset Income	(32)	(8) F	(152)	14 A	(285)	Non Clinical Supplies	0	0 A	0	0 A	0	
Operating Expenditure	33,529	1,395 A	228,504	(1,433) F	385,327	Non Pay Operating Expenses	293	398 A	1,905	(377) F	4968	
Pay	22,542	966 A	153,260	2,301 A	259,768	Income	322	(126) F	924	(135) F	2820	
Non Pay & Reserves	10,987	429 A	75,244	(3,734) F	125,559							
Financing costs	1,146	10 A	7,899	(35) F								
I&E Perf Exc 16/17 STF & Donated Asset Income	(45)	1,396 A	11,894	1,391 A	6,615	Total	954	696 A	4,642	263 A	17,825	
F = Favourable A = Adverse						4. Other						
Financial Sustainability Risk Rating			Plan	Actual		Performance Indicator		Monthly Performance		YTD Performance		Annual
UOR			4	3				Plan	Actual	Plan	Actual	Plan
CoSRR			1	2				£'000	£'000	£'000	£'000	£'000
3. Statement of Financial Position						Cash Balance		3,029	4,621	3,029	4,621	1,900
All figures £m			Opening Balance	Current Balance	Movement in year	Capital Expenditure		1673	432	6003	2412	13,911
Non Current Assets								Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
Current Assets			49,291	39,605	9,686							
Current Liabilities			-54,834	-53,986	-848	Current Month		5898.20	5548.17	198.17	109.88	5856.22
Non Current liabilities			-81,105	-80,632	-473	Previous Month		5893.59	5516.79	226.92	108.48	5852.19
Total Assets Employed			122,460	110,566	11,894	Movement		-4.61	-31.38	28.75	-1.40	-4.03
Total Tax Payers Equity			-122,460	-110,566	-11,894							

**Key**

**Income**

Over-achieved F

Under-achievement A

**Expenditure**

Overspent A

Underspent F

## 1. Executive Summary

The Trust's surplus for month 7 (October 2018) was £45k, which is an adverse variance against plan in month of £1.4m. The cumulative position to the end of month 7 is an £11.9m deficit, which is £1.4m adverse to plan. The in month financial position was c.£360k worse than forecast (realistic case). The Trust needs to achieve a £6.6m deficit to deliver the year end control total, and therefore needs to essentially achieve a better than break even position for the rest of the year.

The YTD income position at the end of Month 7 is £2,845k adverse to plan. In month 7, NHS Clinical Income (including Non-PbR drugs) was £558k behind plan (£3,491 adverse YTD). Doncaster CCG has an adverse YTD variance against the Trust's plan of £1,014k (favorable variance against contract of £1,273k) and Bassetlaw CCG has a favorable income variance of (£732k) against the Trust's plan (£1,469k favorable against contract). Non NHS Clinical Income and Other Income is (£558k) ahead of plan in month 7 and YTD (£646k) favorable to plan. PSF is assumed at 100% in the position and CQUIN achievement at 95%.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance
Commissioner Income	-312,532	-27,660	-27,143	517 A	-182,695	-181,151	1,544 A
Drugs	-24,089	-2,110	-2,069	41 A	-14,387	-12,439	1,947 A
STF	-16,238	-1,624	-1,624	0 F	-7,307	-7,307	0 F
Trading Income	-39,183	-3,295	-3,853	-558 F	-22,814	-23,460	-646 F
<b>Grand Total</b>	<b>-392,043</b>	<b>-34,688</b>	<b>-34,689</b>	<b>-1 F</b>	<b>-227,202</b>	<b>-224,357</b>	<b>2,845 A</b>
Pay Award Adjustment	4,224	352	352	0 F	2,464	2,464	0 F
	<b>-387,819</b>	<b>-34,336</b>	<b>-34,337</b>	<b>-1 F</b>	<b>-224,738</b>	<b>-221,893</b>	<b>2,845 A</b>

The YTD expenditure position at Month 7 was £1,433k lower than budgeted levels. Non-PbR drugs were significantly lower than planned levels (c.£2.0m which is offset by underperformance on income). Please note that the YTD position reflects the release of non-recurrent monies in Month 3 of £1.4m (against reserves) following the review of prior year accruals being held. This mainly relates to accruals for agency doctors (through Holt). The YTD and in month position also reflects the part release of five centrally held reserves of £534k in Month 7 which were previously being accrued for. A total of £1.5m of centrally held reserves were released in Month 6 as previously reported.

Subjective Code	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
1. Pay	21,577	22,542	966 A	150,959	153,260	2,301 A	259,768
2. Non-Pay	12,599	11,002	-1,596 F	73,227	74,296	1,068 A	119,065
3. Reserves	-2,041	-16	2,026 A	5,751	948	-4,802 F	6,494
<b>Total Expenditure Position</b>	<b>32,134</b>	<b>33,529</b>	<b>1,395 A</b>	<b>229,937</b>	<b>228,504</b>	<b>-1,433 F</b>	<b>385,327</b>

Capital expenditure YTD is £2,412k against the YTD plan of £6,003k, £3,591k behind plan (£2,780k behind plan excluding CT/HASU). YTD actuals against the revised plan are £1,813k behind plan (£1,002k behind plan excluding CT/HASU).

The cash balance at the end of October was £4.6m against a plan of £3m. This is largely due to the receipt of Q4 STF funds (£2m more than anticipated), delayed capital expenditure (£3.5m), loans not drawn down/repaid early (£6m), PDC Dividend not received (£0.8m), and increase in trade receivables/reduction in payables (£2.9m).

In October CIPs of £954k (last month £1,673k) were delivered against the NHSi plan of £1,650k. YTD savings are £4,642k, which is an adverse variance against the NHSi plan of £262k. The significant change in comparison to month 6 was the release of the elective outsourcing reserve of £1.1m in month 6.

## 2. Conclusion

The Trust's year to date financial position at Month 7 is a £11.9m deficit which is £1.4m adverse to plan and c.£360k worse than forecast (realistic case) in month. The forecast completed at Month 6 which was shared with the F&P Committee and Board last month indicates a range of potential year end positions, with the realistic case showing the Trust missing the control total by c. £3m (before PSF risk). Therefore the Trust needs to take immediate action to close the financial gap and deliver the Trust's financial plan.

Some of the significant risks to delivery of the forecast and the financial control total include:

- Whilst work continues to close the financial gap, delivery of CIPs remains a significant risk. Within this there is also a risk in relation to delivery of the WOS CIP (£3m) due to the current pause in the process as a result of the national consultation. It is currently assumed in the realistic forecast position that either the CIP relating to the WOS will be delivered or that the control total will be amended for this.
- Robust plans are required from Divisions to maximise income that deliver in line with plan for elective and outpatients. The Trust has seen growth in the waiting list position over the first half of the year. This in line with the lack of detailed transparent capacity plans is a significant risk which echoes the situation in the 2017/18.
- Control and reduction of agency and additional sessions spend linked to robust capacity plans and challenging grip and control meetings.
- The Trust has assumed full achievement of PSF in its position. There however remains a risk in achieving PSF through the second two quarters of the year from both A&E and financial performance perspectives.
- The Trust is currently assuming 95% achievement of CQUINs in the position, when historically the Trust has achieved less than this. CQUINs achievement for Q1 has been confirmed however some areas have been deferred to Q2.
- Following a maternity audit in the previous year this identified a potential income risk of c850k. This risk is not assumed in the month 7 financial position, but is identified in the forecast.
- The Trust has identified a historical depreciation risk of £3.9m as previously reported to the Board. The position has been discussed with external audit whose initial review of the accounting treatment agrees with the Trust's position that this is likely to be a prior period adjustment (subject to audit at year end).

## 3. Recommendations

The Board is asked to note:

- The Trust's surplus for month 7 (October 2018) was £45k, which is an adverse variance against plan in month of £1.4m and c.£360k adverse to forecast (realistic case). The cumulative position to the end of month 7 is a £11.9m deficit, which is £1.4m adverse to plan.
- The Trusts current forecast would mean that the Trust misses its control total by c£3m before PSF losses.
- The progress in closing the gap on the Cost Improvement Programme.
- The risks to delivery of the Trust's control total.



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

<b>Title</b>	<b>Business Intelligence Report</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>27<sup>th</sup> November 2018</b>
<b>Author</b>	<b>David Purdue, Chief Operating Officer</b> <b>Sewa Singh, Medical Director</b> <b>Moira Hardy, Director of Nursing, Midwifery and AHPs</b> <b>Karen Barnard, Director of People and Organisational Development</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

**Executive summary containing key messages and issues**

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

The report focuses on the main performance area for NHSI compliance:

Cancer 62 day classic, measured on average quarterly performance

4hr Access, measured on average quarterly performance

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

Diagnostics performance against key tests

Infection control measures, C Diff and MRSA Bacteraemia

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

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

The performance report contains a review of emergency activity from April to October 2017

compared 2018

#### **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 Executive Summary Board of Directors November 2018**

**The performance report is against operational delivery in August, September and October 2018.**

### **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%, the Trust has been commissioned to achieve 89.1% by the end of March with no growth to the waiting list size.

Though performing above the National average, the Trust position remains below the target at 88.5%, which is an improvement of 0.5% on October position. The National RTT performance fell to its lowest recorded level.

The total number of Incomplete Pathways has decreased by 301 between September and October, however the number of incomplete pathways over 18 weeks decreased by 219 hence the performance has increased. The total number of Incomplete Pathways with a decision to admit for treatment has increased between September and October 2018. The number of new RTT periods in October was 2037 more than in September meaning the proportion of short waiters in the month will have also gone up. There were 293 more admitted and 1432 more non-admitted clock stops in October than in September.

The specialty groups with the largest increase in the number of waiters over 18 weeks are:

- General Surgery – increase of 32 over 18 weeks
- Ophthalmology – increase of 15 over 18 weeks
- Oral Surgery – increase of 10 over 18 weeks
- Geriatric Medicine – increase of 3 over 18 weeks

At the end of October 2018 there were 3 Incomplete Pathway over 52 Weeks (T&O Bassetlaw CCG, Urology – NHS England, Others(Diabetic Medicine) – Doncaster CCG). These have all been validated and no patients came to any harm.

A new process for reviewing potential 52 week waiters is now in place to ensure clinical ownership of the pathways and to ensure any learning can be shared to prevent further issues.

The joint Access Policy is due to be launched and ensuring compliance with the policy is part of the training programme for the administrative and clinical teams.

## Diagnostics

In October the Trust achieved 99.5% against the 6ww Diagnostic Performance standard of 99%.

There were 46 patient breaches in month, out of a total 9227 patients. (an increase of 1,438 patients against last month)

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	9181	46	9227	99.50%
NHS Doncaster	6202	31	6233	99.50%
NHS Bassetlaw	2085	9	2094	99.57%

Most exam types continue to achieve the target in October, with 8 of the 13 diagnostic areas again achieving more than 99% and 7 of these 8 achieving 100%. Of note; MRI achieved 99.28% (10 breaches out of 1391 waiters)

## 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 92.18%**

**Quarter 3 92.18%**, PSF target for Q3 90.9%, YTD at end of Q3 91.9%

**Year to date 93.22%**

PSF for quarter 2 was achieved following a National change to 4hr access funding which is now based on either quarter performance or year to date performance.

The Trust managed 14576 ED attendances during October this year, 349 more than in September and 255 more, when compared to October 2017. 1137 (7.8%) patients failed to be treated in 4hrs; with the key issues being Waits to see ED doctor, ED doctor reviews; with 143 patients waiting to be allocated a medical bed. These 3 issues accounted for 792 of the breaches across sites.

Streaming pathways continue to be reviewed at BDGH jointly with Notts Health Care FT and a proposal developed for commissioners to review to improve front-door streaming alternative pathways.

## Summary of Emergency Activity April to October 2017 Compared to 2018

As a Trust we have seen an increase of 5.7% in attendances at A&E (4775 attendances). DRI saw a 5.8% increase (2886 attendances), Bassetlaw saw a 7.8% increase (1809) patients and Montagu saw a rise of 0.7% (80 attendances). This was mainly due to some significant increases when comparing April/May and July.

Even though we saw an increase the performance has improved by 0.74%. This is reflected as a 1.97% increase at DRI and a drop of 1.39% in Bassetlaw.

Overall conversion rates have gone up for the Trust by 1.5% (patients admitted from A&E) and Other Emergency Admission (i.e. GP) have gone up 1.4%

DRI has seen a drop in Admissions from A&E of 2.4% but a 5% increase in Other Emergency Admission (i.e. GP). Bassetlaw has seen an increase in Admissions from A&E of 12.8% (638 admissions) with a drop of 23.1% (182 admissions) from Other areas (i.e. GP)

Overall Ambulance numbers are down for the Trust (1.1%), DRI has seen a drop of 2.9% with Bassetlaw seeing an increase of 3.9%.

In the 2017 period we saw an average of 459 patients a day, compared to 485 in 2018. That means the additional 4775 patients we have seen this year would equate to an extra 10.4 days' worth of activity last year (i.e. this year we have seen the same amount of patients in 183 days as we would've seen in 193 days last year) whilst still managing to improve performance.

### **Additional Reporting**

18.2% of all of DRI discharges take place at a weekend and 15.3% at BDGH

If the rest of the week was at the same level as Mondays then we would see an extra 175 patients a week at DRI and an extra 113 patients at BDGH

A&E attendances on a Monday at DRI account for 15.6% of weekly activity rising to 16.0% at BDGH

Non Elective Admissions on a weekday that GP admissions account for is 20.5% of all Emergency Admissions on a weekday at DRI but only 7.8% at BDGH.

When we move into the weekend this drops to 11.2% at DRI and 2.3% at BDGH

### **Cancer Performance**

#### **September 2018**

**Quarter 3 62 day 85.6%**

**September 62 day 84.7%**

The 62 day standard was not achieved by the Trust in September reducing from 86.2% last month to 84.7%. The One Stop Prostate Clinic pilot starts on both sites on 21 November.

The key issues remain around complex pathways and shared breaches. The local pathway issues remain in Urology. There are specific issues around endometrial Cancers – there are 6 local breaches in gynaecology endometrial pathways.

The system leaders have met with NHSE to review local cancer performance In November. From this meeting DBTH are meeting with Sheffield Teaching Hospitals to review OMFS and we will pilot a post-menopausal bleeding one stop clinic.

**Two Week Wait Performance 90.1%**

The September position for two week wait has improved in month to 91.1%, moving from 87.1%.

Work with the Capacity and Demand tool continues to be improved. Care groups are now using the tool proactively in order to plan two week wait capacity.

Weekly PTL meetings with each specialty are ongoing to jointly track patient booking, pathways and to review breaches. These meetings now focus on both 2ww and 62 day breaches, with presentations for each service, denoting key issues and achievements.

## **Stroke Performance**

### **August stroke discharges 63**

Direct admission 63.5%

CT within 1 hour 61.9%

For August, Direct Admissions, patients admitted over 10 hours were higher than usual at 11. Some of these related to pathway problems for patients presenting at Bassetlaw but also some patients whose symptoms were not immediately identified as possible strokes.

There were 63 discharges in August, compared to a previous 12 month average of 51.6. Of these, 52 patients were admitted in August, 18 in July, 3 in June and one in May.




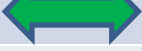

**David Purdue Chief Operating Officer November 2018**

# DBTH PERFORMANCE REPORT – October 2018

## Cancer Performance

The following information relates to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust performance in September. The action plan to improve 62 day and 2 week wait performance is now underway with expectations of improving performance over time.

### September Performance

Standard	Local Performance %	Position from Previous Month
TWW	91.1%	
31 day	100%	
62 day	84.7%	
31 day Sub – Surgery	100%	
31 day Sub – Drugs	100%	
31 day Sub – Other	N/A	
62 day Screening	90%	
62 day Con Upgrades	82.1%	
Breast Symptomatic	91.2%	

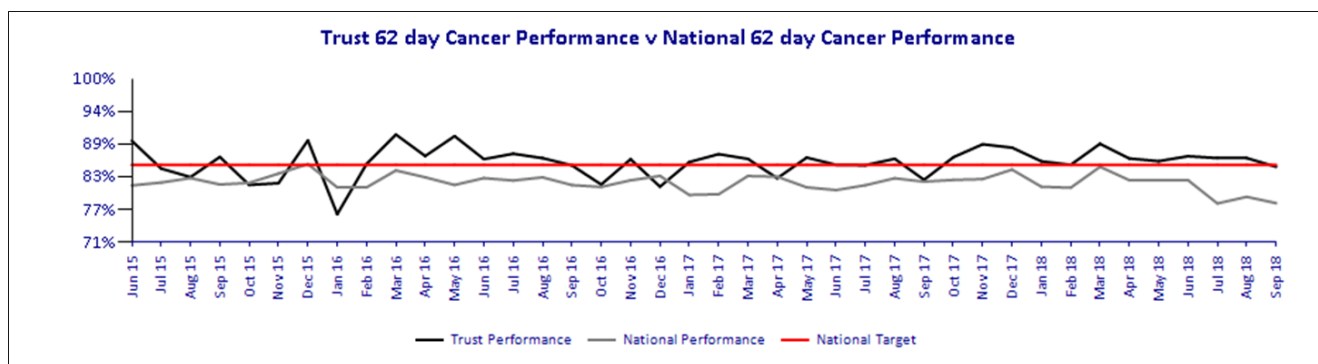
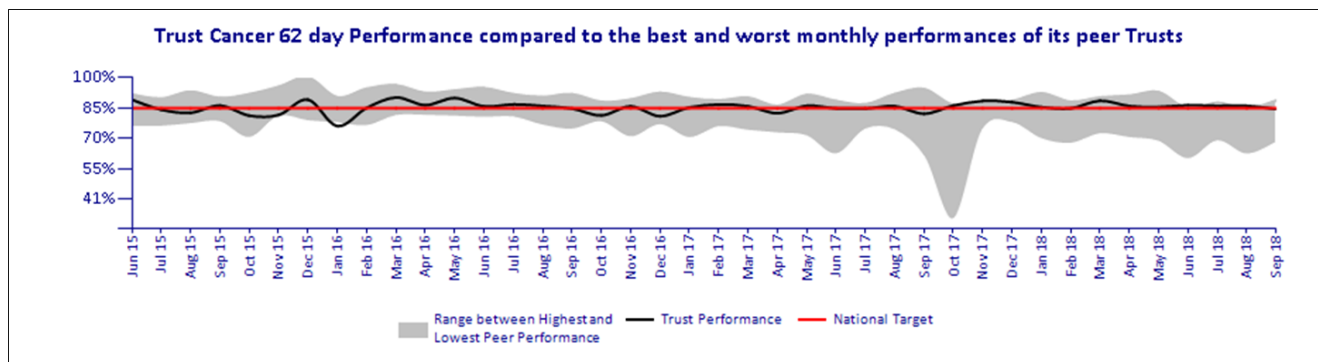
### 62 day Cancer performance

The 62 day standard was not achieved by the Trust in September reducing from 86.2% last month to 84.7%. The One Stop Prostrate Clinic pilot starts on both sites on 21 November. The key issues remain around complex pathways and shared breaches. The local pathway issues remain in Urology. There are specific issues around endometrial Cancers – there are 6 local breaches in gynaecology endometrial pathways.

The system Cancer performance was reviewed by NHSE, key pathways were identified as requiring additional support. These included the prostate pathway, gynae and OMFS. To improve gynaecology local performance the Trust will pilot a one stop post-menopausal bleed clinic. The Trust are meeting with colleagues from STH to review the current arrangements for OMFS to improve the local offer for patients.

## DBTH PERFORMANCE REPORT – October 2018

*The graphs below compare 62 day performance up to September at Doncaster and Bassetlaw compared with National performance.*



### Two Week Wait Performance

The September position for two week wait has improved in month to 91.1%, moving from 87.1% last month, which is not compliant with the national target of 93%.

Work with the Capacity and Demand tool continues to be improved. Care groups are now using the tool proactively in order to plan two week wait capacity.

Weekly PTL meetings with each specialty are ongoing to jointly track patient booking, pathways and to review breaches. These meetings now focus on both 2ww and 62 day breaches, with presentations for each service, denoting key issues and achievements.

Both CCGs have been requested by NHSE to improve the communications to patients locally regarding the importance of keeping a TWW appointment.

# DBTH PERFORMANCE REPORT – October 2018

## TWW Performance by specialty for September

	2ww	Non 2ww Symptomatic Breast Referrals	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	31 Day Sub - Palliative	62 Day - Classic	62 Day Screening	62 Day Consultant Upgrades
Operational Std	93%	93%	96%	94%	98%	94%	85%	90%	TBA
Breast	99.4%	91.2%	100%	100%			100%	100%	
Gynaecology	90.9%		100%				61.1%		66.7%
Haematology	100%		100%		100%		100%		100%
Head & Neck	82.6%		100%				40%		
Lower GI	90.8%		100%	100%			84.6%	66.7%	100%
Lung	100%		100%				80%		77.8%
Sarcoma							0%		
Skin	83.6%		100%				100%		
Upper GI	98.6%		100%				66.7%		100%
Urological	87.2%		100%	100%	100%		76.5%		75%

### EXCEPTIONS

#### 62 DAY

Only breast, haematology and skin were compliant with the standard in September. The reasons for the breaches across all services were predominantly due to shared care pathways, complex diagnostic pathways or patient choice.

#### TWO WEEK WAIT

Head and Neck, Lower GI, Skin, Gynaecology and Urology did not achieve the standard in September, mostly due to shared pathways, patient choice, clinic cancellation and admin delays in booking.

## DBTH PERFORMANCE REPORT – October 2018

The reasons for breaches in relation to two week wait appointments can be seen in the table below:

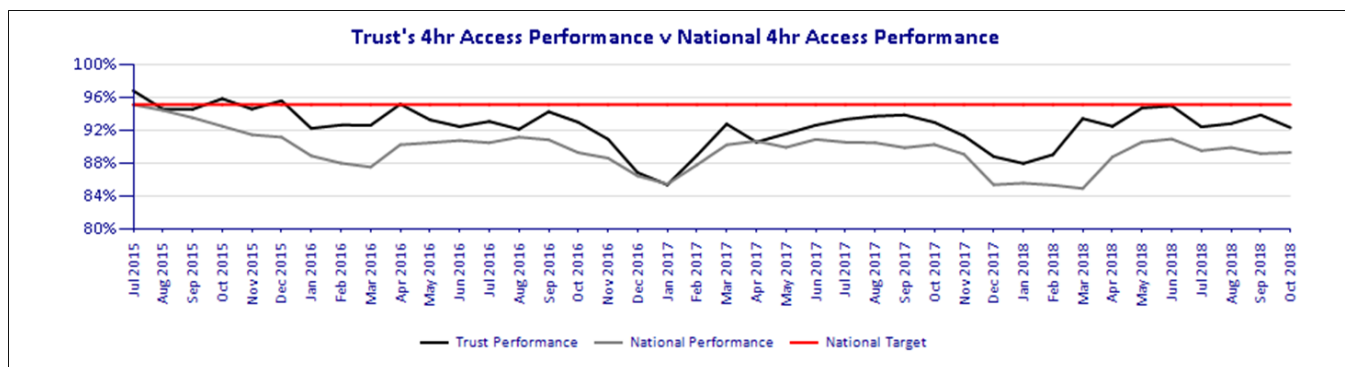
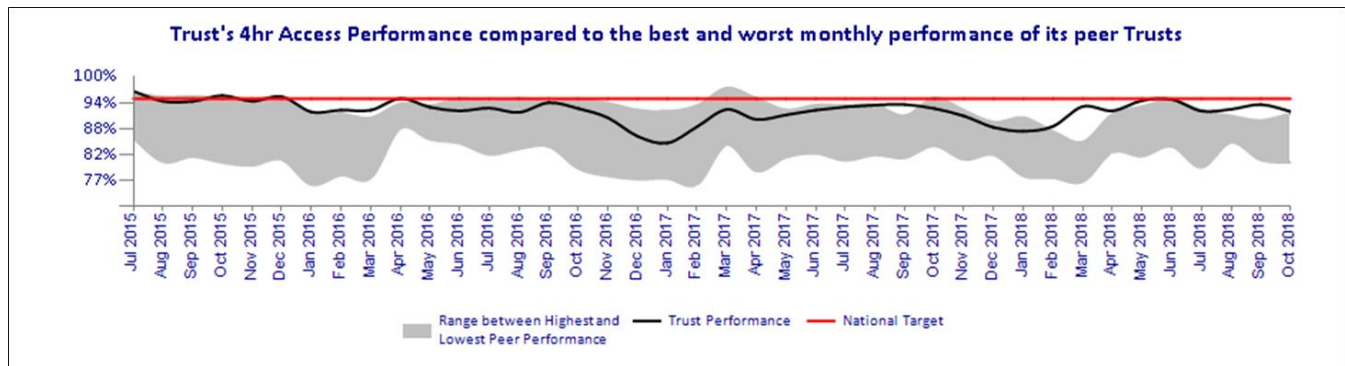
CWT Standard	Tumour Group	Performance against CWT standard	High Level View
Two Week Wait	Gynae	90.9%	10 Patients – all patient choice
	H&N	82.6 %	15 Patients – 3 patient choice, 6 clinic cancellation , 4 capacity , 2 administrative delay
	Lower GI	90.8%	20 Patients – 12 patient choice, 4 clinic cancellation, 4 administrative delay
	Skin	83.6%	54 Patients – 17 patient choice, 3 capacity, 34 administrative delay
	Urology	87.2%	21 Patients– 3 patient choice, 3 capacity, 8 administrative delay, 4 clinic cancellations
62 day	Gynae	61.1%	5 patients – 2 local and 3 shared care - Local – both complex pathway. Shared Care - 1 complex pathway, 2 pathway delays
	H&N	40%	3 patients – All shared care - 1 pathway delay, 1 patient choice, diagnostic delays
	Lower GI	84.6%	1 patient – Local – Patient choice
	Lung	80%	1 patient – Shared Care - Admin delay
	Sarcoma	0%	1 patient – Shared care - Patient choice
	Upper GI	66.7%	1 patient – Shared care – Complex diagnostic pathway
	Urology	76.5%	7 patients – 5 local pathways and 2 shared care . Local 2 patient choice, 1 capacity issues , 2 pathway delays. Shared Care – both pathway delays
	Lower GI	66.7%	1 patient –shared care – capacity delay in screening service -
62 day Con Upgrade	Gynae	66.7%	1 patient –shared care – patient choice
	Lung	50%	2 patients – all shared care - both complex pathway
	Urology	66.7%	1 patient – local treatment – capacity issue at diagnostics

## DBTH PERFORMANCE REPORT – October 2018

### 4hr Access Target

In October 2018 the Trust achieved a performance 92.18% against the 4hr access standard of 95%.

*The graphs below compare 4 hour access performance at Doncaster and Bassetlaw with National performance*



The Trust managed 14576 ED attendances during October this year, 349 more than in September and 255 more, when compared to October 2017

We are focussed as a system, on understanding reasons for the highest attendance age groups (20-35s and 45-60s) and working on alternative pathways that patients could be streamed to. Work is continuing with both CCGs to understand the recent increases in attendances.

The System Perfect report is now available. Overall, there were 2500 responses to the survey and the communication reached 100,000 people. Reasons for patients attending A&E are discussed in the report and the findings will be used in the development of the future front door model.

## DBTH PERFORMANCE REPORT – October 2018

### Streaming

**DRI** Streamed 12.0%. Returns 0.3% overall 11.07%

Ongoing weekly meetings between DBTH and FCMS, with clinicians from both organisations, discuss all returns on an individual basis. This supports development of improved and new pathways and better joint working.

**Bassetlaw** Streamed 9.7%. Streaming only takes place from 9.00 – 23.00 as primary care provision finishes at 23.00

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### EXCEPTIONS

In October, 1137 (7.8%) patients failed to be treated in 4hrs; with the key issues being Waits to see ED doctor, ED doctor reviews; with 143 patients waiting to be allocated a medical bed. These 3 issues accounted for 792 of the breaches across sites. Streaming pathways continue to be reviewed at BDGH jointly with Notts Health Care FT and a proposal developed for commissioners to review to improve front-door streaming alternative pathways.

### Childrens Observation Unit

The COO has undertaken a review of the waiting times in the children's observation unit. The unit currently operates a paper-based system logged in a book. Waiting times identified are not an accurate reflection of the times children actually spend waiting to be seen or to have a senior review. Multiple children are discharged on the hour; there is no timing of when children have a decision to be actively observed.

The solution will be to develop the use of Symphony on the unit. This will ensure that accurate timings of children arriving, being assessed, having a senior review and a decision for either discharge or observation to be identified.

The unit allows children to be assessed up to 8hrs prior to being admitted. Symphony will reduce the amount of time the nursing team are required to spend on administrative tasks.

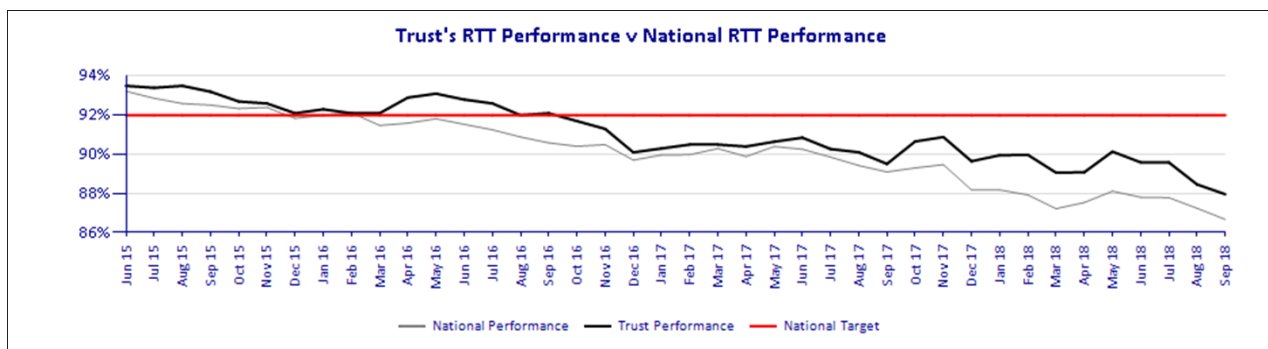
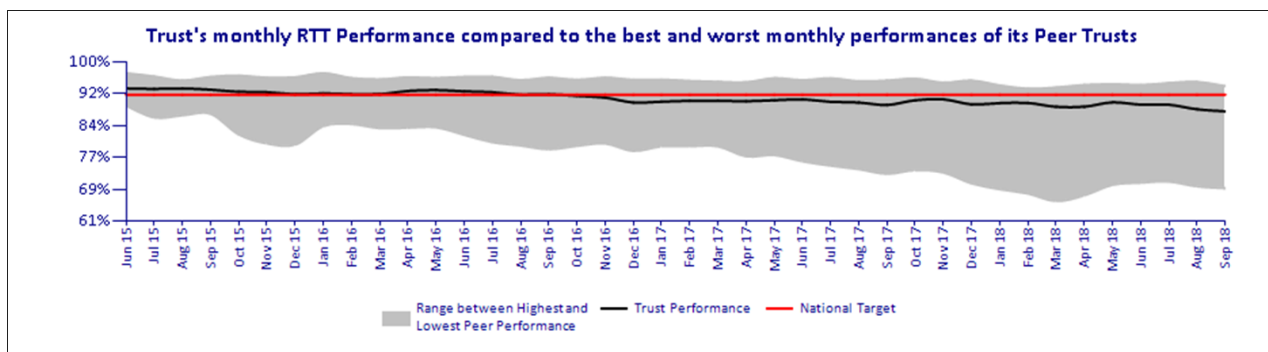
## DBTH PERFORMANCE REPORT – October 2018

### Referral to Treatment (RTT)

The Referral to Treatment Target, for active waiters below 18 weeks is set at 92%. DBTH contract for 2018/19 expects the Trust to maintain the March position of 89.1% and the waiting list size to be lower than it was at the end of March 2018.

The Trust position was 88.5% in October, an improvement against last month

*The graphs below and on the next page show Doncaster and Bassetlaw's performance up to September compared with the National picture:*



The total number of Incomplete Pathways has increased by 301 between September and October with the number of incomplete pathways over 18 weeks increased by 219 hence the performance has very slightly increased. The number of new RTT periods in October was 2037 more than in September, with the result that the proportion of short waiters in the month has also gone up. There were 293 more admitted and 1432 more non-admitted clock stops in October than in September.

## DBTH PERFORMANCE REPORT – October 2018

Octobers Specialty level RTT performance, against a target of 92%, can be found below:

Specialty Group	Under 18 Weeks	18 Weeks & Over	Total	Percentage
General Surgery	2796	459	3255	85.9%
Urology	1527	192	1719	88.8%
T&O	5258	828	6086	86.4%
ENT	2820	621	3441	82.0%
Ophthalmology	2848	301	3149	90.4%
Oral Surgery	1721	110	1831	94.0%
General Medicine	1734	258	1992	87.0%
Cardiology	1788	227	2015	88.7%
Dermatology	1935	85	2020	95.8%
Thoracic Medicine	840	102	942	89.2%
Rheumatology	734	217	951	77.2%
Geriatric Medicine	198	44	242	81.8%
Gynaecology	1514	83	1597	94.8%
Others	3961	330	4291	92.3%
<b>Trust Total</b>	<b>29674</b>	<b>3857</b>	<b>33531</b>	<b>88.5%</b>

At the end of October 2018 there were 3 patients on Incomplete Pathways over 52 Weeks. No patients came to harm. Numbers have been validated.

### Diagnostics

In October the Trust achieved 99.5% against the 6ww Diagnostic Performance standard of 99%. There were 46 patient breaches in month, out of a total 9227 patients. (an increase of 1,438 patients against last month)

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	9181	46	9227	99.50%
NHS Doncaster	6202	31	6233	99.50%
NHS Bassetlaw	2085	9	2094	99.57%

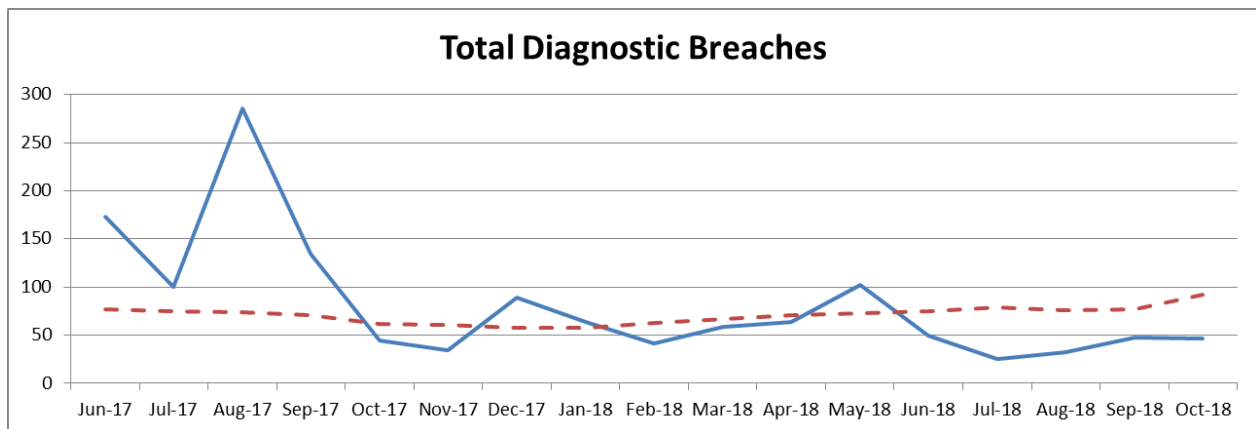
## DBTH PERFORMANCE REPORT – October 2018

Most exam types continue to achieve the target in October, with 8 of the 13 diagnostic areas again achieving more than 99% and 7 of these 8 achieving 100%. Of note; MRI achieved 99.28% (10 breaches out of 1391 waiters)

### **EXCEPTIONS:**

The 99% target was missed in 5 areas:

- Audiology – 98.37% - 10 breaches out of 613 waiters (improved from 97,45% last month)
- Nerve Conduction – 89.47% - 12 breaches from 114 waiters
- Sleep Study – 93.33% - 1 breach in 15 waiters
- Urodynamics – 82.76% - 10 breaches out of 58 waiters (improved from 77,42% last month)
- Cystoscopy – 97.54% - 3 breaches out of 122 waiters (Slight improvement from 97,01%)

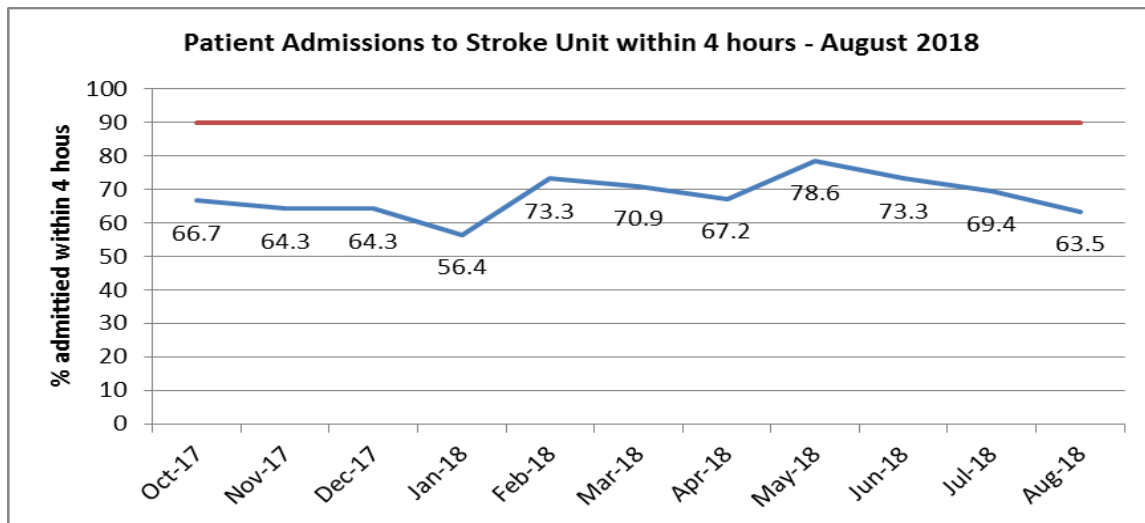


## DBTH PERFORMANCE REPORT – October 2018

### Stroke

#### Performance in August

The Trust level percentage for Direct Admission to the Stroke Unit was 63.5% against a 90% target.



Against a target of 48%, performance in August was compliant with the 1 Hour to scan standard at 61.9% compared to 71.4% for July.

A combined Acute / Stroke consultant was approved last week.

Working through the workforce plan for HASU which includes consultant workforce, so will update on plans shortly (around 3<sup>rd</sup> December 2018. )

#### Discharge with Named Consultant

Main issues identified:

- Joint Care Plan on discharge – this is given to patients and on completion a stamp is recorded on the patient notes to confirm the JCP has been issued with all relevant details including the named consultant.

**Issue** – stamp is not being put on consistently, resultant in lack of evidence to confirm NC is given. Team is confident that the JCP with details is given to all patients on discharge from the ward. Therefore issue is recording

- Joint Care Plan on discharge – where patients are transferred to MMH there is a risk that the relevant information (as would be given from stroke ward) is not given. Therefore recording of evidence is less likely to happen.

**Issue;** MMH and Bassetlaw are not a concern, however patients who are “off pathway” eg on other non-stroke wards that were missed. Therapists are actively following up all off- pathway patients and ensuring that the information is passed onto the wards and JCP upon discharge is now being on written or stamped as on the discharge letter.

## DBTH PERFORMANCE REPORT – October 2018

### EXCEPTIONS

For August, Direct Admissions, patients admitted over 10 hours were higher than usual at 11. Some of these related to pathway problems for patients presenting at Bassetlaw but also some patients whose symptoms were not immediately identified as possible strokes.

There were 63 discharges in August, compared to a previous 12 month average of 51.6. Of these, 52 patients were admitted in August, 18 in July, 3 in June and one in May.

#### Direct Admission

Target  
=90%

	CCG			
	Bassetlaw	Doncaster	Other	Total
Direct Admission within 4 Hours				
Yes	9	30	1	40
No	6	15	2	23
<b>Grand Total</b>	<b>15</b>	<b>45</b>	<b>3</b>	<b>63</b>
Performance	60.0%	66.7%	33.3%	63.5%

#### Direct Admission

Category	Sub Category	Total
Organisational	Beds	3
	Pathway	13
	Staff Availability	
Clinical	Patient Presentation	6
	Patient Needs	1
Patient Choice	Declined	
Awaiting further validation		

#### Scan within 1 Hour

Target  
= 48%

	CCG			
	Bassetlaw	Doncaster	Other	Total
Scan 1 hr				
Yes	11	27	1	39
No	4	18	2	24
<b>Grand Total</b>	<b>15</b>	<b>45</b>	<b>3</b>	<b>63</b>
Performance	73.3%	60.0%	33.3%	61.9%

#### Scan within 1 Hour

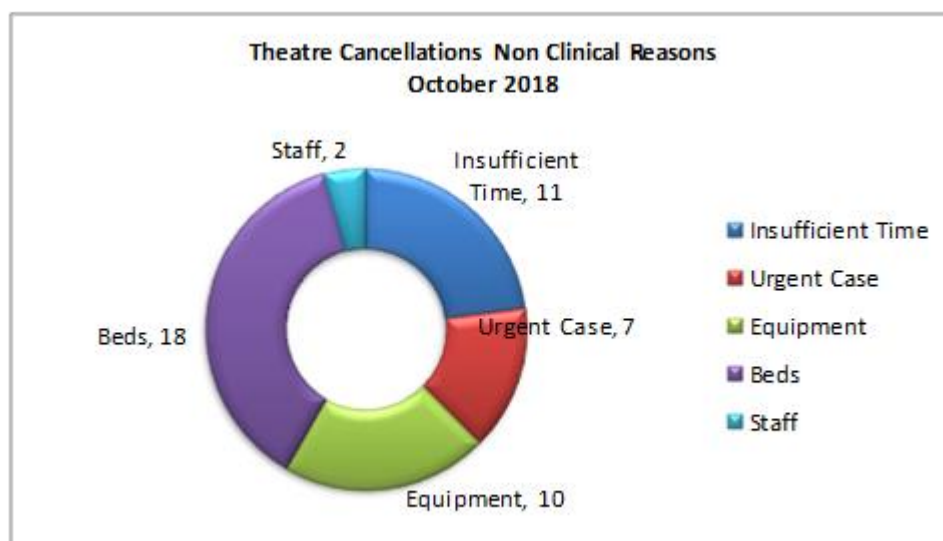
Category	Sub Category	Total
Organisational	Scanner	1
	Pathway	15
	Staff Availability	1
Clinical	Criteria	3
	Patient Needs	
	Patient Presentation	3
Patient Choice	Declined	
Awaiting further validation		1

## DBTH PERFORMANCE REPORT – October 2018

### Cancelled Operations

In October 1.13 % of Trust operations were cancelled this is in line with September's performance. 38 operations were cancelled for clinical reasons and 10 for non-clinical reasons. 1 urology patient was cancelled x2 within 28 days, due to bed availability.

Indicator	Standard	Aug-18	Sep-18	Oct-18
Cancelled Operations (Total)	1.0%	1.67%	1.14%	1.13%
Of which Theatre Cancellations	-	1.50%	0.97%	0.88%
Of which Non-Theatre Cancellations	-	0.17%	0.17%	0.24%
Cancelled Operations – 28 day standard	0	1	1	1



### DNA and CNA Rates

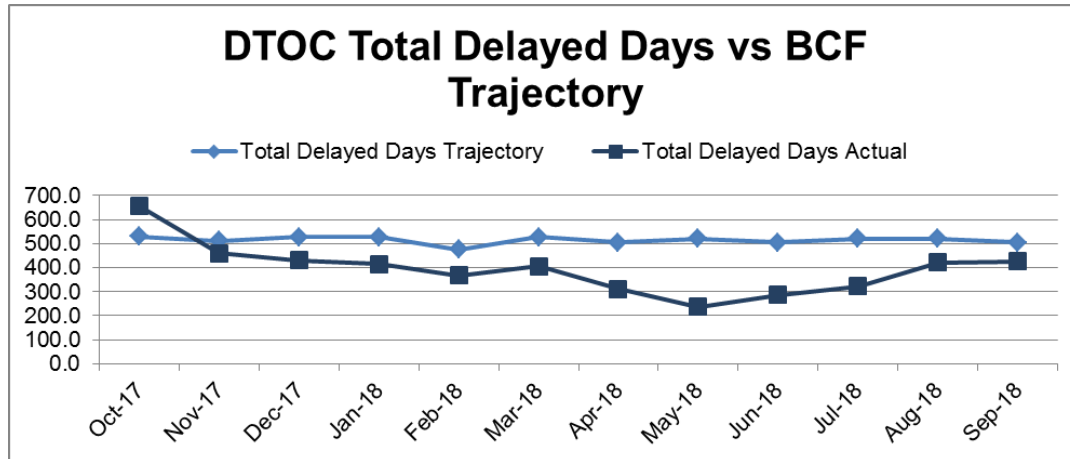
Indicator	June	July	Aug	Sept	Oct
Outpatients: DNA Rate Total	9.41%	9.78%	9.70%	9.90%	9.15%
Outpatients: Hospital cancellation Rate	5.19%	5.66%	5.41%	5.41%	6.09%

In October the overall DNA rate across the Trust reduced slightly to 9.15% compared with the previous month's position at 9.90%. The hospital cancellation rate was slightly higher than previous months at 6.09%.

## DBTH PERFORMANCE REPORT – October 2018

### Delayed Transfers of Care

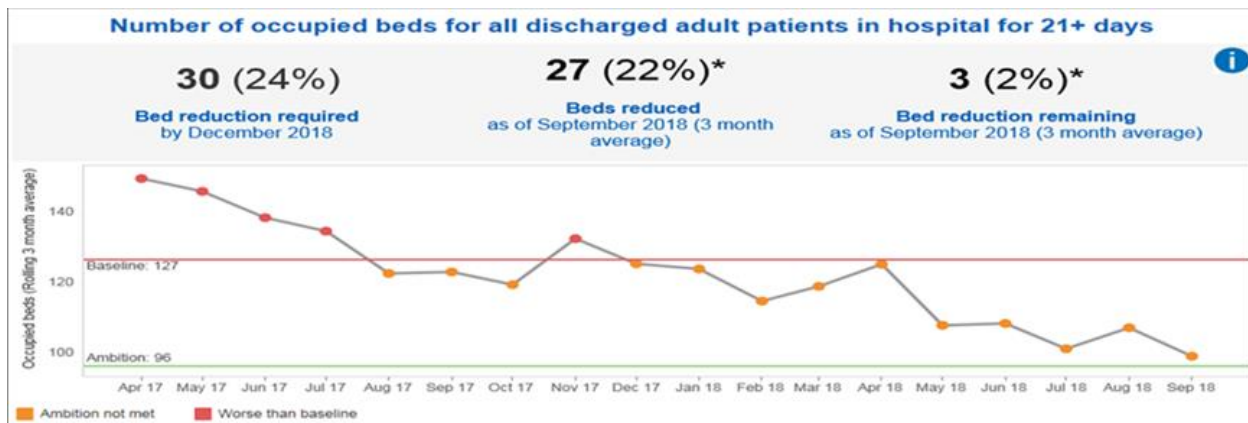
Significant work has been underway in Doncaster and Bassetlaw to improve patient discharge processes, and to reduce the number of medically fit patients waiting in hospital. This work will also impact on the number of formally reported Delayed Transfers of Care (DTOCs).



A revised guide on counting DTOC is expected to be published for implementation in October 18. This will provide greater clarity on the process for recording and attributing delayed transfers with the aim of reducing the variation in recording that currently occurs across the country. This guide is still awaited.

A Length of Stay meeting has now been established for all partners; to strengthen the focus on reduction in delays and prevention of unnecessary long stays in hospital.

National monitoring of LOS is currently focussed on reducing super-stranded LOS and a Long Stays Dashboard is available to monitor progress. To date DBTHFT has made very good progress. September saw a reduction compared with August, with just a 2% reduction now required.



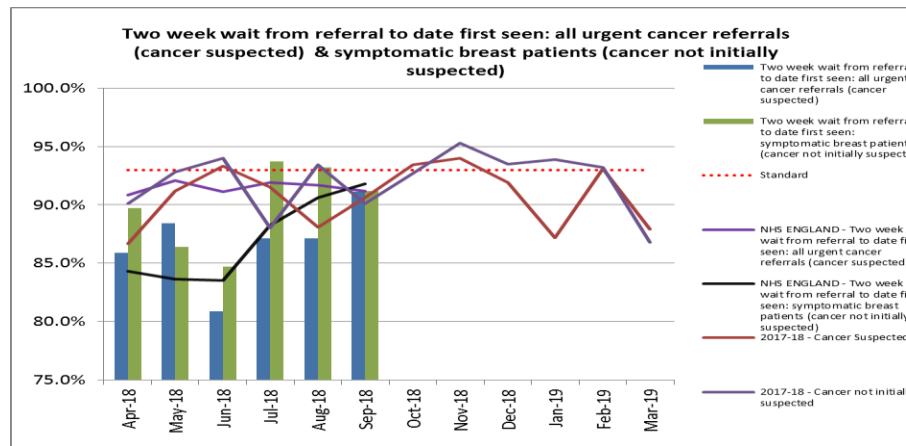
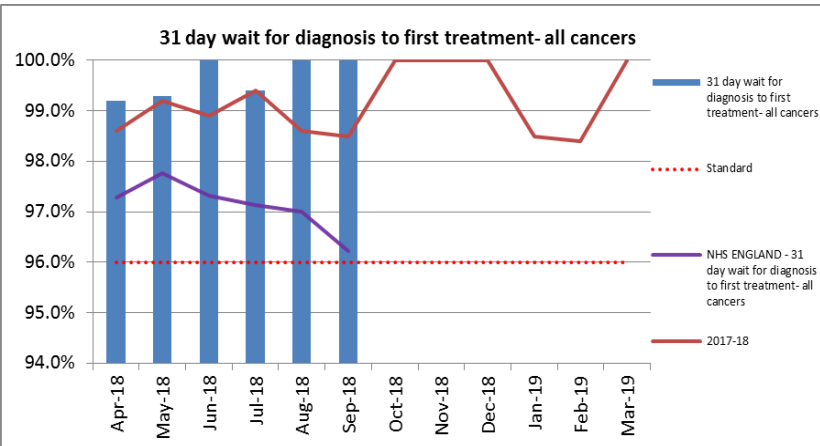
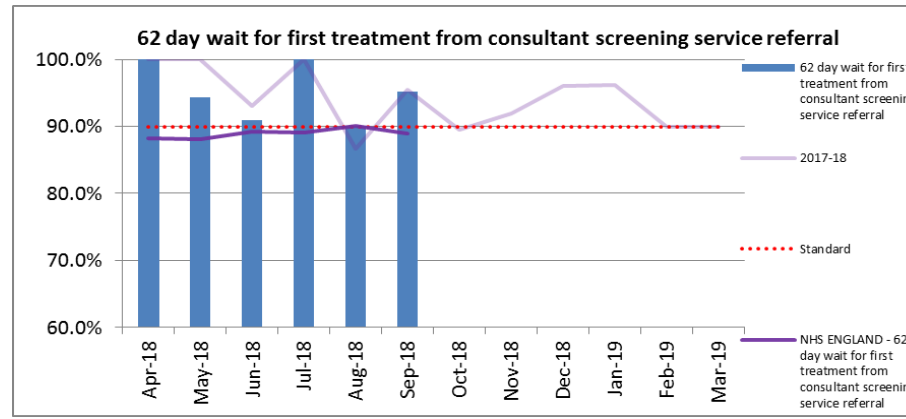
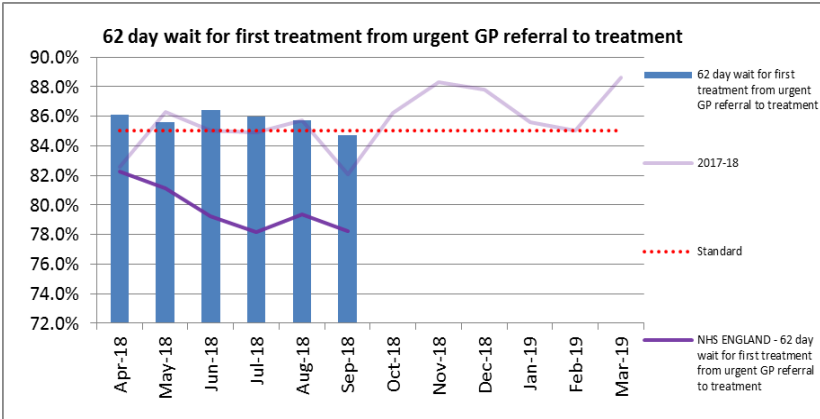
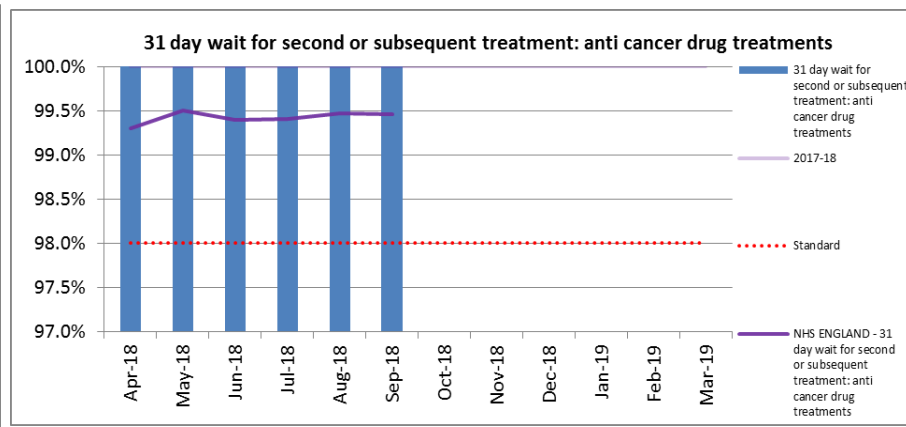
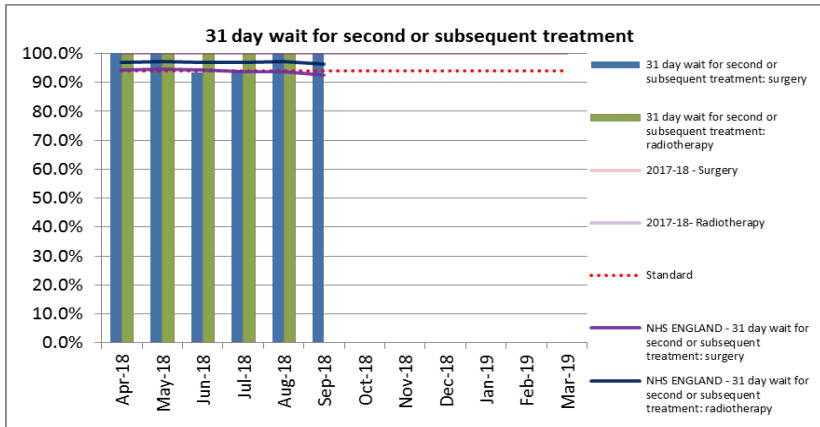
## **DBTH PERFORMANCE REPORT – October 2018**

At a Glance October 2018 (Month 7)

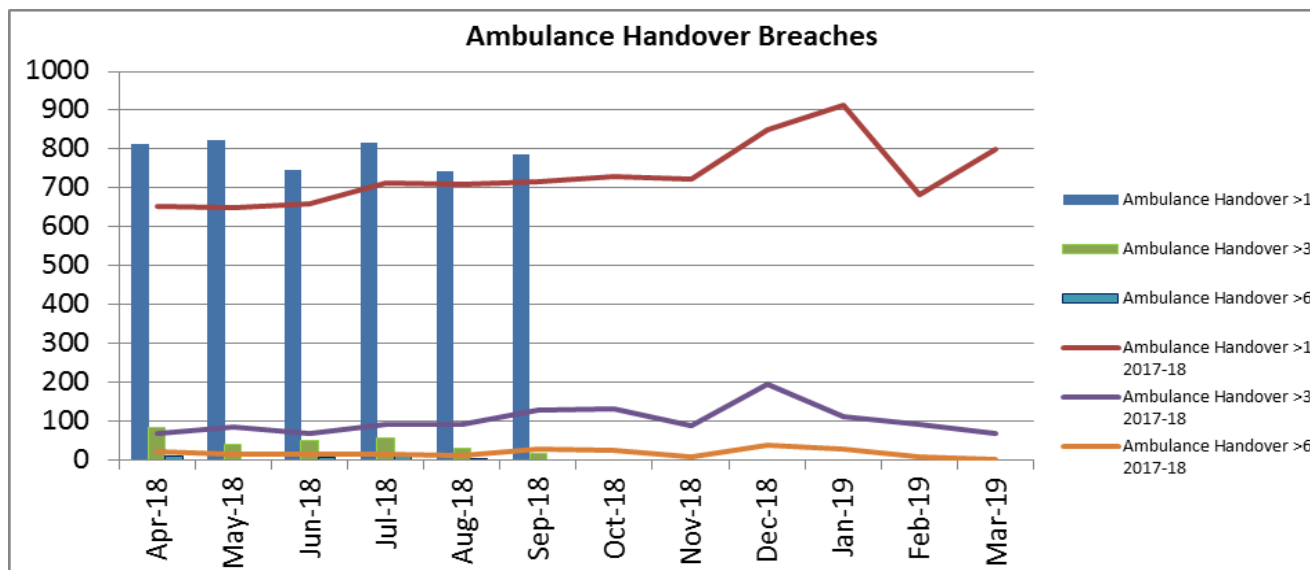
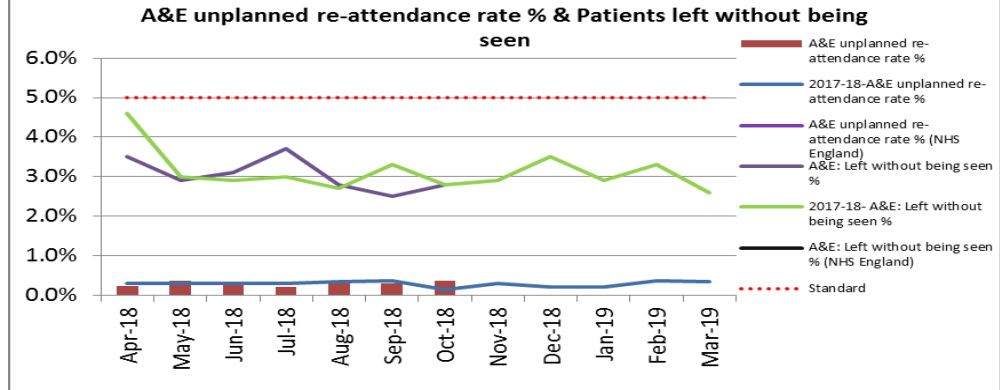
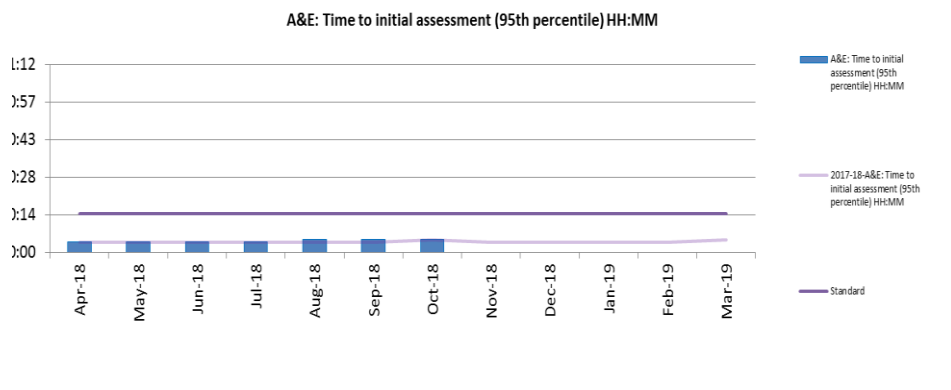
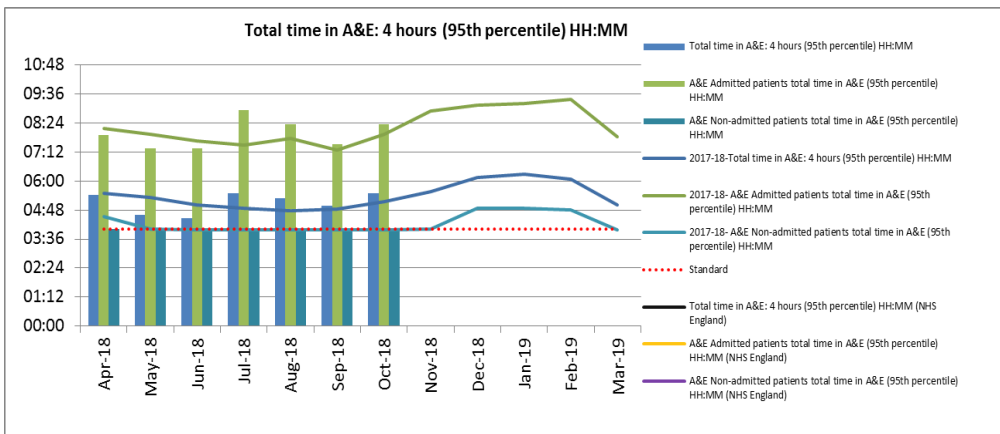
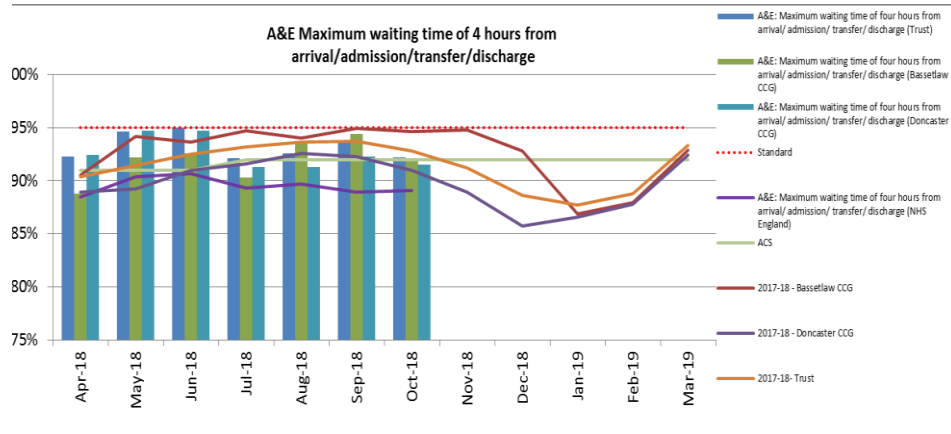
Doncaster & Bassetlaw Teaching Hospital NHS Foundation Trust						NHS England Benchmarking			Peer Group Benchmarking		
Monitor Compliance Framework	Indicator	Standard	Current Month	Month Actual	Direction of travel compared to previous Month	NHS England %	DBTHFT	Month	Peer Groups %	DBTHFT	Month
	31 day wait for second or subsequent treatment: surgery	94.00%	September	100.00%	↔	92.60%	100.00%	September	92.70%	100.00%	September
	31 day wait for second or subsequent treatment: anti cancer drug treatments	98.00%		100.00%	↔	99.50%	100.00%		99.30%	100.00%	
	31 day wait for second or subsequent treatment: radiotherapy	94.00%		N/A		96.40%	N/A		Not Available	N/A	
	62 day wait for first treatment from urgent GP referral to treatment	85.00%		84.70%	➡	78.3%	84.70%		77.00%	84.70%	
	62 day wait for first treatment from consultant screening service referral	90.00%		95.20%	➡	88.90%	95.20%		86.80%	95.20%	
	31 day wait for diagnosis to first treatment- all cancers	96.00%		100.00%	↔	96.20%	100.00%		96.30%	100.00%	
	Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.00%		91.10%	➡	91.20%	91.10%		90.40%	91.10%	
	Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.00%		91.20%	➡	91.80%	91.20%		93.80%	91.20%	
	A&E: Maximum waiting time of four hours from arrival / admission / transfer / discharge (Trust)	95.00%	October	92.20%	➡	89.10%	92.20%	October	88.93%	92.20%	October
	Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.00%	October	88.50%	➡	86.70%	88.00%	September	82.46%	88.00%	September
	% of Patients waiting less than 6 weeks from referral for a diagnostics test	99.00%	October	99.50%	➡	97.30%	99.40%	September	95.60%	99.40%	September
Ambulance Handover Times	Ambulance Handovers Breaches -Number waited over 15 & Under 30 Minutes		August	785	➡	UCL: 796 & LCL: 659					
	Ambulance Handovers Breaches-Number waited over 30 & under 60 Minutes			17	➡	UCL: 122 & LCL: 56					
	Ambulance Handovers Breaches -Number waited over 60 Minutes			0	➡	UCL: 29 & LCL: 2					
Stroke	Proportion of patients scanned within 1 hour of clock start (Trust)	48.00%	August	61.90%	➡	SSNAP performance for December to March improved to A rating.					
	Proportion of patients directly admitted to a stroke unit within 4 hours of clock start (Trust)	90.00%		63.50%	➡						
	Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis (Trust)	20.00%		3.20%	➡						
	Percentage of patients treated by a stroke skilled Early Supported Discharge team (Trust)	40.00%		70.20%	➡						
	Percentage of those patients who are discharged alive who are given a named person to contact after discharge (Trust)	95.00%		91.20%	➡						
	Implementation of Stroke Strategy - TIA Patients Assessed and Treated within 24 Hours	60.00%	October	55.60%	➡						
Theatres & Outpatients	Cancelled Operations	0.80%	October	1.13%	➡	No Benchmarking available					
	Cancelled Operations-28 Day Standard	0		1	↔						
	Out Patients: DNA Rate			9.15%	➡	7.82%	9.70%	August	7.14%	9.70%	August
	Out Patients: Hospital Cancellation Rate			6.09%	➡	No Benchmarking available - data not submitted to Secondary Uses Service by all Trusts					
Effective	Emergency Readmissions within 30 days (PbR Methodology)		September	6.69%	➡	7.10%	6.40%	July	7.80%	6.40%	July

Fractured Neck of Femur	Indicator			Current Month	Month Actual (TRUST)	Month Actual (DRI)	Month Actual (BDGH)	Data Quality RAG Rating
	% of patients achieving Best Practice Tariff Criteria			Oct-18	51.20%	43.80%	72.70%	
	Best Practice Criteria							
	36 hours to surgery Performance			Oct-18	62.79%	56.25%	81.82%	
	72 hours to geriatrician assessment Performance				83.72%	78.13%	100.00%	
	% of patients who underwent a falls assessment				93.00%	91.00%	100.00%	
	% of patients receiving a bone protection medication assessment				95.00%	94.00%	100.00%	
Mortality-Deaths within 30 days of procedure			0.00%		0.00%	0.00%		
Safe	Indicator		Standard (Local, National Or Monitor)		Current Month	Month Actual		Data Quality RAG Rating
	Infection Control C.Diff		4 Per Month - 45 full year	M	Oct-18	3		
	Infection Control MRSA		0	L		0		
	HSMR (rolling 12 Months)		100	N	Jul-18	107.22		
	Never Events		0	L	Oct-18	0		
	VTE		95.0%	N	Sep-18	95.0%		
	Avoidable Pressure Ulcers Cat 3&4		21 Full Year	L	Oct-18	0		
	Falls that result in a serious Fracture		2 Per Month 23 full Year	L	Oct-18	2		
	Catheter UTI		Snap shot audit			0.29%		
Complaints & Claims	Indicator			Current Month	Month Actual		Data Quality RAG Rating	
	Complaints received (12 Month Rolling)			Oct-18	417			
	Concerns Received (12 Month Rolling)				622			
	Complaints Performance				98.0%			
	Clinical Negligence Scheme for Trusts (CNST)				11			
	Liabilities to Third Parties Scheme (LTPS)				0			
	Claims per 1000 occupied bed days				0.94			
Workforce	Indicator			Current Month	YTD (Cumulative)		Data Quality RAG Rating	
	Appraisals			October	78.85%			
	SET Training				81.56%			

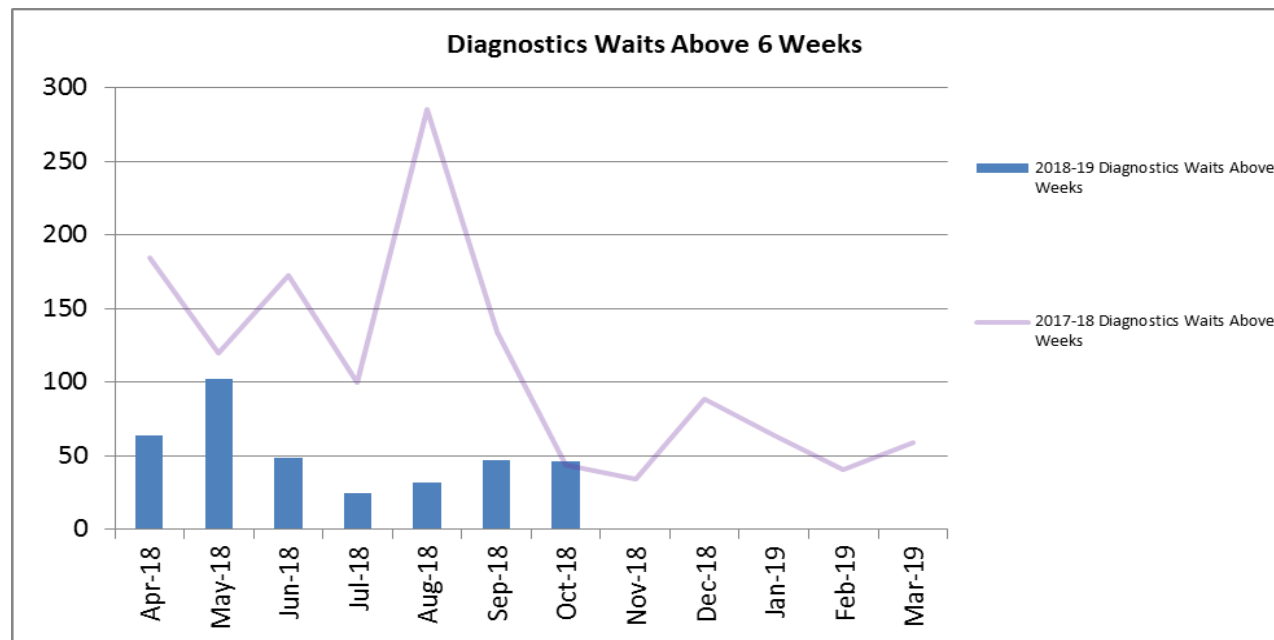
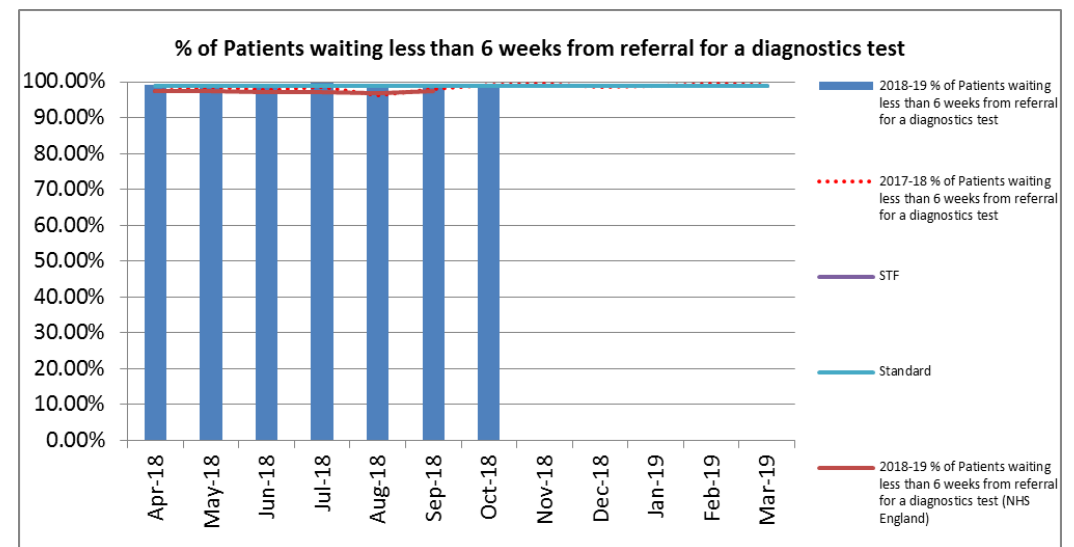
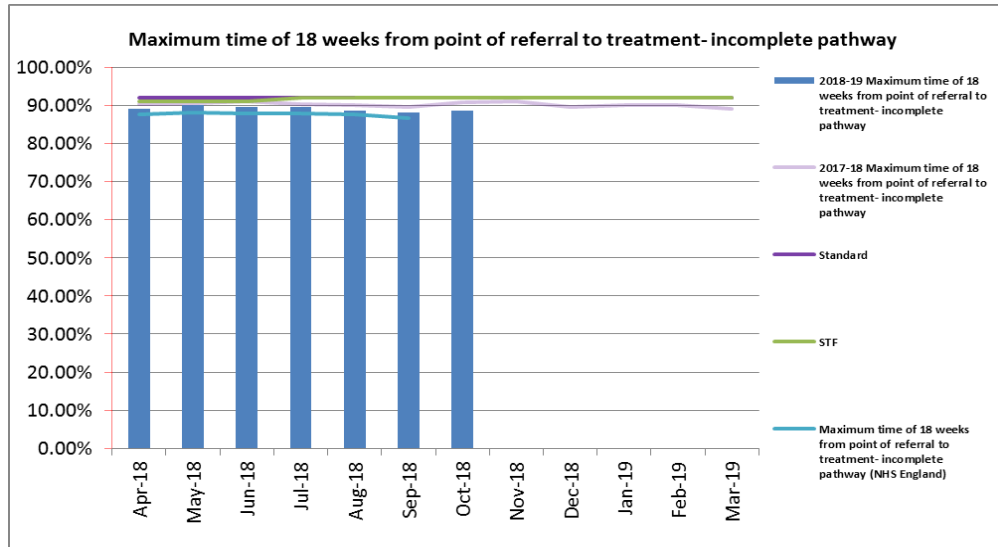
# Monitor Compliance Framework: Cancer - Graphs - September 2018 (Month 6)



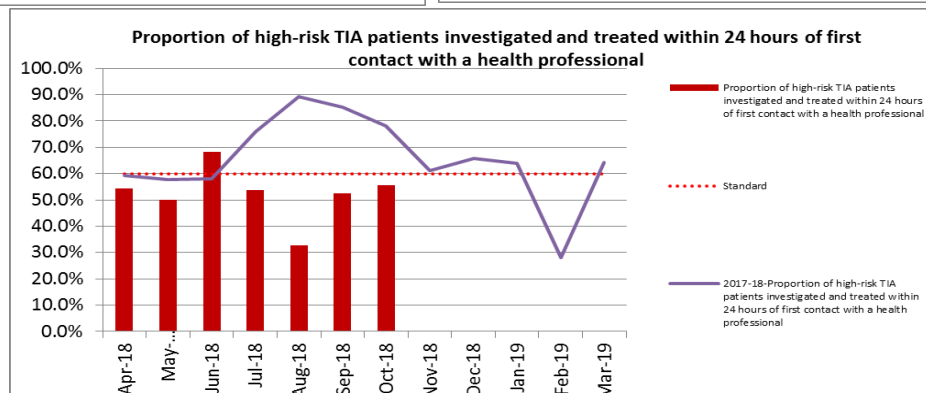
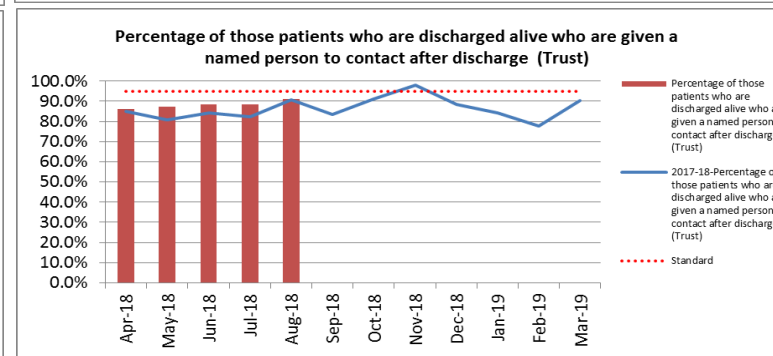
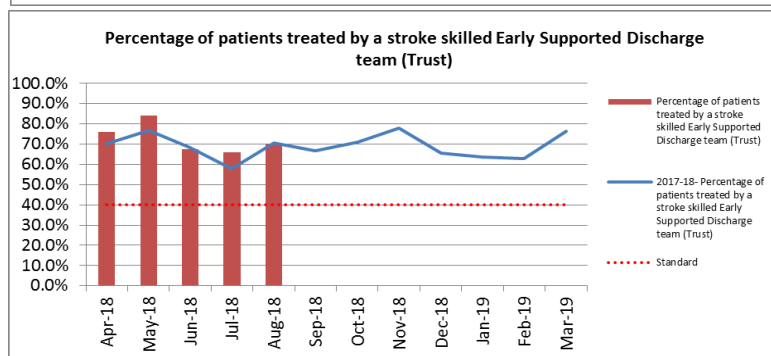
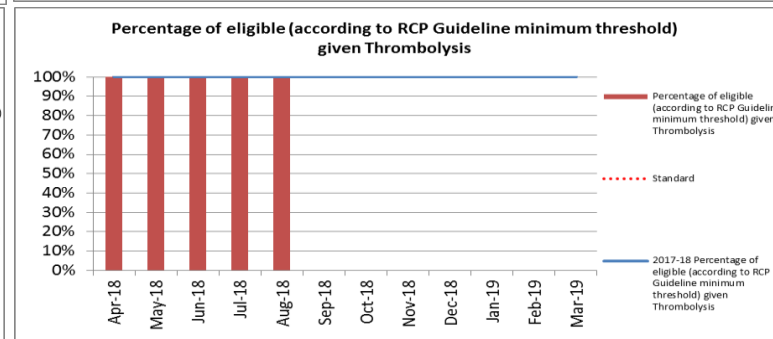
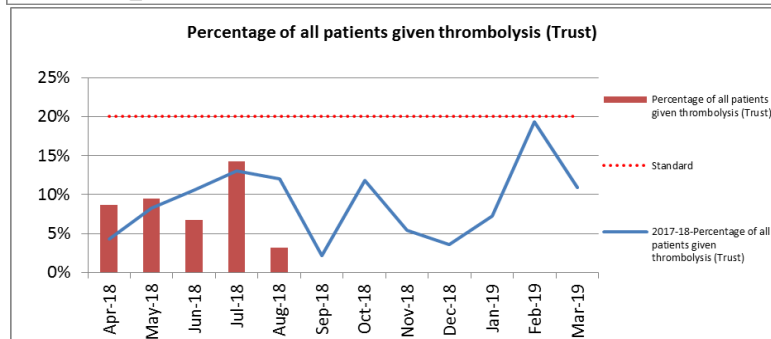
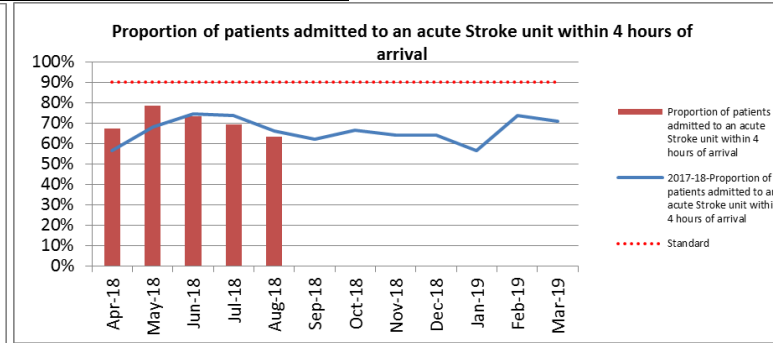
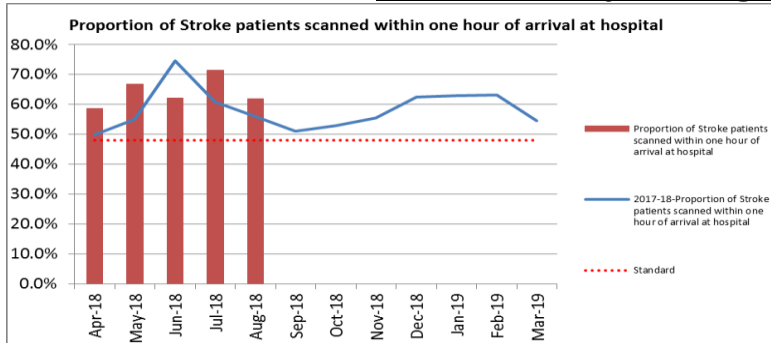
# Monitor Compliance Framework: A&E - Graphs - October (Month 7)



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



# Stroke - Graphs August 2018 (Month 5)





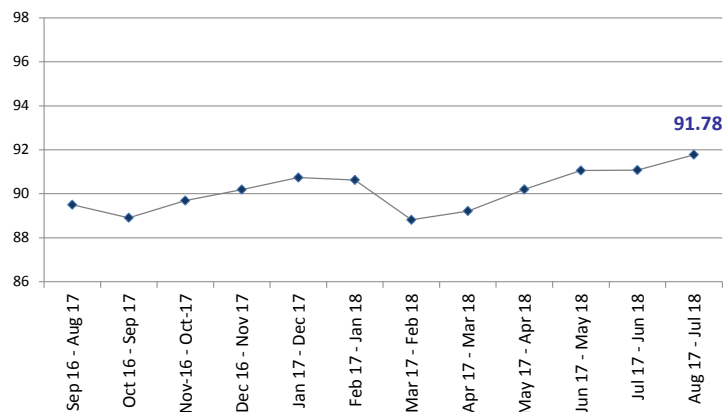
## **Executive Summary - Safety & Quality - October 2018 (Month 7)**

<b><u>HSMR:</u></b>	The Trust's rolling 12 month HSMR at the end of July 2018 is 91.8 which remains better than expected but disappointingly, in month HSMR was 107.2, which is the first in many months that we have had an HSMR above 100. We have been informed that the HSMR has been rebased which may account for the rise and have already conducted a preliminary review of deaths in month which reassuringly shows no lapses in care. We are conducting a more in depth review of all deaths in order to understand the rise in our HSMR.
<b><u>Fractured Neck of Femur:</u></b>	Whilst relative mortality risk remains low in patients admitted with neck of femur fractures, achievement of BPT was achieved in 50% of patients due to theatre capacity constraints
<b><u>Serious Incidents:</u></b>	There were 5 SIs in month, two of which were falls resulting in fractures. Investigations are in train and staff awareness of falls risk has been raised.
<b><u>Executive Lead:</u></b> Mr S Singh	

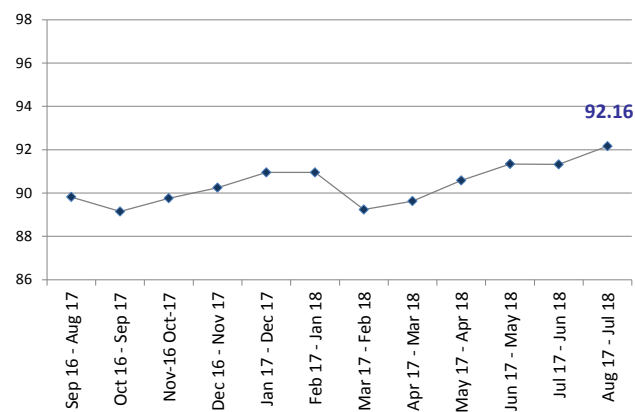
<b><u>C-Diff</u></b>	The rate is below that of the same period last year and the national trajectory
<b><u>Fall resulting in significant harm:</u></b>	The rate is the same as October 2017 and remains higher than YTD by one case
<b><u>Hospital Acquired Pressure Ulcers:</u></b>	The rate for August is lower compared to last year for the same month. YTD data however is higher when compared to last year. September data is being validated, however there have been no HAPU's reported for the month of October 2018.
<b><u>Complaints and Concerns</u></b>	There has been an increase in the number of complaints with concerns remaining stable, although still within normal variation. A review of the September data identified an error in the reporting rather than a true deterioration in performance. This has been corrected with complaints resolution performance within timescales continuing to increase.
<b><u>Friends &amp; Family Test:</u></b>	There has been a slight deterioration in the response rates for inpatients and ED. Positivity of responses continues to be better than the national average for both inpatients and ED.
<b><u>Executive Lead:</u></b> Mrs M Hardy	

## Hospital Standardised Mortality Ratio (HSMR) - July 2018 (Month 4)

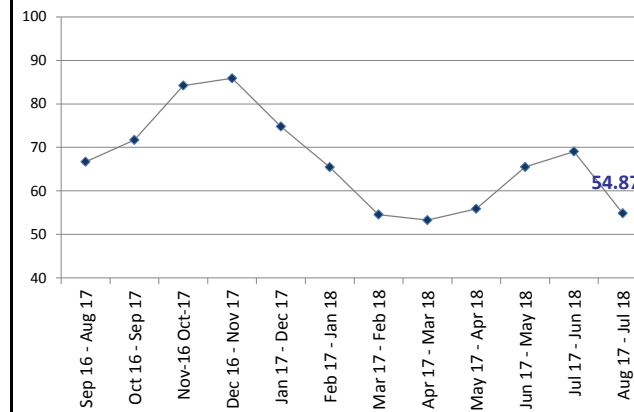
**Overall HSMR (Rolling 12 months)**



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



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

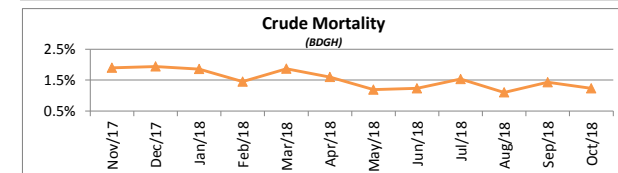
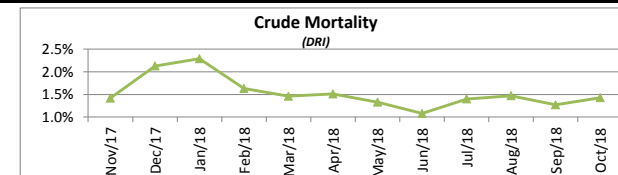
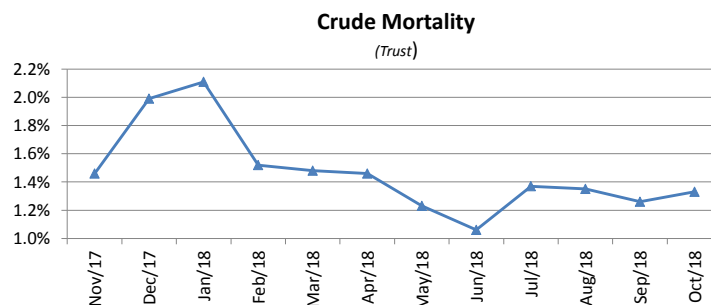


**HSMR Trend (monthly)**

	2015	2016	2017	2018
January	116.80	99.21	94.86	93.92
February	99.94	97.73	105.44	84.21
March	90.54	97.37	82.66	87.34
April	105.91	88.50	85.36	98.25
May	101.15	96.60	82.88	93.82
June	80.27	93.67	89.99	90.26
July	92.56	97.73	96.09	107.22
August	100.27	87.52	73.78	
September	90.26	95.34	87.30	
October	90.29	88.66	98.57	
November	88.98	82.30	88.02	
December	82.30	93.52	99.02	

**Crude Mortality (monthly) - Oct 2018 (Month 7)**

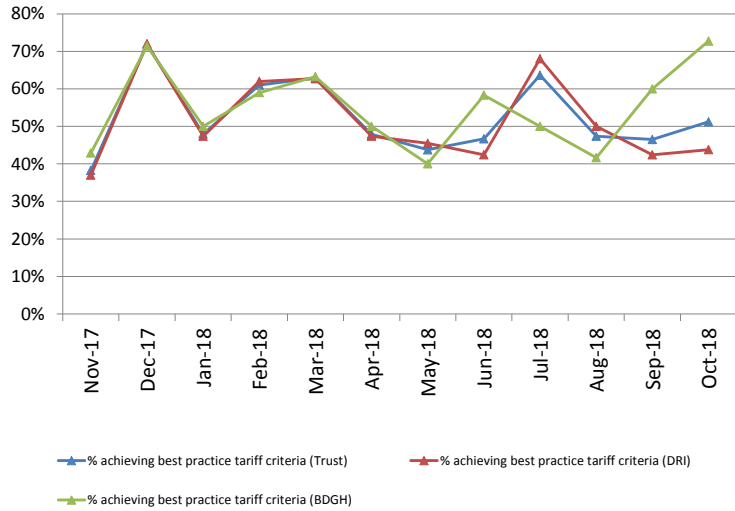
(number of deaths/number of patient discharged)



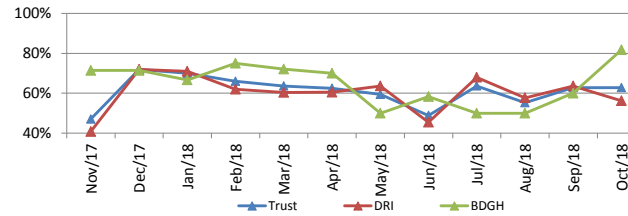
	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Trust	1.46%	1.99%	2.11%	1.52%	1.48%	1.46%	1.23%	1.06%	1.37%	1.35%	1.26%	1.33%
Donc	1.42%	2.13%	2.29%	1.63%	1.46%	1.51%	1.33%	1.08%	1.40%	1.47%	1.27%	1.43%
Bass	1.90%	1.94%	1.86%	1.45%	1.87%	1.60%	1.19%	1.23%	1.53%	1.10%	1.43%	1.23%

## NHFD Best Practice Pathway Performance - Oct 2018 (Month 7)

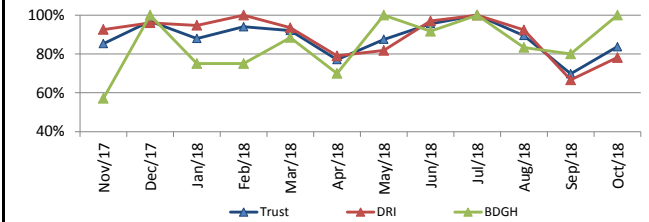
### Best Practice Criteria Performance



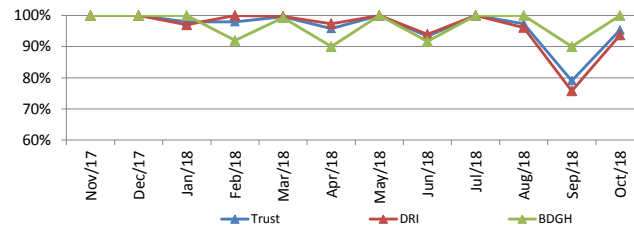
### 36 Hours to Surgery Performance



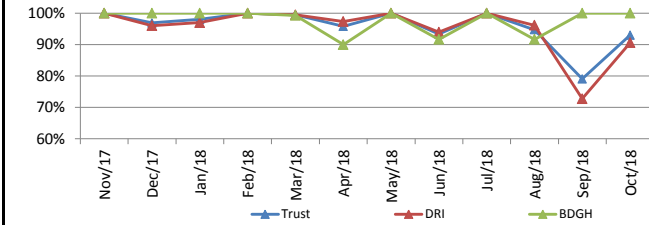
### 72 hours to Geriatrician Assessment Performance



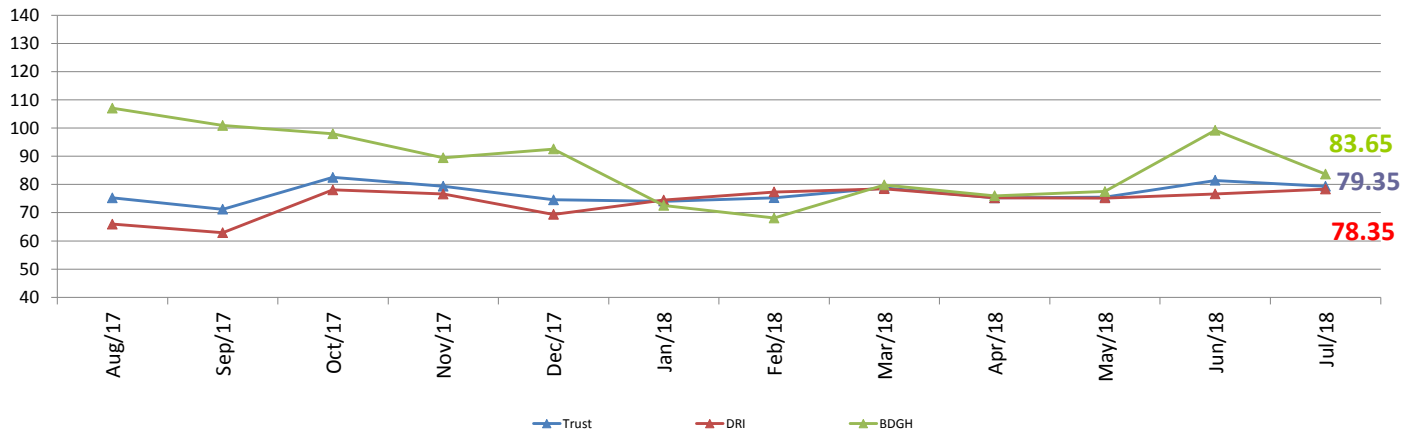
### Bone Protection Medication Assessment



### Falls Assessment Performance



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



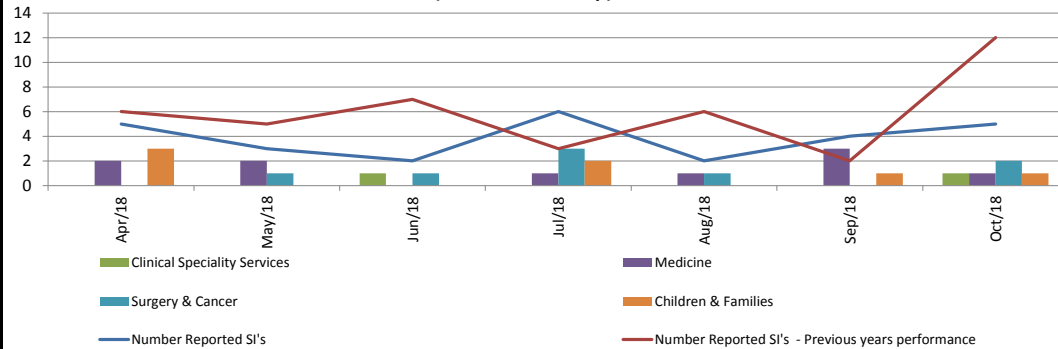
## Serious Incidents - Oct 2018 (Month 7)

(Data accurate as at 15/11/2018)

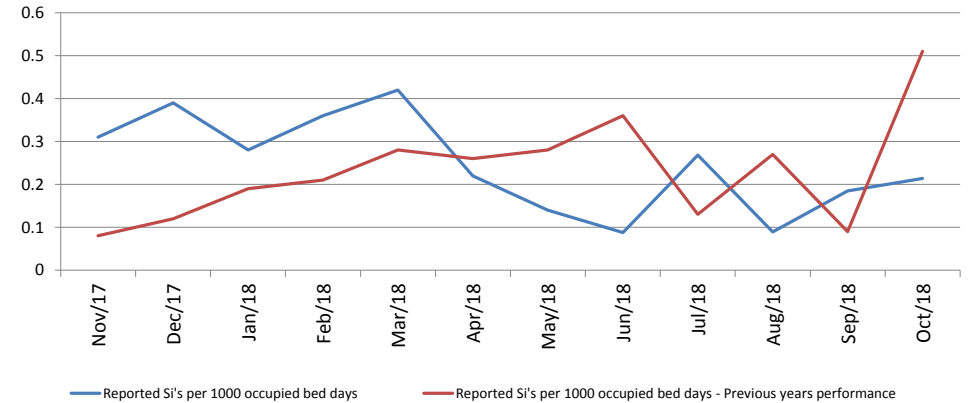
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

### Overall Serious Incidents

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



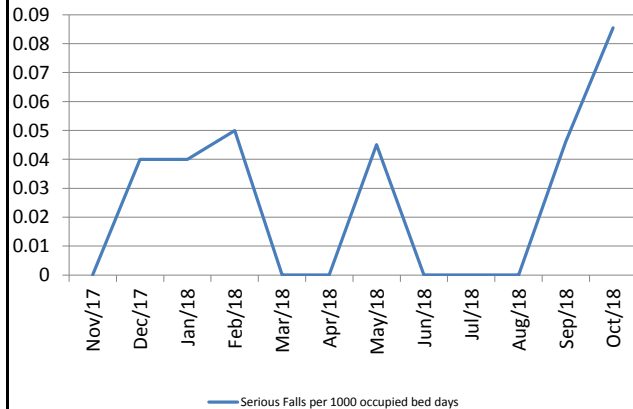
**Serious Incidents per 1000 occupied bed days**



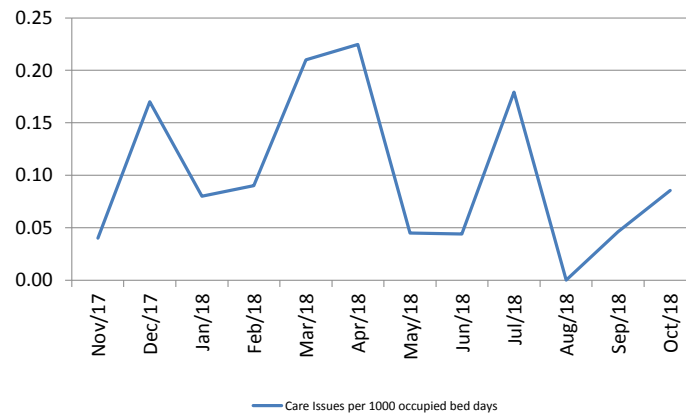
Current YTD reported SI's (April-Sep 18)	27	Number reported SI's (Apr-Sep 17)	41
Current YTD delogged SI's (April-Sep 18)	0	Number delogged SI's (Apr-Sep 17)	22

### Themes

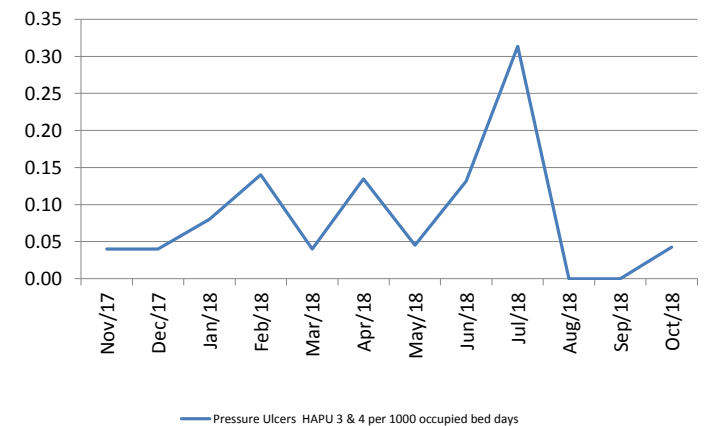
**Serious Falls**



**Care Issues**



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

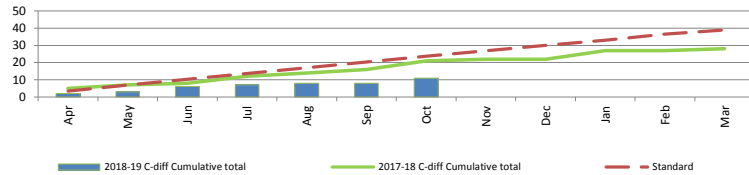


### Monitor Compliance Framework: Infection Control C.Diff - Oct 2018 (Month 7)

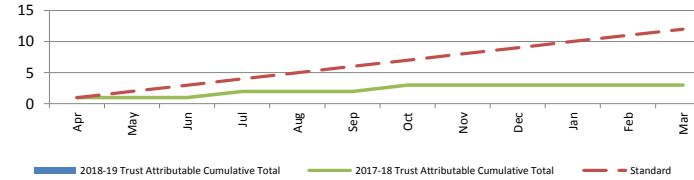
(Data accurate as at 14/11/2018)

	Standard	Q1	Q2	Oct	YTD
2018-19 Infection Control - C-diff	39 Full Year	6	2	3	11
2017-18 Infection Control - C-diff	40 Full Year	8	8	5	21
2018-19 Trust Attributable	12	0	0	0	0
2017-18 Trust Attributable	12	1	1	1	3

C-diff 2018-19



Trust Attributable C-diff 2018-19



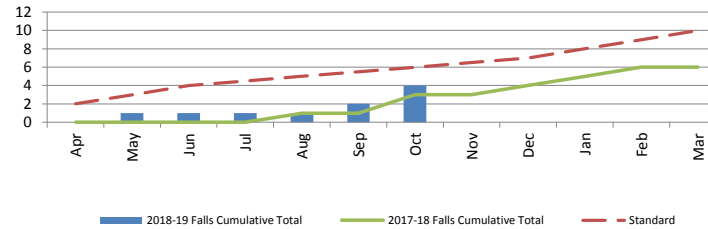
### Pressure Ulcers & Falls that result in a serious fracture - Oct 2018 (Month 7)

(Data accurate as at 14/11/2018)

	Standard	Q1	Q2	Oct	YTD
2018-19 Serious Falls	10 Full Year	1	1	2	4
2017-18 Serious Falls	6 Full Year	0	1	2	3

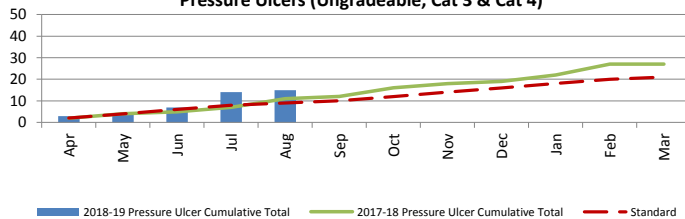
**Please note:** At the time of producing this report the number of serious falls reported are prior to the RCA process being completed.

Falls that result in a serious fracture

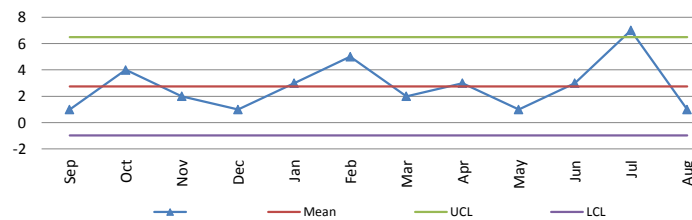


	Standard	Q1	Jul	Aug	YTD
2018-19 Pressure Ulcers	21 Full Year	7	7	1	15
2017-18 Pressure Ulcers	27 Full Year	5	2	4	11

Pressure Ulcers (Ungradeable, Cat 3 & Cat 4)



Pressure Ulcers (Ungradeable, Cat 3 & Cat 4)



## Hard Truths - Oct 2018 (Month 7)

(Data accurate as at 16/11/2018)

				Planned v Actual		Safe	Effective	Caring	Responsive	Well Led	Profile	
Division	Matron	Ward	No of Funded Beds	CHPPD	Variance	Total score	Total score	Total score	Total score	QM total score	Work-force	Quality
Surgery & Cancer		B5	30.7	7.1	98%	0.0	2.0	1.5	1.5	5.0		
		B6	16	7.2	96%	2.5	0.0	1.5	2.0	6.0		
	AH	St Leger	35	6.0	96%	0.0	3.0	2.0	1.0	6.0		
	AH	1&3	23	8.1	94%	1.5	0.5	1.5	2.0	5.5		
		20	27	4.7	95%	2.0	0.0	1.5	1.0	4.5		
		21	27	4.7	96%	3.0	0.5	1.0	2.0	6.5		
		S10	20	5.3	99%	1.5	0.0	1.0	1.0	3.5		
		S11	19	6.0	103%	0.0	0.0	1.0	1.5	2.5		
		S12	20	5.7	99%	0.5	0.0	2.5	2.5	5.5		
		SAW	21	7.2	96%	1.5	0.0	3.0	1.5	6.0		
Medicine					97%							
	JC	A4	24	6.0	101%	0.0	1.0	2.0	0.5	3.5		
	JC	C1	16	6.3	131%	0.0	1.0	4.0	2.5	7.5		
	JC	CCU/C2	18	5.4	101%	1.0	1.0	1.0	2.5	5.5		
	JC	ATC	21	7.0	96%	2.0	0.5	1.0	2.0	5.5		
	SS	AMU	40	8.7	109%	1.5	0.5	3.0	2.0	7.0		
	MT	FAU	16	8.1	99%	0.5	2.0	3.0	2.0	7.5		
	AW	16	24	8.0	109%	1.5	0.5	1.0	1.5	4.5		
	AW	17	24	6.1	117%	2.0	0.0	1.5	2.5	6.0		
		18 Haem	12	7.7	107%	3.0	0.5	2.0	1.5	7.0		
		18 CCU	12	7.5	98%	2.0	0.5	1.0	1.5	5.0		
		24	24	5.6	100%	0.5	0.0	2.5	1.5	4.5		
		25	16	7.5	117%	1.0	1.0	2.0	1.0	5.0		
		Respiratory unit	56	6.6	109%	2.0	1.5	4.0	0.5	8.0		
		32	18	6.2	100%	1.0	0.0	1.0	1.5	3.5		
	MT	Mallard	16	8.6	104%	2.5	0.0	1.5	1.5	5.5		
	MT	Gresley	32	5.8	99%	0.0	0.5	2.0	1.0	3.5		
	MT	Rehab 2	19	6.2	112%	3.0	0.0	0.5	1.5	5.0		
	MT	Rehab 1	29	4.9	103%	0.5	0.0	0.5	1.0	2.0		
Clinical Speciality Services					106%							
		ITU DRI	20	24.2	111%	1.0	3.0	1.0	1.5	6.5		
		ITU BDGH	6	26.0	104%	1.0	3.0	0.5	0.5	5.0		
Children and Families					109%							
	AB	SCBU	8	61.1	99%	0.0	0.0	0.0	0.0	0.0		
	AB	NNU	18	9.0	100%	0.5	0.0	0.0	0.0	0.5		
	AB	CHW	18	9.3	98%	0.5	0.5	0.0	0.0	1.0		
	AB	COU	12	10.8	97%	0.5	0.5	0.0	0.5	1.5		
	TB	G5	24	7.0	83%	1.0	3.0	2.0	0.5	6.5		
	JH	M1	26	11.6	90%	0.0	3.0	1.5	1.0	5.5		
	JH	M2	18	9.4	83%	1.0	3.0	2.0	1.0	7.0		
	SR	CDS	14	23.7	87%	1.0	1.0	2.0	1.0	5.0		
	JH	A2	18	5.7	91%	2.0	4.0	0.0	0.5	6.5		
	KC	A2L	6	26.6	92%	1.0	2.0	1.0	1.0	5.0		
					91%							

The workforce data submitted to UNIFY provides the actual hours worked in October 2018 by registered nurses or midwives, and health care support workers compared to the planned hours. The Trusts overall planned versus actual hours worked was 100% in October 2018; similar to recent months. There are no wards flagging as red on quality. The data for October 2018 demonstrates that the actual available hours compared to planned hours were;

23 wards (57.5%) within 5% of the planned staffing level, 1 less than last month

8 wards (20%) between 5-10% of planned staffing levels, the same as last month.

5 wards (12.5%) >10% higher than planned staffing level, 2 more than last month.

4 wards (10%) >10% lower than planned staffing level, 1 less than last month.

The wards where there were deficits in excess of 10% of the planned hours are G5, M1, M2 and CDS. When there has been lower levels of bed occupancy these areas have supported safe staffing in other departments in order to provide safe staffing levels. There is a review of roster templates, and a Birthrate plus table top review of staffing in maternity being undertaken.

The wards with greater than 10% of actual staffing over planned staffing are Ward C1, Ward 17, Ward 25 and Rehab 2. Escalation beds opened due to demand on C1 and 25, with enhanced care needs impacting on Rehab 2 and Ward 17.

## Care Hours Per Patient Day (CHPPD) - Oct 2018 (Month 7)

(Data accurate as at 16/11/2018)

Utilising actual versus planned staffing data submitted to UNIFY and applying the CHPPD calculation the care hours for October 2018 are shown below

Site Name	Registered midwives/ nurses	Care Staff	Overall
BASSETLAW HOSPITAL	4.50	3.17	7.67
DONCASTER ROYAL INFIRMARY	4.48	3.36	7.84
MONTAGU HOSPITAL	2.29	3.14	5.43
<b>TRUST</b>	4.35	3.31	7.66

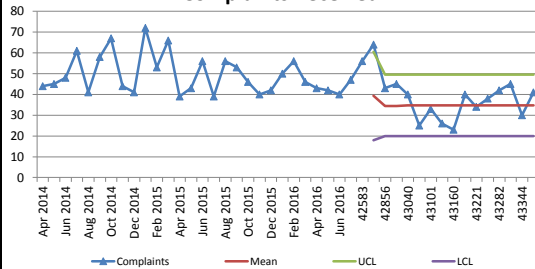
The data for October 2018 shows a similar position across DRI and BDGH sites, with a slight improved registered staff rate and similar overall CHPPD rate. The trends are monitored through the Quality and Effectiveness Committee.

## Complaints & Claims - Oct 2018 (Month 7)

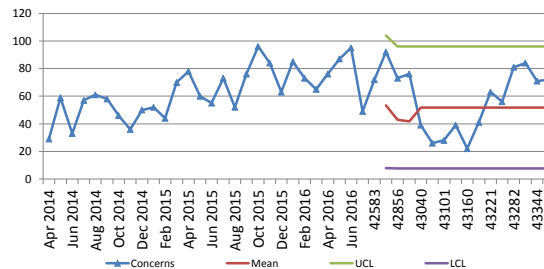
(Data accurate as at 15/11/2018)

### Complaints

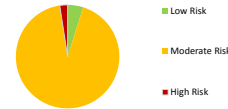
#### Complaints Received



#### Concerns Received



#### Oct 2018 Complaints Received Risk Breakdown

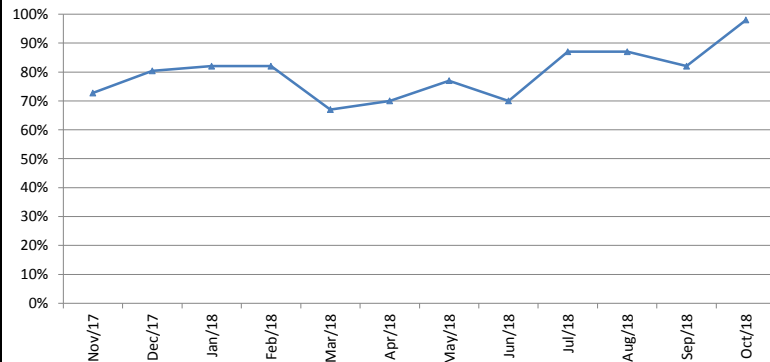


#### Year to Date Complaints Received Risk Breakdown



### Complaints - Resolution Performance (% 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 Ombudsman (PHSO)

Month	Number of cases referred for investigation	Number Currently Outstanding
Oct-18	2	4

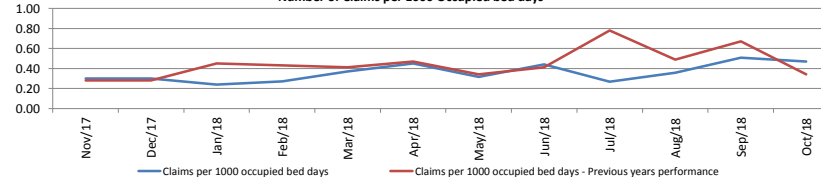
	Number referred for investigation YTD	Outcomes YTD
2016/17	8	Outstanding: 0
2017/18	7	Fully / Partially Upheld: 2 Not Upheld: 1 No further Investigation: 0 Case Withdrawn: 0 Not Investigated: 3 Outstanding: 1
2018/19	6	Fully / Partially Upheld: 3 Not Upheld: 0 No further Investigation: 0 Case Withdrawn: 0 Outstanding: 3

### Claims

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	2018/19	10	7	10	6	8	11	11						63
	2017/18	8	12	10	18	11	17	9	9	9	6	6	9	116
Liabilities to Third Parties Scheme (LTPS)	2018/19	2	6	1	1	7	0	2						19
	2017/18	2	3	1	1	2	1	1	4	1	2	4	2	20

**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



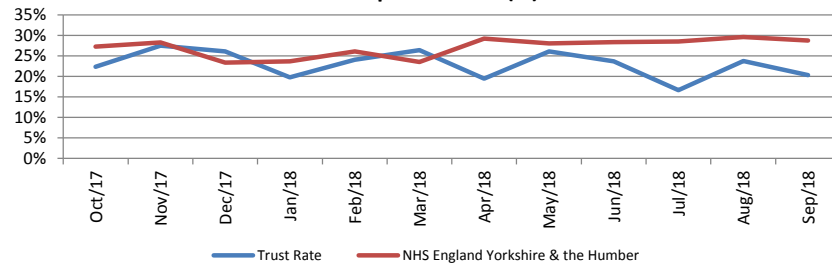
## Friends & Family - Oct 2018 (Month 7)

(Data accurate as at 13/11/2018)

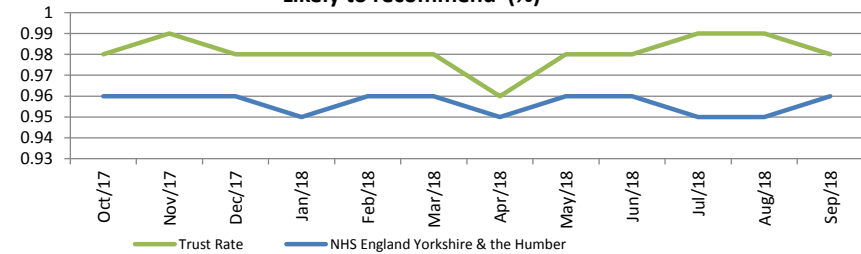
### Inpatients

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

Response Rates (%)



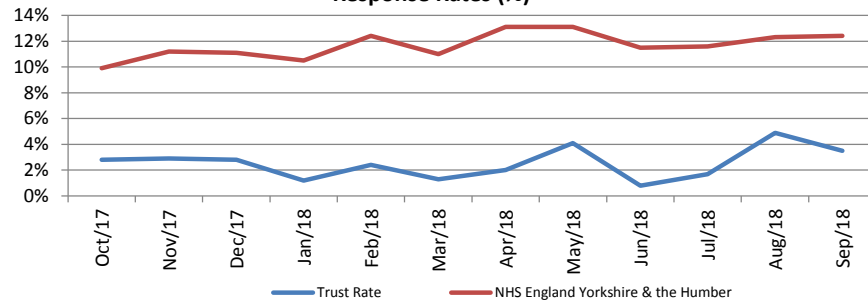
Likely to recommend (%)



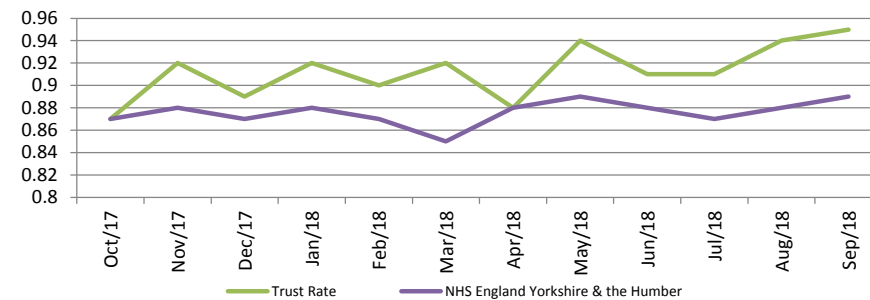
### Accident & Emergency

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

Response Rates (%)



Likely to recommend (%)



\* Proportion of stroke Patients admitted to an acute Stroke unit within 4 hours of arrival

\* Proportion of stroke patients scanned within 24 hours of arrival at hospital

Alert Reason

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

Indicator	Target	Month Actual (December)	Trend (October - December)
Proportion of stroke Patients admitted to an acute Stroke unit within 4 hours of arrival	90.0%		➔
Proportion of stroke patients scanned within 24 hours of arrival at hospital	100.0%		➔

Methodology

David Purdue to make comments here

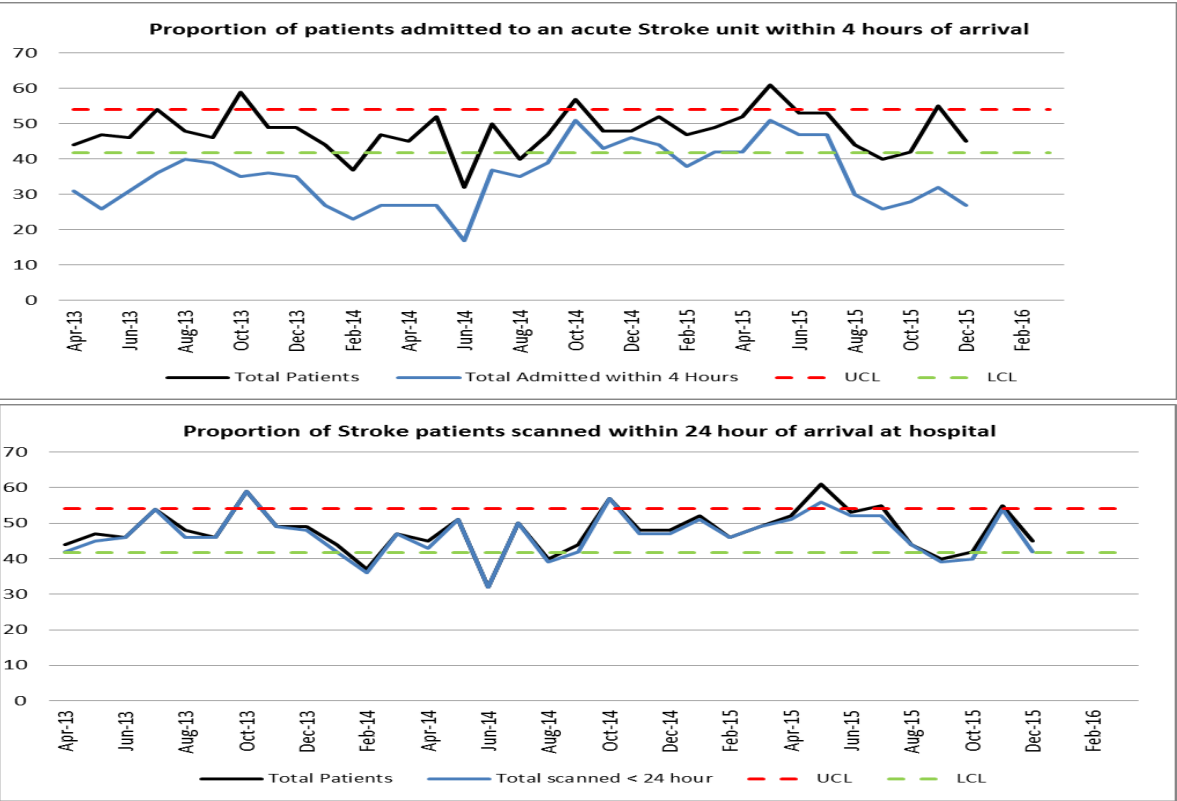
Reason for Failure

David Purdue to make comments here

Actions being taken to address the issue

David Purdue to make comments here

2015/16	October	November	December	January Predict	Trend (October - December)	Predicted Year End Total
Proportion of stroke Patients admitted to an acute Stroke unit within 4 hours of arrival					➔	
Total Patients					➔	
Total admitted within 4 hours of arrival					➔	
Proportion of stroke patients scanned within 24 hours of arrival at hospital					➔	
Total Patients					➔	
Total scanned within 24 hours					➔	
2014/15	October	November	December	January	Trend (October - December)	2014-15
Proportion of stroke Patients admitted to an acute Stroke unit within 4 hours of arrival					➔	
Total Patients					➔	
Total admitted within 4 hours of arrival					➔	
Proportion of stroke patients scanned within 24 hours of arrival at hospital					➔	
Total Patients					➔	
Total scanned within 24 hours					➔	
2013/14	October	November	December	January	Trend (October - December)	2014-15
Proportion of stroke Patients admitted to an acute Stroke unit within 4 hours of arrival					➔	
Total Patients					➔	
Total admitted within 4 hours of arrival					➔	
Proportion of stroke patients scanned within 24 hours of arrival at hospital					➔	
Total Patients					➔	
Total scanned within 24 hours					➔	





## **Executive summary - Workforce - October 2018 (Month 7)**

### **Sickness absence**

Accurate October data is not available due to the report being run prior to payroll close down, therefore September data remains within the report. Following a reduction in rates in August rates have reduced further in September to 3.96% which is below the same period last year) with a cumulative figure of 4.15%. Absences in excess of 6 months absence have stabilised following the reduction last month with a small reduction in the number of absences over 28 days.

### **Appraisals**

The Trusts appraisal completion rate on the attached has maintained at 78.85% as at the end of October 2018 following the end of the appraisal season. A further report indicates that rates have improved to 80.65% - the analysis by Division is now required.

### **SET**

Disappointingly SET compliance has reduced slightly to 81.56% as at the end of October. Specific focus continues on topics where compliance rates are lower and with the new Divisions where compliance rates are low and is included in the CQC action plans.

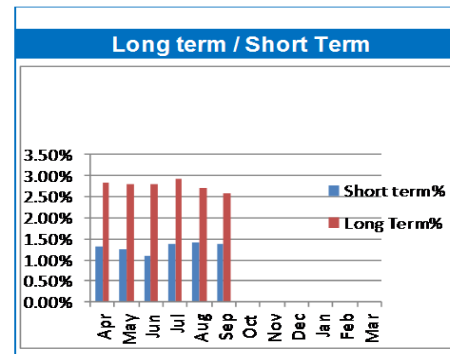
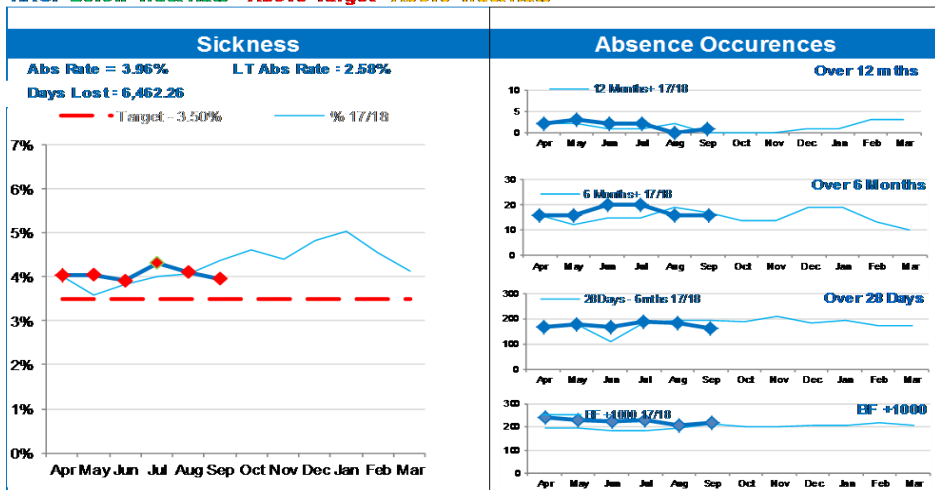
### **Staff in post**

Please see attached tab covering staff in post by staff group. Vacancy rates are provided to both Finance & Performance and Quality & Effectiveness Committees.

## Workforce: Sickness Absence - October (Month 7)

### CG & Directorate Sickness Absence - September 2018 (Q2)

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

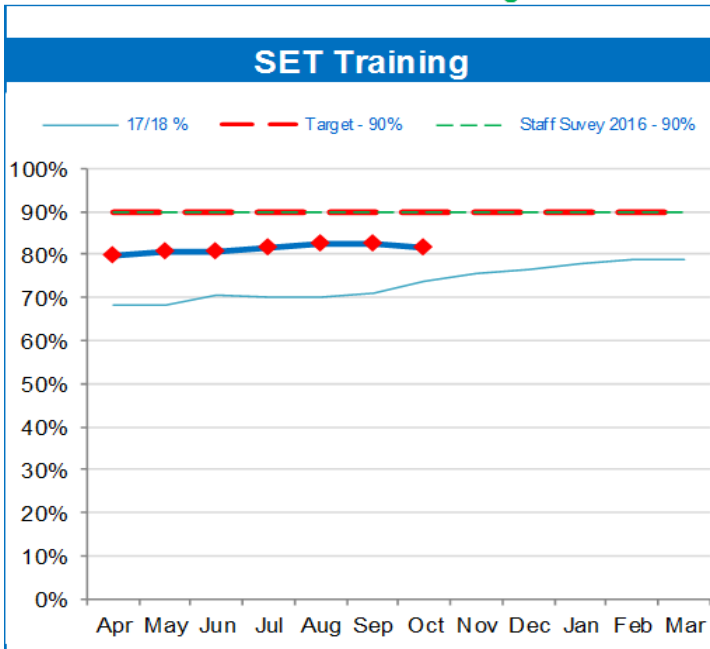


	Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Cumulative	
	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	6966.07	4.30%	6852.91	4.09%	6610.26	4.08%	7244.35	4.34%	6993.67	4.16%	6462.26	3.96%	41,129.51	4.15%
Chief Executive Directorate	14.00	2.67%	27.76	5.12%	18.80	3.58%	0.00	0.00%	2.00	0.36%	0.91	0.17%	63.47	1.97%
Children & Families Division	840.01	4.85%	851.44	4.60%	608.47	3.43%	769.74	4.21%	843.46	4.62%	666.99	3.77%	4,580.10	4.22%
Clinical Specialist Division	1932.19	4.51%	1682.42	3.81%	1650.39	3.88%	2000.43	4.57%	1854.48	4.22%	1768.63	4.16%	10,888.54	4.19%
Directorate Of Strategy & Improvement	0.00	0.00%	2.00	1.72%	0.00	0.00%	1.00	0.80%	0.00	0.00%	0.00	0.00%	3.00	0.40%
Estates & Facilities	818.11	5.76%	772.80	5.24%	745.79	5.21%	878.47	5.94%	811.97	5.57%	895.99	6.37%	4,923.12	5.68%
Executive Team Board	0.00	0.00%	1.00	0.08%	2.00	0.16%	0.00	0.00%	0.00	0.00%	0.00	0.00%	3.00	0.03%
Finance & Healthcare Contracting Directorate	80.84	2.96%	42.00	1.52%	72.54	2.74%	31.07	1.16%	15.60	0.58%	12.00	0.48%	254.04	1.58%
IT Information & Telecoms Directorate	71.46	2.22%	113.84	3.46%	143.69	4.46%	141.81	4.20%	125.97	3.72%	162.66	4.91%	759.43	3.83%
Medical Director Directorate	3.60	0.64%	21.14	3.62%	23.40	4.22%	23.15	4.15%	23.15	4.15%	10.45	1.94%	104.89	3.12%
Medicine Division	1901.44	4.53%	1967.12	4.49%	1750.43	4.14%	1832.66	4.20%	1783.53	4.07%	1655.56	3.90%	10,890.73	4.22%
Nursing Services Directorate	74.84	4.27%	58.53	3.27%	86.20	4.97%	87.04	4.81%	73.20	3.98%	39.60	2.27%	419.41	3.93%
People & Organisational Directorate	118.60	3.97%	124.76	4.00%	112.95	3.79%	93.69	3.01%	2.65	0.09%	6.60	0.21%	459.25	2.49%
Performance Directorate	236.65	4.47%	161.87	2.99%	301.99	5.79%	277.01	5.17%	200.33	3.81%	186.43	3.66%	1,364.28	4.31%
Surgery & Cancer Division	874.34	3.29%	1026.23	3.72%	1093.61	4.07%	1108.29	4.01%	1257.34	4.54%	1056.45	3.93%	6,416.25	3.93%

## Workforce: SET Training - October (Month 7)

### CG & Directorate SET Training - October 2018 (Q3)

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

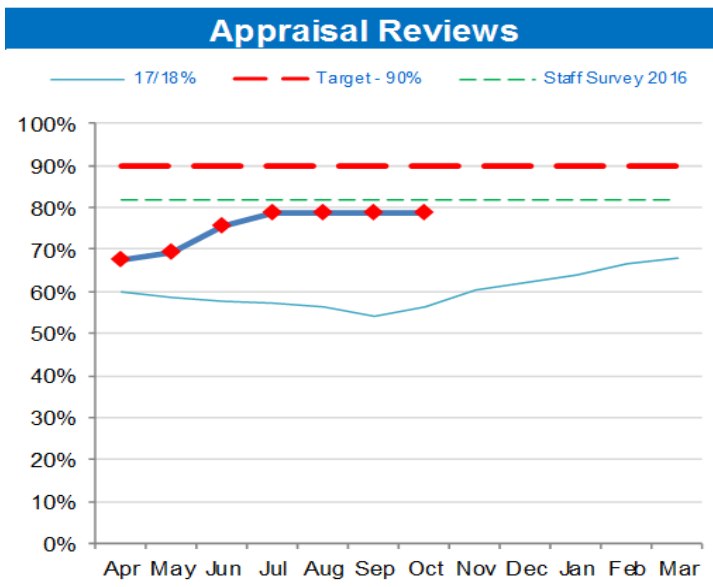


	% Compliance
<b>Doncaster &amp; Bassetlaw Teaching Hospitals NHS FT</b>	<b>81.56%</b>
Chief Executive Directorate	81.67%
Children & Families Division	84.02%
Clinical Specialist Division	85.58%
Directorate Of Strategy & Improvement	96.67%
Estates & Facilities	77.75%
Finance & Healthcare Contracting Directorate	97.16%
IT Information & Telecoms Directorate	90.07%
Medical Director Directorate	88.77%
Medicine Division	77.32%
Nursing Services Directorate	93.08%
People & Organisational Directorate	96.04%
Performance Directorate	79.97%
Surgery & Cancer Division	78.26%

## Workforce: Appraisals - October (Month 7)

### CG & Directorate Appraisals - October (Q3)

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



### Trust Total AFC & M&D

	% Completed
<b>Doncaster &amp; Bassetlaw Teaching Hospitals NHS FT</b>	<b>78.85</b>
Chief Executive Directorate	100.00
Children & Families Division	79.34
Clinical Specialist Division	79.90
Directorate Of Strategy & Improvement	100.00
Estates & Facilities	94.07
Finance & Healthcare Contracting Directorate	98.61
IT Information & Telecoms Directorate	91.82
Medical Director Directorate	77.27
Medicine Division	72.72
Nursing Services Directorate	89.39
People & Organisational Directorate	95.40
Performance Directorate	79.48
Surgery & Cancer Division	70.63

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

	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
Staff Group	Nov-17		Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18	
Add Prof Scientific and Technic	171.47	187.00	170.77	185.00	173.47	189.00	172.47	189.00	172.21	189.00	168.86	187.00	160.58	177.00	169.69	187.00	170.63	188.00	172.02	190.00	172.07	190.00	172.89	190.00
Additional Clinical Services	1,118.74	1,357.00	1,106.22	1,340.00	1,128.45	1,364.00	1,126.47	1,363.00	1,131.05	1,367.00	1,145.20	1,384.00	1,133.01	1,370.00	1,158.83	1,401.00	1,171.05	1,414.00	1,172.67	1,415.00	1,179.29	1,421.00	1,164.05	1,405.00
Administrative and Clerical	1,067.20	1,300.00	1,057.48	1,287.00	1,068.60	1,301.00	1,060.57	1,291.00	1,064.98	1,296.00	1,058.77	1,289.00	1,034.25	1,261.00	1,046.56	1,275.00	1,047.67	1,278.00	1,045.17	1,272.00	1,045.71	1,274.00	1,033.17	1,259.00
Allied Health Professionals	334.55	386.00	333.48	385.00	333.95	386.00	336.83	389.00	331.95	385.00	329.92	381.00	311.78	360.00	324.52	377.00	321.56	375.00	323.12	376.00	322.84	375.00	323.24	376.00
Estates and Ancillary	569.05	828.00	564.44	820.00	492.84	701.00	492.83	701.00	488.71	695.00	483.68	688.00	478.88	680.00	485.34	692.00	480.84	686.00	476.40	680.00	474.36	678.00	474.06	676.00
Healthcare Scientists	124.90	139.00	122.70	137.00	126.30	141.00	129.10	143.00	125.70	141.00	125.50	141.00	121.30	137.00	124.92	141.00	122.66	139.00	120.78	137.00	122.78	139.00	123.72	140.00
Medical and Dental	504.89	628.00	500.29	597.00	504.54	598.00	509.05	601.00	509.11	600.00	510.17	600.00	500.36	574.00	510.07	583.00	508.07	581.00	554.01	633.00	551.15	633.00	559.68	642.00
Nursing and Midwifery Registered	1,577.99	1,829.00	1,559.68	1,809.00	1,603.22	1,862.00	1,598.79	1,859.00	1,598.70	1,861.00	1,591.07	1,856.00	1,530.70	1,792.00	1,578.72	1,846.00	1,573.47	1,840.00	1,564.47	1,828.00	1,570.41	1,835.00	1,603.36	1,868.00
Students	6.56	7.00	5.56	6.00	3.92	4.00	1.92	2.00	1.92	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.80	9.00	2.00	2.00	
Grand Total	5,475.34	6,661.00	5,420.61	6,566.00	5,435.28	6,546.00	5,428.03	6,538.00	5,424.31	6,536.00	5,413.18	6,526.00	5,270.87	6,351.00	5,398.65	6,502.00	5,395.95	6,501.00	5,428.64	6,531.00	5,447.40	6,554.00	5,456.17	6,558.00



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

<b>Title</b>	<b>People &amp; OD update</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>27 November 2018</b>
<b>Author</b>	<b>Karen Barnard, Director of People &amp; OD</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance	x	
	Information	x	

**Executive summary containing key messages and issues**

The purpose of this report is to update the Board of Directors on recent achievements, decisions and pieces of work which are underway affecting Team DBTH.

Flu vaccination – the Trust reached the target of vaccinating 75% of front line staff before the end of October 2018. We believe that we were the first Trust to do so for the third year in succession. Despite the late delivery of the flu vaccine this target was achieved more quickly than in 2017. We continue to offer the vaccine to all staff.

EU settled status – EU staff working within healthcare are able to apply for settled status from 29 November 2018 prior to the general population who will be able to apply from March 2019. The cost of application is £65 – the Executive Team has agreed that the Trust will reimburse this fee for members of Team DBTH. The Home Office will be producing communications materials for us to use with letters being sent directly to those we have on record as being from an EU nation.

Agenda for Change – members will recall from a previous briefing that Band 1 will no longer be available for new recruits from 1 December 2018. Current Band 1 job descriptions have been reviewed in order to expand roles to meet the criteria for Band 2. A national sub group of the Staff Council (of which the Director of People & OD is a member) has been developing guidance for Trusts to follow in order to transition existing staff onto Band 2 over the coming 3 year period. Staff currently in Band 1 roles will have the option whether or not to transition into a Band 2 role. The Trust will provide staff with any development required in order to facilitate this transition.

Trainee Nursing Associates – the Trust has recently appointed a new cohort of 15 trainee Nursing Associates who will commence their training in December 2018. This role is an exciting development opportunity for our staff in addition to our previous Trainee Assistant Practitioner programme a number of whom who recently graduated as Assistant Practitioners. Interviews are being held in the coming weeks for student nurses who are due to qualify in March 2019.

Leadership development – a paper detailing the Trust’s approach following the appointment of Jayne Collingwood, Head of Leadership & OD will be presented to the December Board of Directors meeting. Our approach will continue to include our staff experience group which is being relaunched with the first session in its new format taking place at Bassetlaw on 4 December 2018.

NHS Improvement Retention Programme Cohort 4 – following the success of 3 earlier cohorts the HR Directors across South Yorkshire & Bassetlaw have requested that we join cohort 4 (usually Trusts are targeted to join the programme) in order that we can gain maximum benefit to our agreed collaborative working on retention across South Yorkshire & Bassetlaw. The launch workshop is taking place on 22 November 2018 and will be attended by the Director of People & OD and Deputy Director of Nursing, Midwifery & AHPs as the main focus of this cohort will be on the nursing and midwifery staff group.

#### **Key questions posed by the report**

Is the Board assured of the work underway to retain our workforce?

#### **How this report contributes to the delivery of the strategic objectives**

People – As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care – this report links to work in place to ensure staff undertake their SET training, receive an appraisal and agree a personal development plan

#### **How this report impacts on current risks or highlights new risks**

The update provided in this report provides details of how the Trust is looking to develop and retain staff.

#### **Recommendation(s) and next steps**

The Board is asked to note this update

## **People & OD update to the Board of Directors**

### **1 Flu vaccination programme**

The Trust reached the target of vaccinating 75% of front line staff on the 31 October 2018. We believe that we were the first Trust to do so for the third year in succession. Due to the late delivery of the flu vaccine the programme commenced slightly later than last year; however we quickly ran out of the vaccine in the first week despite ordering more at the start of the campaign. Our peer vaccinators, occupational health and communications teams worked tirelessly to hit the target. Whilst the immediate target was 75% all front line staff are being encouraged to be vaccinated; if staff choose not to be vaccinated they are being asked to record the reason for that. We continue to offer the vaccine to staff.

### **2 EU settlement scheme**

EU staff working within healthcare are able to apply for settled status from 29 November 2018 prior to the general population who will be able to apply from March 2019. We have identified 97 members of staff who have provided us with their nationality as being one of the countries within the EU. We recognise there may be others who have not disclosed their nationality. The cost of applying for settled status will be £65. The Home Office will be providing material so that we can brief staff and managers; letters will be sent directly to those staff whose records indicated they have an EU nationality. The cost of application is £65 – the Executive Team has agreed that the Trust will reimburse this fee for members of Team DBTH.

### **3 Agenda for Change**

Members will recall from a previous briefing that Band 1 will no longer be available for new recruits from 1 December 2018. Current Band 1 job descriptions have been reviewed in order to expand roles to meet the criteria for Band 2. A national sub group of the Staff Council (of which the Director of People & OD is a member) has been developing guidance for Trusts to follow in order to transition existing staff onto Band 2 over the coming 3 year period. Staff currently in Band 1 roles will have the option whether or not to transition into a Band 2 role. The Trust will provide staff with any development required in order to facilitate this transition. Frequently asked questions and briefing material are being produced by NHS Employers through this national group. The Trust has established a task and finish group to ensure that this process is managed appropriately.

**4 Trainee Nursing Associates** – the role of trainee Nursing Associate was introduced in January 2017 with the first groups due to qualify in December 2018 and to enter the register in January 2019. At that time the Trust introduced the trainee Assistant Practitioner training programme, a number of who have recently graduated as Assistant Practitioners. The Trust has recently appointed a new cohort of 15 trainee Nursing Associates who will commence their training in December 2018. This role is an exciting development opportunity for our existing nursing support workforce. The Trust (along with other Trusts) has recently received a letter from Health Education England encouraging the adoption of this role with the anticipation of a target being set within the long term plan of 7500 trainees being in post by the end of 2019. With regard to qualified nurses interviews are being held in the coming weeks for student nurses who are due to qualify in March 2019.

4 Leadership development – a paper detailing the Trust’s approach following the appointment of Jayne Collingwood, Head of Leadership & OD will be presented to the December Board of Directors meeting. Our approach will continue to include our staff experience group which is being relaunched with the first session in its new format taking place at Bassetlaw on 4 December 2018.

5 NHSI retention cohort 4

Members may be aware of the retention programme that NHS Improvement has run over the last 2 years; within the South Yorkshire and Bassetlaw ICS Rotherham, Doncaster & South Humber and Sheffield Health & Social Care Trusts have both participated and the learning from those Trusts has been considered by the HR Directors across the ICS and by the Local Workforce Action Board. Early cohorts were selected by NHSI due to their poor retention rates. Following consideration of the learning from these cohorts and the determination of the priorities to receive our focus we approached NHSI to ascertain what support they could provide the ICS as we wanted to have a collaborative focus. Whilst they were not in a position to provide bespoke support they did offer the ICS the opportunity to join cohort 4 which HR Directors agreed would be of benefit. The launch meeting of that cohort is scheduled for 22 November 2018 with specific focus on the nursing workforce. Regular updates will be provided to the Workforce, Education & Research Committee and QEC.



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

<b>Title</b>	<b>Report from the Guardian for Safe Working</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>November 2018</b>
<b>Author</b>	<b>Dr Jayant Dugar, Guardian for Safe Working</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance		
	Information	✓	

**Executive summary containing key messages and issues**

The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours, during negotiations on the junior doctor contract agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours.

The 2016 contract continues to be implemented with 137 junior doctors employed by this Trust on the 2016 contract as at September 2018. The Trust has recently become lead employer for GP trainees. This contract changes how safe working is delivered compared to previous contract. This relies on exception reporting by junior doctors and proactive changes by the Trust to avoid unsafe working. During this quarter the Trust moved onto the Allocate system for rostering which includes doctors in training and the exception reporting process. This has impacted on the analysis due to 2 different systems being in use during the quarter.

The Guardian is required to provide the Board of Directors with quarterly reports. No gross safety issues have been raised with the Guardian by any trainee. There have been 33 exceptions raised this quarter by junior doctors - 1 of which were education related.

The Guardian for Safe Working advises that that the trainees have safe working practice as designed by the 2016 contract.

Key questions posed by the report
Is the Board assured that the Trust has safe working in place for doctors in training?
How this report contributes to the delivery of the strategic objectives
<ul style="list-style-type: none"> <li> <b>As a Teaching Hospital we are committed to continuously develop the skills, innovation and leadership of our staff to provide high quality, efficient and effective care</b>  Junior doctors will have improved support and education through the implementation of the new junior doctor's contract which is designed to ensure doctors are working safely and receiving the appropriate training. By having appropriately trained doctors patients will receive a good experience whilst receiving care. </li> </ul>
How this report impacts on current risks or highlights new risks
<ul style="list-style-type: none"> <li> <b>Workforce.</b> By having a safe workforce we remain an attractive employer to current trainees and to help future recruitment. </li> </ul>
Recommendation(s) and next steps
<p>The Board of Directors are asked to note this update for the second quarter of 2018/19 and be assured that trainee doctors have a safe working practice as envisaged by the 2016 contract.</p>

# July 2018 – September 2018: DOCTORS AND DENTISTS IN TRAINING

## 1. Introduction

This report sets out the information from the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors to assure the board of safe working for junior doctors. This report is for the period 1<sup>st</sup> July 2018 to 30<sup>th</sup> September 2018.

The exception reporting software has changed from DRS to Allocate software in August with the major changeover. The Trust also took on the lead employer responsibilities for 66 junior doctors in the Doncaster and North Nottinghamshire GP rotations.

The Board should receive a quarterly report from the Guardian as per 2016 contract, which will include:

- Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade
- Details of fines levied against departments with safety issues
- Data on rota gaps / staff vacancies/locum usage
- A qualitative narrative highlighting areas of good practice and / or persistent concern.

## 2. High level data

Total number of training posts based in DBTH	290
Number of posts contracted by DBTH	227
Number of posts contracted by other Organisations	129
Number of doctors / dentists in training on 2016 TCS	137
No of doctors in Doncaster GPVTS (DBTH lead employer)	49*
No of doctors in North Notts GPVTS (DBTH Lead employer)	17*
Amount of time available in job plan for guardian to do the role:	2 PAs
Admin support provided to the guardian (if any):	provided through HR
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee.

**\*DBTH has taken on lead employer status for these trainee doctors in GP practices**

## 3. Exception reports

July 2018 (DRS)

Specialty	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General Medicine	2	1	1
Total	2	1	1

**Aug-18**

Specialty	No. exceptions raised	No. exceptions outstanding	No. exceptions resolved	No. exceptions unresolved
General Medicine	3	2	0	1*
General Surgery	9	4	5	0
ENT	1	1	0	0
Paediatrics	1	0	1	
<b>Total</b>	<b>14</b>	<b>7</b>	<b>6</b>	<b>1*</b>

\*awaiting doctor confirmation

**Sep-18**

Specialty	No. exceptions raised	No. exceptions outstanding	No. exceptions resolved	No. exceptions unresolved
General Surgery	10	1	9	0
ENT	7	7	0	0
<b>Total</b>	<b>17</b>	<b>8</b>	<b>9</b>	<b>0</b>

No exception reports from both the GP training schemes for which the trust is the lead employer.

For these quarters, exception reports have been submitted by individuals across Surgical and Medicine Divisions. A total of 33 exception reports have been raised within this quarter of which one has been related to Education. Four out of 7 reports in ENT relate to a work schedule adjustment- this was being done informally but now has been formalised for all trainees.

The data in these tables are different to the previous ones as in August the Trust moved to Allocate software making the analysis between the two systems more difficult. This will improve in future reports as all data will come from one system.

**4. Work schedule reviews**

No work Schedule reviews have been initiated in this quarter.

## 5. Vacancies – training grade rotation

VACANCIES	January	February	March	April	May	June	July	August	September	October
Medicine	3	3	4	5	5	5	5	6	9	8
Anaesthetics	2	1	1	2	1	1	1	3.7	3.2	2.7
Emergency medicine	6	5	5	5	5	5	5	1	1.4	5.4
Obstetrics & Gynaecology	7	8	8	10	10	10	10	12.4	12.4	10.6
Paediatrics	1	6	6	8	7	7	7	1.9	1.4	2
GU Medicine	0	1	1	0	0	0	0	0	0	0
Elderly Medicine	1	1	1	1	1	1	1	1.2	0.2	0.2
Radiology	2	2	1	0	0	0	0	0	0	0
General Surgery	1	0	0	5	5	6	6	1.5	1.5	2
Trauma & Orthopaedics	1	1	1	1	1	1	1	1	0	0
ENT	0	0	0	0	0	0	0	1	0	0
ICT	1	1	1					1	1	0
<b>Total</b>	<b>25</b>	<b>29</b>	<b>29</b>	<b>37</b>	<b>35</b>	<b>36</b>	<b>36</b>	<b>30.7</b>	<b>30.1</b>	<b>30.9</b>

The vacancy numbers have remained fairly consistent in this quarter compared to previous data.

## 6. Locum and bank usage

The data below details bank and agency shifts covered by training grade doctors. Not all shifts are necessarily training grade gaps.

Agency - Shifts			
	Jul-18	Aug-18	Sep-18
Acute Medicine	9	11	15
Anaesthetics	1		
Anaesthetics and Critical Care	4	7	18
Anaesthetics and Theatres		4	4
Dental			
Cardiology	12		
Care of the Elderly	77	49	30
Dermatology			
Emergency Medicine	307	264	280
Endocrinology and Diabetes	22	45	40
Endoscopy - Medicine			
Endoscopy - Surgical			
ENT/ENT Theatre	22		
Gastroenterology	3		20
General Medicine			
General Surgery		19	23
Genitourinary Medicine			
Haematology			
Microbiology			
Obstetrics and Gynaecology	211	122	98
Ophthalmology			
Orthopaedic and Trauma Surgery	145	139	107
Paediatrics			
Paediatrics - Community			
Paediatrics and Neonates	130	80	48
Pathology			
Radiology			
Renal	19		3
Respiratory Medicine	22	25	20
Stroke Medicine	33	27	20
Urology	1	1	1
Breast Surgery	22	20	20
<b>Grand Total</b>	<b>1040</b>	<b>813</b>	<b>747</b>

Internal - Shifts			
	Jul-18	Aug-18	Sep-18
Acute Medicine	30	27	11
Anaesthetics	12	14	6
Anaesthetics and Critical Care		4	4
Anaesthetics and Theatres		5	8
Breast Surgery			
Cardiology			
Care of the Elderly	7	13	20
Dermatology			1
Emergency Medicine	127	93	103
Endocrinology and Diabetes			
Endoscopy - Medicine			
Endoscopy - Surgical	4	2	2
ENT	5	5	
Gastroenterology			
General Medicine			
General Surgery	6	6	6
Genitourinary Medicine			
Haematology			
Microbiology			
Obstetrics and Gynaecology	22	16	11
Ophthalmology			1
Oral and Maxillofacial Surgery			
Dental			
Orthodontics			
Orthopaedic and Trauma Surgery	28	27	21
Paediatrics		1	
Paediatrics and Neonates	32	12	12
Paediatrics-Community			
Palliative Medicine			
Pathology			
Radiology			
Renal Medicine			
Reproductive Medicine			
Respiratory Medicine	4	5	4
Rheumatology			
Stroke Medicine			
Urology			
Vascular Surgery			
<b>Grand Total</b>	<b>277</b>	<b>230</b>	<b>210</b>

Reason for Shifts			
	Jul-18	Aug-18	Sep-18
Additional Session & Admin			
Additional Session (Clinical)	3		2
Annual Leave	63	21	29
Compassionate/Special leave	1		
Exempt from On Call	10	2	
Extra Cover	13	14	17
Induction	1	7	
Maternity/Pregnancy leave/Paternity	32	5	
Restricted Duties	2		3
Sick	18	40	23
Study Leave	6	2	20
Vacancy	1197	989	895
<b>Grand Total</b>	<b>1346</b>	<b>1080</b>	<b>989</b>

## 7. Fines

No fines have been levied in this quarter. £139.84 is the cumulative fine during this year. The Junior Doctors Forum has agreed to use this money to provide refreshments during the Christmas /New Year period at Doncaster and Bassetlaw sites.

## 8. Qualitative information

It is reassuring that no instance of immediate safety concern has been brought to my notice by junior doctors on the 2002 or the 2016 contract.

Trainees in Paediatrics raised issues with handovers through the management trainee forum. As the majority of trainees are on the old contract, arrangements have been made for exception reporting without payments(as they are on banding payments) to map the problem.

I have been assured by the medical workforce department that all doctors are rostered on a rota which is compliant with 2002 and 2016 contracts as applicable.

## 9. Engagement

The regional Guardian forum in July 2018 was attended by me. This Trust has low number of exception reports possibly explained by compliant rotas and safe working practices.

The fifth meeting of junior doctor's forum planned for 9th October 2018 will be open to all trainee Junior Doctors and representatives to improve engagement and resulted in improved attendance. I have also attended 4 trainee forum meetings to engage with the junior doctors.

Training sessions and induction for junior doctors and supervisors happened in July and August for junior doctors and supervisors. There were 2 additional inductions for GP trainees in Bassetlaw and Doncaster due to the Trust taking on lead employer status for this group of doctors.

## **10. Software System**

The Trust has invested in a new Erostering system from Allocate software. This has changed the exception reporting system used for this report from August change over for junior doctors. Online and drop in sessions for training and engagement have taken place. There are some initial issues with the system setup , which are being addressed.

## **11. Issues arising & Actions**

1. The hours monitoring indicated problems in ST3 rotas for General Surgery – these have been addressed by the Divisional Director for Surgery and the Surgery Tutor. The doctors have been advised of the importance of avoiding the breach to ensure safe working. This will be reviewed at next monitoring.
2. The increase in trainees and new system may require a review of administrative support to monitor and analyse exception reporting.

## **12. Recommendation**

The Board of Directors can be assured that the trainee doctors have a safe working practice as envisaged in the 2016 contract.



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

<b>Title</b>	<b>Chair's and NEDs' Report</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>27 November 2018</b>
<b>Author</b>	<b>Suzy Brain England, Chair of the Board</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance		
	Information	x	

<b>Executive summary containing key messages and issues</b>
The report covers the Chair and NEDs' work in September, October and November 2018.
<b>Key questions posed by the report</b>
N/A
<b>How this report contributes to the delivery of the strategic objectives</b>
The report relates to all of the strategic objectives.
<b>How this report impacts on current risks or highlights new risks</b>
N/A
<b>Recommendation(s) and next steps</b>
That the report be noted.

## Chair's and NEDs' Report – November 2018

It's always nice to be able to show our appreciation to staff who go the extra mile. This month I had the opportunity to say thank you to Matty Lovell-Davies, a member of the IT helpdesk. Matty had been nominated by Adam Tingle, for his helpful attitude and out of hours support for the staff Facebook group. I would encourage everyone to take the time to recognise the efforts of colleagues who go above and beyond to deliver excellent care or service by making a nomination.



Immediately afterwards I had an impromptu tour of the IT team with Nigel Hall, Head of IT Operations and I promised to return in the New Year to catch up with those staff I didn't have the chance to meet.

Since the change in structure from care groups to divisions I have met with all of our Divisional Directors on an informal basis, to catch up over a coffee and to begin to understand the challenges they face and their aspirations for the future; offering support in my capacity as Chair and sign posting them to the non-executive directors. Dates are already in diaries to join them at their divisional directors meetings, where I can also meet members of their senior teams.

### **Governor Briefing**

On 6 November I attended the governor briefing session at which David Purdue, Chief Operating Office and Deputy Chief Executive delivered an informative presentation on the topic of outliers. Governors were able to ask questions around the escalation process, cut off times for moving patients, re-admission rates and how the Trust recorded breaches of process. Thank you to David for sharing his time and knowledge with us.

### **Other Meetings**

During this month I have met with Suzanne Bolam, Head of Therapies at DBTH to hear about her role as Chair of the ICS Allied Health Professionals Council, the inaugural meeting of which took place on 24 October 2018. It's pleasing to see members of DBTH taking key roles in progressing ICS developments. I also met with Mr Quraishi, our ENT surgeon who has recently been appointed as Section President at the Royal Society of Medicine.

Other meetings I attended in November include:

- SY&B ICS Workshop on ICS Governance and Ways of Working, facilitated by Browne Jacobson
- NHS Providers Board Meeting
- Day 2 on the interview panel to recruit a Non-executive Director for Yorkshire Ambulance Service NHS Trust
- 1:1s with Non-executive Directors Alan Chan, Linn Phipps and Kath Smart
- 1:1 with Kirsty Edmondson-Jones, Director of Estates & Facilities
- Nick Mallaband, Divisional Director of Medicine
- Chairs Place Plan meeting



Christmas is only just around the corner and my first official duty as Chair of the Board will be the Christmas light switch on at our Montagu site on Monday 26 November. I will be met by pupils from the local primary school, Mexborough St John the Baptist, at approximately 3.15pm the children will join me in the countdown to the switch on and sing carols around the tree. Details of the various Christmas celebrations can be found in Buzz in due course.

## **NED Reports**

### ***Sheena McDonnell***

This month Sheena has been involved in reviewing the many applications received for the 2017 Clinical Excellence Awards. As the Non- executive Director panel representative Sheena chaired the meeting where agreement was reached on the successful applications and the level of points awarded.

Sheena has also met with Cindy Storer, Deputy Director of Quality and Governance to discuss a number of matters regarding the critical role of volunteers within the Trust. Sheena will be considering how she can best support their valuable work, exploring opportunities to simplify the application process, the gathering of volunteer feedback, the potential use of a uniform and whether this could be supported by charitable funds. Finally, plans were discussed for the annual volunteer celebratory event which will take place this year on 3rd and 4th December at Doncaster and Bassetlaw, respectively. Volunteers from all three sites will join Trust colleagues and representative of the Board to have a bite to eat and drink as a way of showing the Trusts appreciation of all they do.

Sheena acts as a Non- executive buddy to Karen Barnard, Director of People & Organisational Development, she continues to offer support on a variety of topics, but particularly HR related matters including the Clinical Excellence Awards.

### ***Alan Chan***

Since the last update Alan has met with Richard Somerset, Head of Procurement, to discuss the current position on CIPs and the likelihood of meeting the budgeted CIP target. Alan took the opportunity to review the procurement rankings in the Model Hospital categories and was pleased to note that on the Procurement League Table DBTH's ranking was 28 out of 136 trusts, an improvement from last year's position of 39th. However, it was noted that the impact of the future operating model for NHS Supply Chain was unclear at this stage on procurement in respect of promised savings versus reality.

Alan has been continuing his conversations with Trevor Burton at Trust AM who is in the process of submitting a proposal for charitable funds out of the Fred and Ann Green Legacy. This will be to upgrade the radio service to an internet service, which could be accessible across all sites.

Alan also had a 1:1 with Suzy Brain England and undertook a site tour of DRI with David Purdue.

### ***Kath Smart***

On 19 October Kath attended the launch of the Foundation School for Health at Hall Cross Academy, she was able to speak with students and hear from DBTH staff of their involvement in the partnership plans. It was clearly the start of a very exciting opportunity for all!

Kath has also continued with her buddying arrangements with the Medicine Division and has visited the Respiratory Ward and Medicine Ambulatory Care Ward with Divisional Director, Dr Nick Mallaband. She attended part of the recent Qii event with the ED team who were looking to improve pathways for fractured neck of femur and fractured wrist, she was pleased to see a multi-disciplinary and multi-organisational approach with YAS/EMAS identifying opportunities for improvement, supported by members of the Qii team.

As Audit Committee Chair Kath has met with the Local Counter Fraud Officer, Mark Bishop, to keep updated on fraud prevention and detection activity; had a 1:1 with Suzy Brain England; and attended the Council of Governors meeting.

### ***Neil Rhodes***

To update on previous unreported commitments, Neil Rhodes was pleased to take up his first official duty as Deputy Chair, when he chaired the Governor's Briefing on 4 September. Later that month he also had the pleasure of hosting a table at the Annual Members Meeting at the Keepmoat Stadium.

October saw Neil holding a planning meeting for Finance and Performance early in the month, taking part in a telephone conference with our internal auditors in relation to the Committee Effectiveness Review and meeting with the Director of Finance and other Non- executives to discuss the Trust's performance framework and a revised reporting protocol.

Neil took the opportunity to have a pre-meet with the Director of People & Organisational Development, Karen Barnard ahead of chairing an appeal against dismissal hearing at the start of November. The rest of this month promises to be busy, with a further appeal hearing planned, in addition to normal committee and planning commitments. In the run up to Christmas all Non-executives are working hard to support the Chair at a number of functions. Neil has also committed to finding the opportunity to have his flu jab!

***Linn Phipps***

Linn attended the Value Stream Analysis (VSA) event “outbrief” on quality improvement work in Trauma & Orthopaedics (T&O) as part of the NHSI Programme Support to the Trust. She also had a “Buddy” meeting with Director (Moirra Hardy) with discussion on the use of patient-centred outcomes and also development of our Patient Experience and Engagement Balanced Score Card.

## Chief Executive's Report

21 November 2018



### **DBTH goes an entire year without a Health Care Associated (HCAI) MRSA Bacteraemia**

I am extremely proud to share the news that as of Monday 29 October, the Trust celebrated 365 days without a HCAI Methicillin-resistant *Staphylococcus aureus* blood stream infection (also known as MRSA).

The Trust's Infection Prevention and Control (IPC) Team and our clinicians have worked tirelessly throughout the last year to ensure that the bug is kept in check. This includes screening all patients for the bacteria, isolating those with a positive result and immediately beginning what is known as a 'decolonisation' process in order to stop it spreading any further and causing harm.

Among other initiatives, the IPC team has lead hand-washing campaigns within the Trust, ensuring all wards and services are compliant with hygiene and infection-control policies, as well as reviewing the use of any devices and treatment tools which can lead to an increased chance of developing MRSA.

Above all else, the team have encouraged members of staff to be vigilant, looking out for symptoms of the bugs and acting upon any potential signs that could lead to further infection.

In all, 2018 has been a particularly successful year for IPC at the Trust. In September, the team reported a reduction in overall infection across the organisation's three hospital sites, with health care associated infection rates at a low of 5% far outstripping the national average of 6.6%.

This is a fantastic achievement and one that belongs to the entirety of Team DBTH. We must now look to sustain this good performance and high standard into the future.



### **Trust Surgeon appointed Section President for Royal Society of Medicine**

On 2 November, it gave me great pleasure to attend the Semon Lecture where Mr Muhammad Shahed Quraishi, Ear Nose and Throat Surgeon at the Trust delivered his inaugural presidential address on migration challenges and global medical manpower.

Elected unopposed by around 500 medical peers across the UK, Mr Quraishi will serve one year in post.

Speaking on behalf of the Trust, we are extremely fortunate to have Q (as he is affectionately known by colleagues) as a member of Team DBTH. The expertise with which he practices in his specialty is world-renowned, as is his appetite to share the knowledge he has accumulated throughout a very successful thirty year career.

At the close of the event I was also able to marvel at an antiquities exhibition, another of Mr Quraishi's passions, during which coins and currency from over three millennia were displayed, ranging from Alexander the Great to Queen Victoria.



### **Hospital accredited as 'Veteran Aware'**

I am delighted to report that the Trust has been accredited as a 'Veteran Aware' hospital, one of only 25 such NHS providers in the country.

This means that patients who have served in the British Armed Forces will be cared for by frontline staff who have received training and education tailored to the patients specific needs. This includes considerations such as mental health needs and also signposting individuals to local support services.

In the short-term, Patients and visitors at Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital can expect to see posters that services are 'Veteran Aware', such as in clinics and public waiting areas, encouraging them to notify staff that they have served in the armed forces. This is to ensure that the armed forces community is never disadvantaged compared to other patients.

This achievement has been the work of a dedicated task and finish group within the Trust, led by General Manager for Surgery and Cancer, Mandy Espey.



### **Team DBTH amongst fastest NHS organisations to vaccinate 75% of frontline staff**

On 31 October, we officially vaccinated 75% of our patient-facing team members against the flu. In just under a month, 3,800 vaccines were administered to our clinicians, 500 more than last year and was, with delays to flu jab supplies taken in account, achieved 38% faster.

In all, we believe we are amongst the first acute trusts in the country to vaccinate 75% of staff against the flu, if not the fastest overall.

This successful campaign was spearheaded by our Occupational Health and Wellbeing Team, with key support from over 50 peer vaccinators, which included our Director of Nursing, Midwifery and Allied Health Professionals, Moira Hardy and I.

Our overall goal is to vaccinate 100% of front-line staff, and we will continue to make the flu jab available to the team in the coming weeks.



### **We 'Stop the Pressure' for one month**

A month of milestones for the Trust, we also celebrated an entire month without a hospital acquired pressure ulcer in any of our wards.

15 November is the national 'Stop the Pressure' day, which aims to increase awareness amongst health care professionals about the impact of sores and how to be proactive in avoiding them. I am pleased that we took this opportunity to reflect on this recent achievement and look forward to further months without incidence of this particular condition.



### **Nursing school has new home**

In late October, I attended the opening of a brand new school of nursing at Rotherham Doncaster and South Humber NHS Foundation Trust's (RDaSH) Tickhill Road Hospital site.

Overseen by BPP University, a close partner of our Trust and RDaSH, the new

school will help to provide further placements for nursing students. The first cohort of undergraduates started their studies in Doncaster last September, with the three year full-time pre-registration programme including ten adult students and a further ten mental health nursing students.



### **Trust visited by Chinese partners**

Earlier this month, the Trust was visited by a healthcare delegation from Jinan, China, to understand how we provide care.

With representatives from hospitals and government, the special guests explored our innovations in elderly care, received an overview of how our services are operated and also learned more about the Quality Improvement Medical Education and Training (QiMET) project.

QiMET is the UK's first 'Hybrid International Emergency Medicine' Training Centre and offers training to overseas medical schools to provide an international rotation of qualified doctors. The Trust will regulate QiMET UK going forward on behalf of the founders: Dr Subedi, Dr Khan and Dr Aylott.

The goal for QiMET is simple: To improve the quality of care for patients and provide value for money for the NHS in the UK. This project is unique, as it enables overseas medical trainees to earn, learn and, most importantly, return, providing a sustainable workforce for the UK and addressing the global shortage of qualified doctors. Following the visit to Doncaster, proposals are being drawn-up to set-up QiMET 5,000 miles away in Jinan.



### **Colleagues invited to take Staff Survey**

Since early October, we have been encouraging members of Team DBTH to take the annual Staff Survey.

Carried out by Picker, the survey is completely anonymous and asks colleagues a series of questions about working at the Trust. Ensuring that members of staff complete this questionnaire is extremely important and allows us to improve our offer as employers.

At the time of writing, more than 41% of staff have completed the survey.



### **EU Settlement Scheme**

In preparation of the UK's exit from the European Union on 29 March 2019, the government has committed to protect the rights of EU citizens and their family members currently living in the UK. This includes the right to live here, work here and access public services such as healthcare and benefits. Please note, this does not apply to those born within the UK.

To retain these rights after 31 December 2020, EU citizens must apply for UK immigration status under the EU Settlement Scheme and the Trusts Executive Team have confirmed that the Trust will fund our staff members applications.

The Home Office is testing the EU Settlement Scheme through a series of pilots ahead of the public launch. This second phase of the pilot starts in November and runs until 21 December this year. This covers employees in the higher education and health and social care sectors.

At the Trust, we will be ensuring those applicable members of staff are signposted to this pilot and given the chance to apply if they wish to.

**DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST**

**Minutes of the Finance & Performance Committee  
held at 9:00am Thursday 20 September 2018  
in the Boardroom, DRI**

**PRESENT :** Neil Rhodes, Non-Executive Director (Chair)  
Pat Drake, Non-Executive Director (part from 11am)  
Kath Smart, Non-Executive Director  
Jon Sargeant, Director of Finance  
Karen Barnard, Director of People & Organisational Development  
David Purdue, Chief Operating Officer

**ALSO IN ATTENDANCE:** Ruth Bruce, Head of Performance (part)  
Alex Crickmar, Deputy Director of Finance  
Matthew Kane, Trust Board Secretary  
Stacey Nutt, Lead Cancer Nurse  
Kate Sullivan, Corporate Governance Officer

**OBSERVERS :** Bev Marshall, Governor Observer

**APOLOGIES :** Marie Purdue, Director of Strategy & Transformation

**Action**

**Apologies for Absence**

**18/9/1** Apologies as recorded above were noted.

**Action Notes from Previous Meeting**

**18/9/2** 18/4/18 – Understanding of CIP work-streams - The Chair had met with colleagues to discuss how the Committee received assurance on CIPs and whether there was the right level of oversight. The committee had good confidence in the current process and it had been agreed to continue with the current approach. It was noted that Internal Audit (IA) had reviewed CIP processes and this had provided good assurance.

**Any Other Business**

**18/9/3** The Committee reflected on recent concerns raised by Governors about patient food and they considered whether the Committee should receive a monthly update on catering contract performance. It was felt this could be a light touch update on a monthly basis until contract performance returned to agreed levels. The DoF would discuss with the Director of Estates and Facilities whether relevant reports already existed that would meet the needs of the Committee. Bev Marshall commented that Governors had been assured by a recent email from the Chief Executive that the Trust was taking appropriate action. He felt Governors would welcome knowing that the Committee were having oversight of contract performance.

**JS/KEJ**

**18/9/4** Internal Audit Reports - The Audit & Non-clinical Risk Committee (ANCR) received

all Internal Audit (IA) Reports and there had been discussions recently about other Board Committees seeing audit reports relating to their areas and this was discussed; The Committee felt it might be appropriate to see reports with limited assurance only. There would be further discussion with Kath Smart, Chair of ANCR to think about a process for this.

**MK/KS**

**18/9/5** Reflecting on the papers the Chair welcomed the alignment of the agency data in the Workforce Report with the data in the Finance Report but he raised concern about the timeliness of papers being received by the Committee. It was noted that on this occasion, the date of the meeting had been closer than normal to the date some data became available for key reports. This had made it challenging to produce the reports for circulation within the usual timeframes. The Chair would raise the matter of the appropriateness of meeting dates with the Chair of the Board.

**18/9/6** The Trust had recently received a letter from NHSI setting out RTT performance expectations and the Committee asked how this was being monitored; The Chief Operating Officer (COO) advised that this was being monitored weekly through the Patient Tracking List (PTL) meetings. There was further discussion and it was agreed for the Committee to have oversight of performance against all such NHSI requests via the Performance Report.

**DP**

#### **Deep Dive Cancer Performance**

**18/9/7** The Committee received a presentation of the Chief Operating officer and Stacey Nutt, Lead Cancer Nurse, which provided a detailed update on cancer waiting times performance. The presentation illustrated the Trusts new structure for cancer services and outlined key challenges, 2 week wait (2WW) performance and performance planning and the 62 day pathway performance.

**18/9/8** Challenges – The key issue faced by the service was that demand had increased due to, amongst other things and increase in referrers through the electronic referral system (ERS), increased awareness and national campaigns. Although the Trust received 1 years notice for national campaigns it could not always prepare for the impact things like high profile celebrity stories. In response to a query from Kath Smart about conversion rates and whether there had been an increase of inappropriate referrals it was noted that the data showed the increase in referrals had shown an increase in the level of appropriate referrals.

**18/9/9** The committee discussed the ERS system which had started in April 2018. From October 2018 the Trust would only be able to accept referrals via ERS. Stacey Nutt provided details of how the system worked, current compliance levels with ERS and how payments to the Trust were triggered. The Committee considered the risk to patients in terms of the change over from paper to electronic referrals; Stacey Nutt gave assurance that any issues would be picked up but it was expected to be a smooth changeover as many referrers were already using the system. From October this would be the only way for referrals to come in to the service and referrers were aware of this.

**18/9/10** There was a brief discussion about the patient experience of the referral process in particular communication with patients about the nature of the appointments;

A key issue was that patients were not always properly prepared by their GP in terms of the importance of the appointment / informed that it was to rule out concern. This sometimes resulted in patients not accepting the earliest possible appointments.

- 18/9/11** 2WW Improvement – The Trust was committed to achieving the 2WW standard and the COO provided details of work being undertaken to achieve this; the process had been value stream mapped and administrative support was moving back to services. There had been a review of oral and maxillofacial surgery (OMFS) pathways with Sheffield Teaching Hospitals (STH) and the Trust had developed an in house 2WW planning tool. The presentation illustrated this with a graph that showed target 2WW referrals, the actual number of referrals, slots, attendances and did not attend rates (DNAs). Kath Smart welcomed the level of visibility of demand and capacity. She asked how the Trust ensured it flagged up future reductions in capacity early enough, for example annual leave; this was flagged by departments at the time of booking leave.
- 18/9/12** 62 days Improvement – It was clarified that the 62 day standard was based on 62 days from referral to receiving treatment. A detailed slide showing 62day pathway patient performance by tumour type for 16/17 and 17/18 was provided. Service improvements included a one stop prostate clinic due to commence on 1 October 2018, a head and neck lump clinic had already commenced and dedicated MRI capacity had been identified. There was now early escalation of breaches at day 24, 35 and 50 and these were automatically escalated.
- 18/9/13** There was a detailed discussion about patients on the prostate cancer pathway; this was the biggest tertiary pressure in that patients being referred to Sheffield for a prostatectomy needed to be referred by the Trust by day 38 in order to achieve the 62 days standard. Further details and examples of this were provided. In response to a query from Kath Smart, Stacey Nutt advised that the one stop prostate clinic and colorectal straight to test would help in terms of achieving 38 days. She commented that there were now some excellent Clinical Nurse Specialists (CNSs) working in the service with some pathways being led by them. There was a much more proactive approach and the restructure of the Trust to Divisions had revitalised cancer services. The Trust had very good people working in the service to take forward new projects.
- 18/9/14** The Chair thanked Stacey for attending the meeting. It was an exciting time for Cancer Services and the committee felt assured by the presentation which had provided a good understanding of the work the Trust was doing to improve the service for its patients.

The Update on Cancer Performance was DISCUSSED and NOTED.

#### **CIP Work Stream – Strategic Service Change**

- 18/9/15** The Committee received a presentation from the Deputy Chief Executive & Chief operating Officer which provided an update on the Strategic Service Change CIP Work Stream.

- 18/9/16** The presentation was included in the papers and it provided an overview of the following; Outline of the scheme, Scope, Benefits, Mile stones, Risks, Key issues, Key tasks, Current state of the plan. There were 2 elements to the scheme;

**Internal effective utilisation of fixed resources** - To utilise Theatres and Outpatients (OPDs) effectively on all 3 sites

**Joint working with Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)** - Joint leadership of Therapies, system-wide bed utilisation for Dementia patients and a review of Neuro-rehabilitation. Further details of both elements were provided.

- 18/9/17** Benefits included improved patient experience through the most appropriate pathways and environment, a cost improvement target of £915k through efficient use of resources for both Trusts, the ability to drive future financial savings through increased compliance and partnership working, greater opportunities for sharing best practice skills and expertise across the region. It was clarified that the £915k CIP target was for the Trust, RDaSH had a separate target.

- 18/9/18** Key milestones including target dates were provided. Most of the milestones completed so far related to engagement with staff to agree on the right way forward. Kath Smart asked if detailed plans were in place to monitor the milestones and ensure delivery of the CIP and this was discussed. It was agreed to provide assurance on this, to include a report on confidence levels (red/amber/green) at the next meeting. **DP**

- 18/9/19** There was a detailed discussion about the Trusts bed base for dementia patients. The COO provided an overview of the facilities elsewhere in the community and at RDaSH. An updated was provided on recent meetings with partners to agree pathways and proposed models; the model had now been agreed with RDaSH and there was now a focus on implementation.

- 18/9/20** The Chair recognised the significant engagement and cooperation required to drive the scheme forward and he commended the work so far. He welcomed the benefit to patient experience and the improved opportunities for sharing best practice skills and expertise across the region. In terms of the CIP element of the scheme he felt the Committee needed more information on this. The Committee needed to be assured the Trust would achieve the planned savings and this was discussed. The Committee looked forward to receiving an update on this at the next meeting; as agreed earlier in the meeting (18/9/19).

The Strategic Service Change CIP Work Stream presentation was DISCUSSED and NOTED.

### **Workforce Report**

- 18/9/21** The Director of People & Organisational Development noted that the workforce data had now been aligned with the finance report, which had been reporting a month ahead of the workforce report, therefore the report was for month 5 and month 4 had not been reported on separately. The report provided details in

relation to vacancy levels, agency spend and usage, sickness rates, turnover and retention rates and rostering data. Agency targets had now been set for each Division this now required mapping into staff group targets. There had been some difficulties with the reporting tool within ESR which had resulted in no sickness data being available. The report continued to provide data from the nursing roster system which was discussed within grip and control meetings and the roster steering group. The extent to which this could be provided for other staff groups would be explored.

- 18/9/22** It was agree to simplify the at-a-glance Sheet so the directional arrow also provided the rag rating. **KB**
- 18/9/23** The report showed a significant change in funded establishment, there were believed to be a number of possible reasons for this; the Deputy DoF had been investigating the matter. Once validated the findings would be reported back to the Committee.
- 18/9/24** There was a reported increase in vacancy; There has been a net increase in funded establishment of 56wte with a reduction of 20wte staff in post between months 3 and 5, resulting in a net change of -76wte. A key area of change had been an increase in establishment for midwives but the newly qualified midwives had not commenced in post at the time of reporting. This led to discussion about recruitment of midwives and nurses; there had been a small reduction in the number of midwives expected to join the Trust where people had accepted a post closer to home. Trusts in the ICS were looking at the potential for collaborative approaches to recruitment days because all Trusts in the region seeing/making offers to the same people and this caused issue for one or the other of the appointing organisations. There was a commitment to look at this across the ICS from an HR perspective but to take this forward there needed to be support from nursing specialities.
- 18/9/25** Bev Marshall commented that it was important to making people feel valued and want to come and work for the Trust because they like it. A lot of newly qualified nurses tended to stay where there last placement was and the Trust received very good feedback from placements. The Trust was working closely now with out of area Universities to offer placements to Doncaster residence studying outside of Yorkshire and the Humber. NHS employers had suggested doing exit interviews for learners to include questions about whether or not they would take up a position where they had done their placement and if not, why not.
- 18/9/26** Agency Spend – 2018/19 data to Month 5 (August 2018) was provided along with 2017/18 comparator data and graphs showing agency spend over a rolling 12 months for nurse agency, medical agency and all agency. Reflecting on this the committee considered whether the Trust was doing all it could the drive down agency usage and spend. The Trusts agency vendor had proposed ways the Trust might reduce the rates but this needed to be agreed by all other trusts in the region or Doctors simply wouldn't come to work at the Trust. Therefore the focus had to be on reducing demand and ensuring that agency staff were being hired on the appropriate rates, not always on the maximum rate; The Trust would be working with Divisions to push back on areas where this was found to be the

case.

- 18/9/27** There was a detailed and wide ranging discussion about agency spend, grip and control meetings, trends, escalation procedures, management and reporting of sickness absence and annual leave and workforce redesign. The Chair commented that there needed to be good quality divisional data for agency spend to ensure good grip at divisional level and the Committee needed to receive assurance on this. After further discussion it was agreed to bring a deep dive on agency spend to the next meeting; the Director of Finance and the Director of People & Organisational Development would co produce a report and try to get underneath the issues.

**KB/JS**

The Workforce Report was DISCUSSED and NOTED.

### **Performance Report**

- 18/9/28** The Committee received the report which focussed on the three main performance areas for NHSI compliance; cancer, 4hr access and 18 weeks Referral to Treatment (RTT). It also included performance updates and exception reports for diagnostics, stroke, cancelled operations and delayed transfers of care. The report also highlighted the ongoing work with Divisions and external partners to improve patient outcomes. The Chief Operating Officer (COO) presented the report by exception focussing on challenges.
- 18/9/29** Cancer – The committee had considered cancer performance in detail earlier in the meeting (19/9/7 to 19/9/14)
- 18/9/30** 4hr Access Target - The Trust achieved 92.64% in August 2018, against the 4hr access standard of 95%. Graphs compared 4 hour access performance at Doncaster and Bassetlaw with National performance. In August, 1043 patients failed to be treated in 4hrs, the main breach reason was wait to see an Emergency Department (ED) doctor/ED review which accounted for 601 of the 1043 breaches. The week of the doctor changeover had been planned and performance during that week had been maintained at over 95%; The issues had followed in the 2 weeks after this. In response to a query from Kath Smart the COO described plans for ED in terms of managing winter; there were new clear standard operating procedures for ED and a winter plan would go the Board.
- 18/9/31** The Trust saw 14173 attendances in August, which was 336 more than in August 2017 and 1621 less than July 2018. The 3rd National Action on A&E programme had commenced with a focus on one of 4 key work-streams. As a System the focus was on understanding the highest attendance age groups 20-35s and 45-60s and then developing alternative pathways to be streamed to. System Perfect would be held from 2-9 October 2018 and work is continuing with both CCGs to understand the recent increases in attendances.
- 18/9/32** There was a detailed discussion about alternative pathways; currently The Trust was not allowed to include these in its performance figures which had brought down the Trusts reported 4hr access performance. The COO provided details of the rules and areas that could be included. The COO and the Chief Executive (CE)

had met NHS England (NHSE) and then the chairs of both CCGs the same week and had come to an agreement on ambulatory care patients, details were provided.

**18/9/33** It was reported that 161 breaches had been due to bed pressures; this was a significant increase when compared to the previous months. 49 cases had been for surgery which was unusual with 12 cases referred from Bassetlaw Hospital on one day; the cases had been reviewed and all referrals had been appropriate. This led to discussion about the service model at Bassetlaw Hospital and Pat Drake shared feedback from discussions with the ED Advanced Nurse Practitioner (ANP) at Bassetlaw during a recent visit.

**18/9/34** In response to a query from Pat Drake an update was provided on ambulance handover times and it was agreed to provide a deeper update in the next report. **DP**

**18/9/35** RTT – The standard had not been achieved in August. Though performing above the National average, the Trust position remained at 88.5%. August had been difficult due to lack of capacity in some areas and some waiting lists had grown. All acute trusts had received a letter from NHSI instructing them to manage the waiting list size by the end of quarter 3. DBTH had developed an action plan with the 7 key areas which has seen growth in the waiting list size. Oral surgery accounted for approximately 46% of the increased waiting list size. A plan to address this had been developed. The Committee considered how it would receive assurance on performance against NHSI performance requests and this was discussed. Where it was not already the case, these elements would be incorporated in to the performance report, in the meantime a short update **DP** would be provided on all elements.

The Performance Report was DISCUSSED and NOTED.

#### **Provision of Pharmacy Outpatient Dispensing Services**

**18/9/36** The Committee received the report of Andrew Barker, Chief Pharmacist which was presented by the DoF. The current contract for the provision of outsourced outpatient dispensing let in January 2011 expired on 31 December 2018. After discussions with the incumbent contractor, the decision was made to retender the service as they could no longer provide a sustainable service within the current contract price. A single stage “open” procurement exercise was used to assess competitive bids in order to make a recommendation for contract award. The DoF provided an overview of the procurement process.

The Committee RECOMMENDED to the Board award of the contract for the Provision of Pharmacy Outpatient Dispensing Services to the preferred provider.

#### **Finance Report**

**18/9/37** The Deputy Director of Finance presented to the Committee a paper which summarised performance in month 5. In month performance was a deficit of £3.4m, which was 1,008k adverse to plan. The cumulative position to the end of month 4 was a £10.9m deficit which was £1,072 adverse to plan. However the Trust needed to achieve a £6.6m deficit to deliver the year end control total, and

therefore needed to essentially achieve a better than break even position for the rest of the year.

- 18/9/38** It was noted that the scorecard had highlighted an issue relating to the recent national agenda for change pay award and therefore some of the information reported had been restated; this would be rectified the following month.
- 18/9/39** The YTD income position at the end of Month 5 was £2,397k adverse to plan (excluding the impact of pay award funding), with an in month adverse variance of £100k. A detailed breakdown of the variances was provided. There were significant adverse variances with associate CCGs and Non PbR Hep C drugs; a table on page 5 showed the CCG position against the Trusts plan compared to the contract position agreed with the CCG. This included any impact of Non PbR Drugs; this detailed information was welcomed by the Committee.
- 18/9/40** The YTD expenditure position at Month 5 was £460k higher than budgeted levels, however employee expenses were £1,296k higher than plan, driven by agency spend. Pay was approximately £0.5m higher in August than in July (when excluding impact of pay award); the main reason was found to be an increase in bank staff and substantive starters in month (124 new starters in month compared to 48 new starters the previous month).
- 18/9/41** A table on page 8 showed external agency costs by Division and by type of staff compared to the NHSI target; The most significant variances were in the Children and Families and Medical Divisions. Most of this was driven by medical agency spend which was being reviewed with each of the services and would be picked up in meetings with them the following week.
- 18/9/42** Bev Marshal asked why the Trust had experienced a financial impact from the National Pay Award as he had understood this to be fully funded; It was clarified that this was correct however there had been a shortfall in the funding, this had been experienced nationally and was being looked in to on a National level.
- 18/9/43** Kath Smart noted that a recent letter from NHSI showed an increase in referrals for certain specialities however this did not correlate to income levels and trends for those specialities and she asked how there could be more referrals and less income. This was discussed; the Trust was doing less work in some of these specialities due primarily to trauma and emergency surgery. It was important to deliver this activity and it was therefore important for the Trust to plan how it was going to achieve this keeping as much of the work as possible in-house as opposed to contracting the work out to the private sector which would take income away from the Trust.
- 18/9/44** CIP - In July 2018, savings of £569k (£449k in June 2018) were reported, against a plan profile of £774k. For the year to date this makes £2,014k against target of £2,433k, a variance of £419k. Performance by work stream was shown on page 10 of the report. A further table on page 12 showed delivery by scheme within the individual work streams and details of the key variances were provided; these were the same as the previous month. The Chair welcomed this level of details and the significant work going in to monitoring meetings. As a result the Trust had

a much better understanding of where the variances were.

- 18/9/45** It was noted that a depreciation risk had been identified though a review of the asset register; this was reported on separately under item 10. Asset Register Update (18/9/57 to 18/9/58).

The Finance Report was DISCUSSED and the Committee NOTED the risks set out in the paper and that the in-month I&E position was a deficit of £3.4m, which was 1,008k adverse to plan.

### **Financial Forecast**

- 18/9/46** The Committee received an update from the DoF on the Trust's income and expenditure forecast for 2018/19. The Trust had undertaken a top down piece of work in the Finance Department and a wider piece of work with Care Groups (now Divisions) and had arrived at almost the same results. The report set out the key assumptions and risks that underpinned the financial forecast. After application of all CIPs (including unidentified CIPs of £2.2m) the deficit was forecast to be £8.8m, which was a gap of £2.2m versus the Trust's control total (£6.6m deficit). The paper then set out a number of potential non-recurrent adjustments which could close the £2.2m gap to the control total. This however still left the Trust with a number of key financial risks, mainly relating to delivering income plans and CIPs. The paper presented a series of actions required to reduce financial risk in order to support delivery of the Trust's financial position.
- 18/9/47** The two main areas of risk in terms of delivery of the forecast financial position were income and CIP plans. There was also a further risk which had been identified post Month 4 forecast relating to depreciation; this was reported on separately under item 10. Asset Register Update (18/9/57 to 18/9/58).
- 18/9/48** Income risks primarily related to differences on growth assumptions with Doncaster and Bassetlaw CCGs, including levels of over performance and any further under delivery of associate CCG planned income. A table on page 81 of the PDF pack illustrated the variance between the Month 4 forecast versus contract for Doncaster and Bassetlaw CCGs and to further explain this the DoF delivered a presentation which gave a detailed breakdown of current over performance against contract. The CCGs had now agreed they were under contracted; the Trust was assuming it would receive income for the activity but this was yet to be agreed.
- 18/9/49** Delivery of CIP had been back loaded in the plan and significant savings were still required to be identified and delivered. Whilst work continued the gap in the plan was not being closed quickly enough. CIPs were assumed in the forecast to deliver a further £13.5m of savings (over and above run rate). The key CIPs that needed to be delivered for the remaining part of the year were listed in the report. The Trust had reviewed CIPs for risk and had identified £6.5m of savings to be at risk; these were highlighted in the presentation and the DoF provided details for each work stream.
- 18/9/50** The DoF talked the Committee through a range of forecast scenarios (worst case, realistic case, best case) for the M4 forecast gap, CIP non-delivery, maternity risk,

CQIN Risk and additional CCG income.

- 18/9/51** Reflecting on the report the committee considered what areas the Trust should focus on for the remainder of the year to close the gap and this was discussed. The Trust needed to review confidence levels in CIP plans and ensure staff were focussed on those plans most likely to be achieved and developing new CIP schemes rather than on unrealistic plans. The implementation of NHSI quality improvement findings needed to be done at pace and scale and the Trust needed to ensure it was only doing work it would be paid for.

The Committee NOTED the Financial Forecast Update.

#### **Finance & Commercial Strategy Presentation**

- 18/9/52** The Committee received a presentation from the Director of Finance in relation to the Finance & Commercial Strategy. A key element of the Strategy related to the proposed creation of a Wholly Owned Subsidiary (WOS) and work relating to this area. It was noted that since the circulation of the papers NHSI had asked Trusts to pause work on the creation of new subsidiaries the Trust was considering next steps and would suspended further engagement on the matter until further information was known.
- 18/9/53** The presentation included a detailed timeline of progress to date; work was progressing on the business case and was close to completion but there was still work to do (should the Trust be able to proceed).
- 18/9/54** The Director of Finance provided background information and an overview of the WOS Project remit and deliverables. He explained which services may be included in the WOS along with details of what a governance structure may look like and a list of responsibilities a WOS usually assumes. It was noted that the Trust would, as the 100% shareholder, retain some key powers by way of a “retention of powers” agreement. A list of retention of powers had been developed and were summarised.
- 18/9/55** Details of the set up costs and expected running costs for the WOS were discussed; these would include staff for a WOS Board, insurance costs, financial ledger and HR support and audit costs.
- 18/9/56** In the context of the recent announcement from NHSI to pause the work the Committee felt this was a time for the Trust to reflect on whether creating a WOS was the right thing to do and this was discussed. The committee noted that the WOS project was a significant element of the Trusts CIP plans and Executive Directors were putting significant time in to it; if the Trust was not going to be able to proceed with the WOS its energies should be refocussed on other CIP schemes and developing new ones. Pat Drake asked whether Governors were to have a role in the WOS as this was unclear; it was clarified that Governors would have an indirect role through the Trust Governance Structure.

Enabling strategy deep dive presentation of the Finance & Commercial Strategy was NOTED.

## **Asset Register Update**

**18/9/57** The Committee received the report of the DoF and Deputy DoF which provided an update on issues identified as part an initial review of the Fixed Asset register. It has been identified that depreciation had not been charged correctly for a number of assets and therefore potentially not accounted for correctly within the financial statements; details of the issues were provided. Details of proposed accounting adjustments to correct for these historical issues were also provided; this had now been discussed and reviewed with external audit to agree the accounting treatment and the Deputy DoF gave details of what had been discussed; It was noted the adjustments were not expected to impact on the 2018/19 financial position.

**18/9/58** Kath Smart asked whether any further issues were likely to be uncovered as part of the review and whether any Internal Audit time was required to look at this. Given the historic nature of the information used, further work was needed to ensure the validity of the register. As such further actions had been identified; these were set out in the report and included a review of prior year transactions within the finance system relating to depreciation for any other issues. Should any further issues be identified they would be reported to the Committee.

The Committee NOTED the Asset Register Update.

## **Corporate Risk Register and BAF Highlights**

**18/9/59** 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. There had been no risks added to the Corporate Risk Register or Board Assurance Framework in the previous quarter but during this period 4 BAF risks had seen a change in their rating and there had been one change to the corporate risk register; these changes were summarised on the covering report.

**18/9/60** Kath Smart asked how the Trust used the risk registers to drive the agendas of Board committees. She felt there needed to be a formal approach to connecting agendas to the risk registers and this was discussed. All risks on the BAF and CRR were linked to relevant committees and this information was included in the BAF & CRR reports. As to whether or not those committees had considered reports relating to each of their risks the Trust Board Secretary undertook to review this and provide an update at the next meeting.

**MK**

The Corporate Risk Register and BAF Highlights was NOTED.

## **P&OD Strategy Deep Dive**

**18/9/61** The Committee NOTED the presentation of the Director of People and Organisational Development in relation to People & OD Strategy which had been included in the papers. Kath Smart commented that the Strategy was fundamental to everything the organisation did. The Chair expressed a wish to see information about engagement with medical staff in future reports, he would pick this up with the Director of People and Organisational Development outside

of the meeting.

#### **Sub-committee Minutes**

- 18/9/62** The minutes of the Cash Committee meeting held on 10 July & 2 August and the minutes of the Capital Monitoring Committee meeting held on 16 August 2018 were NOTED.

#### **Minutes of the meeting held on 20 August 2018**

- 18/9/63** The minutes of the meeting held on 20 August 2018 were APPROVED as a correct record.

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

- 18/9/64** None

#### **Time and date of next meeting:**

Date: 22 October 2018

Time: 9:00am

Venue: Boardroom, DRI

**Signed:**

.....  
**Neil Rhodes**

.....  
**Date**

**DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST**

**Minutes of the Finance & Performance Committee  
held at 9:00am Thursday 22 October 2018  
in the Boardroom, DRI**

**PRESENT** : Neil Rhodes, Non-Executive Director (Chair)  
Pat Drake, Non-Executive Director  
Kath Smart, Non-Executive Director  
Marie Purdue, Director of Strategy & Transformation  
Jon Sargeant, Director of Finance  
Karen Barnard, Director of People & Organisational Development  
David Purdue, Chief Operating Officer

**ALSO IN ATTENDANCE:** Alex Crickmar, Deputy Director of Finance  
Dr Kirsty Edmondson Jones, Director of Facilities & Estates  
Matthew Kane, Trust Board Secretary  
Kate Sullivan, Corporate Governance Officer  
Ellen Rockley, Costing & SLR Manager  
Ken Anderson, Head of IT Programmes and Development

**OBSERVERS** : Bev Marshall, Governor Observer

**APOLOGIES** : None

**Action**

**Agenda Review**

**18/10/1** The agenda was reviewed. The Committee discussed the 2019 meeting schedule in the context of the planned relocation of some Executive Directors to the Bassetlaw site; it was noted that some of the meeting were to be held at Bassetlaw Hospital. No other business was declared.

**Apologies for Absence**

**18/10/2** Apologies as recorded above were noted.

**Action Notes from Previous Meeting**

**18/10/3** The action log was reviewed and updated:

**18/8/29** – A meeting to discuss the future reporting needs of the Committee was planned for 25<sup>th</sup> October

**18/9/36** – Details of ambulance handover times had been circulated the previous day.

**Deep Dive Agency Spend & Consultant Workforce**

**18/10/4** The Committee received a detailed presentation from the Director of People & Organisational Development and the Director of Finance which included an update on agency spend targets, background information, analysis of the reasons for agency usage, the control regime both external and internal and next steps. The presentation was included in the papers.

**18/10/5** **Targets Set for Agency Spend** – A table showed external agency costs by Division and by type of staff compared to the NHSI Improvement (NHSI) target. The basis for allocating

the NHSI agency target was explained. A second table compared the Trusts total spend on temporary staff in 2017/18 to that of 5 other Trusts in the Working Together Partnership; although the Trusts spend on temporary staff was the 2<sup>nd</sup> highest when compared in absolute terms, its reliance on temporary staff as a percentage of the total cost of staffing was much lower than the majority of Trusts in the group.

**18/10/6 Background data** – A range of graphs and charts illustrated the historic trend for agency spend by type of staff, speciality and by grade of staff. The data illustrated that Medical agency spend was driving the position with consultants representing approximately 1/3 of the total medical agency spend during 2017/18. In response to several queries from the Chair and Pat Drake there was a detailed discussion about gaps in rotas, vacancies, fill rates, sickness rates and how annual leave was managed. This led to further discussion about the Trusts allocation of trainee doctors and how this was decided; the Director of People & Organisational Development explained how trainees were allocated and factors that were taken in to consideration, for example the better the Trust training score the greater the level of trainees allocated to the Trust.

**18/10/7** During further discussion the Committee explored reasons why some long term locums were choosing not to work for the Trust on a substantive basis. The Trust was working at Divisional level to better understand the reasons and to see what was being done at speciality level to encourage long term locums and nursing staff to work on a substantive basis. The key reasons had come down to flexibility of working patterns and pay.

**18/10/8 Reasons for Agency Usage** – A detailed analysis of reasons for medical and nursing agency cover, including and excluding vacancies, was provided as a Trust and by Division. This data was fed in to Grip & Control (G&C) meetings and formed part of internal controls; there were a significant number of 'reason' categories and work to rationalise this was being taken forward. For medical staff, the biggest reason for agency cover, for the previous and current year, was gaps in rotas.

**18/10/9** There was more work to do to understand the reasons for agency cover including additional sessions and extra cover, which were also a significant proportion of the total, and these would be challenged. Furthermore, the level of cover for sickness did not triangulate with HR data; This had raised the question whether sickness absence was being managed as it should be and this was being looked in to. The Chair asked for assurance that that Trust was satisfied sickness absence for medical staff was being accurately reported and this was discussed in detail; the data would be challenged through G&C meetings, at the same time some new initiatives had been introduced to capture sickness absences including new sickness phone line in one of the departments and this would be evaluated.

**18/10/10 Reasons by Division** – The data showed that some of the reasons were higher than budgeted for, for example compassionate leave and leave for family caring, and this needed to better understand this in the context of whether current thresholds were too high or too low; this would be taken to through G&C meetings.

**18/10/11 Control Regime (External)** – An outline of the NHSI rules and reporting requirements on the Trust were provided along with the target allocated by NHSI. A table showed the NHSI price cap compared to the basic contracted hourly rates for different pay grades. Details of the process for approving usage of agency staff over these caps was provided. This raised the question what the Trust was actually paying and what the typical/average cost was; this was discussed and it was agreed to include this information in an update to the next meeting.

KB/JS

**18/10/12 Control Regime (External)** – There were a wide range of internal controls which were set

out in the presentation. Key to the controls were the G&C meetings and the Annual Workforce Plan. This year Divisional workforce plans had been audited by Internal Audit who had come back with some recommendations. The DoF provided details of these and Kath Smart provided feedback from a review of the audit report at the Audit & Non-clinical Risk Committee; she felt that given the immediacy of some of the issues some of the recommendation completion dates were quite far in the future and this was discussed; the DoF would look in to this.

- 18/10/13** The DoF gave details of the key areas of focus in G&C meetings; these included a review of compliance with Standard Operating Procedures (SOPs), a prospective review of empty rota slots and review of the previous week's usage and rota compliance. This included a look back at reasons for given for variances, what was said and what had actually happened.
- 18/10/14** Ellen Rockley, Costing & SLR Manager gave a detailed presentation of the weekly agency data used at Grip & Control meeting using real examples; it was noted that this was available to teams at any time. The Committee were encouraged by the level of management information available but they questioned how well used the information was outside of the G&C meetings and this was discussed. It was possible for the Trust to see who was accessing the information and Ellen confirmed that the system was being used.
- 18/10/15** Next Steps – Grip and Control meetings with the Emergency Department were to be reinstated with Medical Director, DoF and HR Director presence. The Trust would revisit plans for permanent replacements and agree timelines and work to centralise the Junior and Consultant rotas with standardised rota rules onto the Rota System was expected to go live in April 2019.
- 18/10/16** The Chair commended the presentation which he felt had been the most thorough received by the Committee so far.

The Deep Dive Agency Spend & Consultant Workforce was DISCUSSED and NOTED.

### **Performance Report**

- 18/10/17** The Committee received the report which focussed on the three main performance areas for NHSI compliance; cancer, 4hr access and 18 weeks Referral to Treatment (RTT). It also included performance updates and exception reports for diagnostics, stroke, cancelled operations and delayed transfers of care. The report also highlighted the ongoing work with Divisions and external partners to improve patient outcomes. The Chief Operating Officer (COO) presented the report by exception focussing on challenges.
- 18/10/18** Ambulance handover times – As requested additional data had been included in the report and further explanation of this was provided along with an overview of the data entry and handover processes. Some sub-optimal practices had been identified, for example 9 ambulances had arrived at the same time recently and the reasons for this were being looked in to. The performance data was discussed and in response to a query from Pat Drake about where patients waited. and for how long, it was noted that there had been an overall reduction in waiting times in September and the Deputy Chief Executive and COO gave assurance that patients waited in the department, not in the ambulance and he talked through the process.
- 18/10/19** Referral to Treatment – The DBTH contract for 2018/19 expected the Trust to maintain the March position of 89.1% and the waiting list size to be lower than it was at the end of March 2018. Although performing above the National average, the Trust position was

88% in September. There had been significant pressure on all systems and this was discussed. Kath Smart reflected on this in the context of one of the Internal Audit recommendations for RTT relating to administration processes and staff training on Standard Operating Procedures (SOPs); this linked to the Clinical Admin Review which was yet to be concluded and she asked for an update on progress. The Deputy Chief Executive & COO gave an update; he noted that work was progressing to design training packages for all administration staff to ensure they were following the right pathways.

**18/10/20** 4hr access – In September 2018 the Trust achieved a performance 93.73% against the standard of 95%. An update was given on recent rule changes around the expectations in terms of the year-to-date position, the changes meant the Trust would achieve Provider Sustainability Funding (PSF) for Q4. The Trust managed 14227 ED attendances in September 2018; this was 54 more than August 2018 and 509 more, when compared to September 2017.

**18/10/21** The System Perfect event had run from 2-9 October with wide engagement with the public which had included a Facebook campaign and well as over 200 responses to a survey, asking about why people attend A+E. Results were currently being evaluated and the published findings would support the future development of Urgent & Emergency Care (UEC) services. The campaign had also included 5 online videos which had received over 80,000 views.

**18/10/22** Cancer – The 62 day standard was achieved by the Trust in August at 86.2% and the One Stop Prostrate Clinic was due to commence at the end of October to coincide with the latest guidance release for 2 week wait. The August position for two week wait was 87.1% which was not compliant with the national target of 93%. The position from a booking perspective had improved but in the last week of August a large number of clinics were cancelled due to a locum leaving unexpectedly in dermatology and emergency leave in urology.

**18/10/23** It was reported that 5 patients originally admitted at Bassetlaw had long waits for transport to DRI; this has been raised with EMAS as these patients had clinical priority. Pat Drake raised concern about this and she asked for clarification on the reasons for the delay and what was being done to address the matter; An audit had been undertaken to understand the issues; they key issues had been surgical transfers and the Divisional Director for Surgery and Cancer was now working with EMAS to develop protocols for transfer jointly with the DBTH.

**18/10/24** Pat Drake recognised the good work being done around delayed transfers of care. This led to discussion about outliers and further details were provided on the protocols for outliers; Since the introduction of improved processes there had been a significant reduction in outliers, at one time this had been as high as 76 patients, at the time of the meeting the number of outliers at the Trust was 3. Reflecting on the report Pat Drake asked for more information on the reasons for non-medical waits in terms of the time the Trust waited for reports from schools and period of observation; it was agreed to include this if possible in the next report. It was also agreed to include an update on waiting times in the Children's Observation Unit (COU).

**DP**

The Performance Report was DISCUSSED and NOTED.

#### **Catering Contract performance**

**18/10/25** At the previous meeting The Committee had reflected on recent concerns raised by Governors about patient food and they had agreed the Committee should receive a monthly update on catering contract performance until contract performance returned

to agreed levels.

**18/10/26** The Committee received a presentation from the Director of Facilities and Estates which provided an update on action taken by the Trust to deploy the contract including a timeline of events, , KPI data, remedial actions taken by Sodexo and further action taken by the Trust; the presentation was included in the papers.

**18/10/27** Sodexo had responded positively to contract performance notices issued by the Trust. They had made a number of significant changes including changes to their senior management team; this included the Chief Executive and the director responsible for the contract with the Trust and this had given rise to a complete review of the contract. The two new senior managers had been open and honest with the Trust in terms of where Sodexo had been failing. They had conducted feasibility studies in to how they might resolve late deliveries on wards and were about to trial a new regime. They had also reviewed the patient menu and were to make a number of changes which would be sampled by the executive team the following week.

**18/10/28** The Chair reflected on the seriousness and nature of some of the concerns initially raised by Governors and he asked whether any explanation had been provided the issues, for example why had there been so many instances of hot and cold food being on the wrong side of the food trollies; this had been investigated and had been found to be due to the belt loading system for the trollies which had been too fast. It was noted that this was the only site where Sodexo used the belted service; Bev Marshall raised concern that this was the first time he had been aware of this and he felt this should be made clear to Governors.

**18/10/29** Reflecting on the discussion the Committee felt some of the issues not so much about senior leadership as they were about on site supervision, this was key to sustainability and continuity of service and this was discussed. The Director of Facilities and Estates had been raising concerns about this with Sodexo since they had taken over the catering. The new senior management had acknowledged the concerns and were taking action including extra supervision and performance management; details were provided.

**18/10/30** The Committee asked for assurance that a suitable action plan was in place and this was discussed. The action plan was still under development but so far over 20 remedial actions had been agreed including a full review of the current service and an increase of Patient Satisfaction Surveys to 500+ per month. 560 responses had been received for patient surveys since September and there had been an improvement but there was more work to do.

**18/10/31** The Chief Operating Officer shared recent feedback; there was still noise in the system from staff about lateness of food. Sodexo must ensure food arrived on time for patients. Kath Smart shared feedback from some recent mini-audits; there had been no late trollies on any of the occasions but there had been missing and wrong meals. The priority for the Trust must be to constantly feedback on issues and ensure they were recorded on Datix; this information was essential in terms of holding Sodexo to account and managing the contract. It was noted that the Director of Nursing, Midwifery & Allied Health Professionals had reemphasised to all ward staff the importance of recording issues on Datix and the process by which staff had to enter this had been streamlined to make it easier and quicker to complete.

**18/10/32** There was further discussion during which Pat Drake shared feedback from a meeting with the Trusts dieticians about food not always being appropriate for patients with special dietary requirements; It was agreed to provide a specific report on this at the next meeting.

KEJ

**18/10/33** The Catering Contract Performance Update was DISCUSSED and NOTED

#### **Workforce Report**

**18/10/34** The Director of People & Organisational Development presented the report. It was noted that key issues had been discussed in details earlier in the meeting during the deep dive in to agency spend & consultant workforce. Sickness rates had reduced from month 4 to 4.11% in month (and 4.17% cumulative to month 5 and there had been a further reduction in month 6 which would be reported to the Board later in the month. During discussion about reporting of sickness absence it was agreed to look into how the matter of consultant data not being readily available could be resolved and included in future reports

**KB**

The Workforce Report was DISCUSSED and NOTED.

#### **Finance Report**

**18/10/35** The Deputy Director of Finance presented to the Committee a paper which summarised performance in month 6. In month performance was a deficit of £1.1m, which was a favourable variance against plan in month of £1.1m. The cumulative position to the end of month 6 is an £11.9m deficit, which is £1k favourable to plan. However the Trust needed to achieve a £6.6m deficit to deliver the year end control total, and therefore needed to essentially achieve a better than break even position for the rest of the year.

**18/10/36** An overview of the income and expenditure positions was provided. Elective income for month 6 had under-performed against plan in month by £27k (£972k YTD). The key specialties delivering this underperformance were General Medicine, Trauma and Orthopaedics (T&O) and Vascular. The DoF drew attention to the graphs on Pages 6 which illustrated elective activity against plan for the Trust; A plan was in place to address areas of key concern and the DoF and the Chief Operating Officer would pick this up with Divisions. It was noted that Provider Sustainability Funding (PSF) was assumed at 100% in the position and CQUIN achievement at 95%. The cash balance at the end of September was £9.1m against a plan of £3m. This was largely due to the receipt of Q4 STF funds (£8.4m), delayed capital expenditure and movements in trade receivables and payables. It was noted that the YTD position also reflected the part release of two centrally held reserves in Month 6 which were previously being accrued for. The two amounts released from reserves related to outsourcing and a contingency reserve; a detailed update on the rationale for the release of these accruals was provided. The DoF gave assurance that the accruals had been released responsibly and that the financial treatment was correct.

**18/10/37** **CIP** – In September 2018, savings of £1,673k (last month £569k) were reported, against an NHSI submitted plan profile of £821k and an internal current plan profile of £1,436k. YTD savings were £3,687k, which was a favourable variance against the NHSI plan of £433k, but an adverse variance against the internal plan of £176k. The significant change in month six was the release of the elective outsourcing reserve. A table on Page 11 showed performance by work stream and the DoF provided a detailed update on variances. Since the last meeting the bubble chart on page 14, which gave a visual illustration of the complexity and rag rating of each CIP scheme had been reassessed and the level of 'Red' rated schemes had increased.

**18/10/38** Details of areas of concern were set out in the paper and these were discussed.

Block Contracts - The DoF advised that a full review of all contracts had been undertaken with finance and operational leads. Negotiations were continuing with CCGs, the Director of Finance and the COO/Deputy CEO and detail of recent discussions were provided.

Wholly Owned Subsidiary (WOS) - The project was on hold as per NHSI instructions. The NHSI consultation on WOSs was due to close in mid-November after which more would be known. The WOS work stream was discussed further and in response to several queries from Bev Marshall the DoF clarified that it was unlikely that any financial benefit would come out of the WOS work stream in the current financial year.

Divisional Local schemes - Although a significant level of delivery had been identified as 'green' above c. £690k remained high risk or unidentified across the four Divisions. New monthly Divisional CIP Meetings had commenced and all schemes had been reviewed for confidence of deliverability.

Strategic Change – Elective changes across sites were being modelled and a significant number of theatres lists were expected to be removed. In response to several queries from Kath Smart about the overall status of work-up and timescales of the savings plans further details were provided on the proposed sale of the Chequer Road site and where services currently provided there would move to and an update on the Hospital at Night and Neuro Rehab elements were provided.

**18/10/39** The Committee considered the report in detail and there was wide ranging discussion about the risks set out in the report. The Trust was currently assuming 95% achievement of CQUINs in the position, when historically the Trust has achieved 90%. CQUINs achievement for Q1 had still not been confirmed with CCGs requesting further evidence; Pat Drake raised concern about this and an update was provided. A more regular update on CQUINs had been requested to be reviewed by the Executive Team. There was a risk around cash if the current run rate continued and a cash management plan was being developed; the concerns had been discussed at the Cash Committee and at Divisional level and details of the discussions were shared. Reflecting on this the Chair commented that it was key to ensure senior managers had a good understanding of the wider business picture. He asked about the level of confidence in the new Divisional Structure in terms of accountability and grip & control; this was discussed and an update on Grip & Control meetings was provided.

The Finance Report was DISCUSSED and the Committee NOTED the risks set out in the paper and that the Trust's deficit for month 6 (September 2018) was £1.1m, which is a favourable variance against plan in month of £1.1m. The cumulative position to the end of month 6 was an £11.9m deficit, which is £1k favourable to plan. The Committee also NOTED the progress in closing the gap on the Cost Improvement Programme and the forecast scenarios presented.

#### **2019/20 Payment Reform Proposals Briefing**

**18/10/40** The Deputy Director of Finance presented an update on the 2019/20 Payment Reform Proposals; During the week commencing 8 October, NHS Improvement and NHS England had released an initial summary of the proposed policies and pricing proposals for 2019/20. This would be followed by a statutory consultation on final proposals later in the year. The overall pricing methodology for 2019/20 had not changed from the current tariffs, but there had been updates to use the most recent reference costs position (2016/17). The current prices shared with the proposals had not been adjusted for inflation or efficiency changes and the current proposal was set as a one year tariff. The main proposed changes were set out in the briefing paper including: blended payments for emergency care; changes to market forces factor, outpatient attendances, centralised

procurement and maternity pathways.

The Committee NOTED the 2019/20 Payment Reform Proposals Briefing.

#### **Corporate Risk Register and BAF Highlights**

- 18/10/41** 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. There had been no risks added to the Corporate Risk Register or Board Assurance Framework since the previous meeting.
- 18/10/42** Discussions had taken place at Management Board on 15 October over two potential risks including the continuing one around Brexit and preparations for a potential 'no deal' scenario. The Accountable Officer for emergency planning was in the process of putting together a Brexit Plan based on nine work streams and an assurance report was also presented at that meeting. The key Brexit issues around medicines supply, information governance and workforce were picked up elsewhere on the board assurance framework and corporate risk register and therefore a separate Brexit risk was not considered necessary at this time.
- 18/10/43** The Trust Board Secretary had provided an update on the BAF risks considered by the Committee over the previous year and this was welcomed; Kath Smart commented that she had found this helpful and was pleased to note no gaps had been identified for the Committee. This information would be fed in to the Internal Audit Committee Effectiveness Review.

The Corporate Risk Register and BAF Highlights was NOTED.

#### **ICS Digital Bid**

- 18/10/44** The Committee received the report of the Chief Information Officer which was presented by the Head of IT Programmes and Development. It provided an update on progress towards obtaining funding for components of the Trust Electronic Patient Record (EPR) from the recently announced Health Service-Led Investment (HSLI) Public Dividend Capital (PDC) fund. The EPR was a key component of the 2017-22 IT and Digital Enabling Strategy. The multi-year project included the delivery of Trust wide hospital at night, e-observations, digital clinical noting, bed management and a range of other digital technologies. Details of the expected capital cost for this portfolio of functionality along with details of the funding determined by the Department of Health (DoH) and the bids submitted by the Trust for each phase of the project was set out in the paper.
- 18/10/45** The Chair asked for assurance from Executives that the direction of travel and approach were appropriate in terms of facilitating the future operational ways of working and this was discussed. The Deputy Chief Executive and Chief Operating Officer provided feedback on key elements delivered so far; these had been very positive and had enabled different ways of working and he gave examples, both he and the DoF supported the proposals in principal. The Committee discussed the financial elements of the bid and at what stage a full business case would be developed; this would need to include all costs, clarity around training needs for staff and set out where both operational and financial benefits would come from.

The Committee SUPPORTED the bid for £1.7m of capital funding from HSLI noting that benefits were not anticipated until year 3 of the project.

## **Strategy & Transformation Update**

- 18/10/46** The Committee received an update from the Director of Strategy & Transformation which highlighted the progress made with implementation of the Trust's Strategic Direction 2017 – 2022 (including enabling strategies) on an exception basis. The majority of enabling strategies were on track. The Director of Strategy & Transformation talked the Committee through the exceptions and areas of concern which were set out in the paper. The Committee commended the good progress so far.

The Strategy & Transformation Update was NOTED

## **Sub-committee Minutes**

- 18/10/47** The minutes of the Cash Committee meeting held on 4 September 2018 and the minutes of the Capital Monitoring Committee meeting held on 14 September 2018 were NOTED.

## **Minutes of the meeting held on 20 August 2018**

- 18/10/48** The minutes of the meeting held on 20 September 2018 were APPROVED as a correct record.

## **Work plan**

- 18/10/49** The Work Plan was NOTED.

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

- 18/10/50** None.

## **Closing Remarks**

- 18/10/51** This was the last meeting to be attended by Matthew Kane, Trust Board Secretary, before he left the Trust to take up a position at Sheffield Children's Hospital; The Chair expressed his appreciation for his dedication and hard work during his time at the Trust and this was echoed by the Committee who wished him well in his new position.

## **Time and date of next meeting:**

Date: 23 November 2018

Time: 9:00am

Venue: Boardroom, DRI

Signed: .....

**Neil Rhodes**

.....

**Date**

DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Minutes of the Audit & Non-Clinical Risk Committee Meeting  
held at 10am on Tuesday 24 July 2018  
in the Boardroom, DRI

PRESENT : Kath Smart, Non-executive Director (Chair)  
Linn Phipps, Non-executive Director  
Sheena McDonnell, Non-executive Director  
Alan Chan, Non-executive Director

IN ATTENDANCE : Karen Barnard, Director of People & OD  
Mark Bishop, Local Counter Fraud Specialist  
Emma Challans, Deputy Chief Operating Officer (*for David Purdue*)  
Michael Green, (EY) External Audit  
Kirsty Edmondson-Jones, Director of Estates & Facilities (part)  
Sean Tyler, Head of Compliance (part)  
Robert Fenton, Internal Audit (KPMG) (*by teleconference*)  
Michael Green, External Audit (EY LLP)  
Anthony Jones, Deputy Director of People & Organisational  
Development (*for Karen Barnard*)  
Simon Marsh, Chief Information Officer  
Matthew Kane, Trust Board Secretary  
Marie Purdue, Director of Strategy & Transformation (*part*)  
Jon Sargeant, Director of Finance  
Kate Sullivan, Corporate Governance Officer

OBSERVERS: Lucy Cunliffe, Corporate Support Officer, Stockport CCG  
Bev Marshall, Public Governor  
George Webb, Public Governor

**Action**

**Apologies for absence**

**18/195** Apologies were received from David Purdue, Sewa Singh and Karen Barnard. Introductions were made around the table.

**Terms of Reference and Work Plan**

**18/196** The Chair had cross referenced the work plan and Terms of Reference (ToRs) to the Audit Committee Handbook. She noted that some of the terms of reference (ToRs) may need some refinement and this was discussed; Internal Audit were to conduct a Committee Effectiveness review later in the year and it was agreed to capture this as part of the review. A full review of the ToRs and work plan would be undertaken alongside the Committee Effectiveness review. In the meantime comments on the ToRs and work plan should be passed on through the Trust Board Office for the September ANCR. In response to a query from George Webb it was clarified that the ANCR ToRs had been approved at the June Board of Directors meeting.

**IA**

**ALL**

## **Minutes of the meetings held on 23 March & 25 May 2018**

- 18/197** The minutes of the meeting held on 23 March and 25 May 2018 were APPROVED as an accurate record.

### **Matters arising and action notes**

- 18/198** The action notes of the meetings held on 23 March and 25 May 2018 were reviewed and updated.

18/109 – There had been discussions about how to improve the quality of Internal Audit Recommendation Tracker report in terms of reinforcing, to those responsible for responding to recommendations, the importance of providing evidence that actions had been completed and details of mitigating actions where recommendations were not complete. The Director of Finance and Trust Board Secretary advised that it had been made clear to authors that it was not sufficient to only say that an action had been completed.

### **Internal Audit Progress Report**

- 18/199** The Committee received an update on progress against the internal audit plan; six internal audit reports from the 17/18 plan had been finalised since the last meeting. Work had commenced on the 18/19 plan and completed reviews would be reported on at the next meeting.
- 18/200** **Delivering Service Change** – Assurance Rating: Significant assurance with minor improvement opportunities.
- 18/201** It was crucial that the Trust had in place the appropriate governance arrangements to deliver the transformation required to meet its strategic objectives. Overall, there was a good level of governance in place for the transformation programme, showing that learnings from the turnaround programme a few years ago had been effectively implemented. There was good consistency in terms of approaches and clear KPIs for actions and clear understanding.
- 18/202** Areas for improvement - Four recommendations were raised in total; two medium priorities and two low priorities, these were detailed in the report.
- 18/203** One of the medium priority recommendations related to improving the quality of communication and engagement; As communication and engagement was one of the most vital parts of transformation, the programme would benefit from a forward looking communications and engagement plan with activities, due dates, and owners. It was reported that good progress was being made with this.
- 18/204** Linn Phipps commended the report for its clarity and she welcomed the recommendation to more proactively engage staff and to ensure Governors were engaged early on in the outcomes which the transformation was aiming to achieve, in order to increase their commitment to a long term programme of change. She suggested other groups should be included in this, for example Non-executive Directors (NEDs), and this was discussed. NEDs had not been mentioned in the report as it had been assumed they had good levels engagement and oversight of

the work of the Strategy & Transformation team through the existing reporting structure. It was clarified that Governors had been highlighted in the report due to the requirement on the Trust to ensure governors were engaged in forward plans. It was noted that Marie Purdue would be looking for a NED buddy for the improvement work.

**18/205** The report highlighted the risk of taking on too much change or approving projects which may not achieve the stated objectives of the three Care Steering Groups. So far, no change proposals had been rejected which could indicate that too much was being taken on; Linn Phipps asked if 'too much' meant in terms lack of resource to deliver the outcomes and this was discussed. The Director of Strategy & Improvement explained the prioritisation process for projects. She noted that not all change and improvement projects were driven internally; some of the work was coming from NHS Improvement and others. Work was underway through the new NHS Improvement Programme look at all projects in terms of what was 'business as usual' and what was 'improvement'. The next step was look at the impact and the actual amount of effort to undertake the required tasks, the Trust would then decide whether to proceed with the project or not.

**18/206** **IM&T Strategy** - Assurance Rating: Assurance Rating: Significant assurance with minor improvement opportunities.

The Aim of the review had been to look at how aligned the strategy was with corporate objectives, the Trusts strategic plan and governance arrangements. Overall there had been good alignment and the governance arrangements already in place were found to be sound.

**18/207** Areas for improvement – Three recommendations were raised in total; two medium priorities and one low priority, these were detailed in the report. They related to a number of issues that had been identified; There was a lack of a process around confirming financial commitment to IT projects which increased the risk of projects not being fully aligned with the Trust's financial plan, leading to budget overspend and non-achievement of perceived benefits. This linked to capacity and skills to deliver the strategy.

**18/208** There was also a lack of process to engage formally with all relevant stakeholders, for instance with patients and visitors, as part of the post implementation review; Linn Phipps noted that this was part of a broader issue about engagement and she asked for assurance that that a process was in place to take this forward. The Chief Information Officer acknowledged that in the past there had been insufficient focus on patient experience in terms of IM&T projects. He advised that his team were now working with the Patient Engagement & Experience Team on some patient surveys, for example for the new patient entertainment system. He noted that there was good engagement with all divisional directors and general managers. The matter was discussed further and it was agreed to report back to the Patient Engagement & Experience Committee (PEEC) in 12 months with an update on how on how the patient engagement had gone.

**SM**

**18/209** In response to a queries from Alan Chan and Sheena McDonnell about whether any currently overdue recommendations posed any operational risk to the Trust it was

noted any immediate risks would always be brought to the attention of the Trust and would be included in the report.

**18/210** The Director of Finance (DoF) noted that his team had not been engaged with the IM&T Strategy review in terms of the issues around projects not being fully aligned with the Trust's financial plan and he felt the wording of the recommendation needed some refinement to clarify that in terms of 'keeping the lights on' all required funding was in place; He clarified that the financial challenges were in terms of the more transformational work and he explained the process for approving funding and he gave examples of work that had been funded by the Trust over the previous 12 months.

**18/211** There was further discussion about funding opportunities through the new Transformation and Technology Fund recently announced by the Secretary of State and in the context of Integrated Care System (ICS) level funding opportunities. In response to a query from George Webb an update was provided on plans to upgrade desk tops and hand held devices across the Trust.

**18/212 Imaging and Radiology** -: Assurance Rating: Significant assurance with minor improvement opportunities.

Overall it had been a good compliance audit. The Trust was making good progress in developing processes that promoted compliance with the new Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidance, and there was good oversight of the progress achieved to date and the areas that require further work.

**18/213** Areas for improvement – Six recommendations were raised in total; two medium priorities and four low priorities and these were detailed in the report. The Chair asked if there were any concerns in terms of ability to achieve recommendation deadlines; Emma Challans, Deputy Chief Operating Officer, gave assurance that all deadlines were achievable with the exception of the June 2018 deadline for Recommendation 1 which needed to be changed to September 2018.

**18/214 Stroke Performance Indicators** -: Assurance Rating: Significant assurance with minor improvement opportunities.

The Trust had a good control environment around the generation of the Stroke Performance Indicators. Meetings were held regularly to debrief and discuss the results with validation of data being done monthly. Good processes were in place, guidance was clear and there were good audit trails.

**18/215** Areas for improvement – Five recommendations were raised in total; two medium priorities and three low priority and these were detailed in the report.

**18/216** The key recommendations focussed on the data collection process and completeness of data. The data collection process was generally sound, but audit testing showed that there were inconsistencies on how data was recorded on systems and in patient notes which could lead to unreliable data. Emma Challans advised that around 75% of the recommendations were already complete; all June deadlines had been achieved and recommendations due by September were on

track.

**18/217 Clinical Governance** - Assurance Rating: Significant assurance with minor improvement opportunities.

**18/218** Overall, this had been a very good audit. The Trust's clinical governance process was operating effectively. The clarity of structure, shared membership of meetings and standard agenda created a system that identified, escalated, tracked, and resolved clinical governance issues.

**18/219** Areas for improvement – Five recommendations were raised in total all of which were low priority. These related to administrative issues such as time-keeping during meetings, review of terms of reference and the order in which risk logs appear on the agenda at Care Group meetings.

**18/220** It was reported that there were a variety of data sources used to aid discussions, which together provided a well-rounded view of Care Group performance and helped to identify improvements; Linn Phipps asked how the Trust was assured that, once improvements had been identified, plans were in place to deliver them and that the plans had been quality impact assessed. She noted that the Quality & Effectives Committee (QEC) had flagged the issue of oversight of the quality impact assessment process for improvement plans. It was noted that Quality Impact Assessments were reviewed by the Acute Care Quality Review Group (ACQRG) and any issues would be escalated to QEC. The DoF clarified that all ongoing Cost Improvement schemes (CIPs) had been signed off in terms of Quality Impact (QI). So far no issues were known to have been escalated for a QI perspective, it was agreed to look in to how the escalation process from ACQRG to QEC worked. Linn Phipps would take the matter away for further discussion with QEC and comments would be fed back to the Medical Director and Director of Nursing, Midwifery & Allied Health Professionals.

LP

**18/221 IG Toolkit** - Assurance Rating: Significant assurance

This had been a very positive audit with only 1 low priority recommendation which related to updating policies.

**18/222** Reflecting on the report more broadly the committee considered whether there were any issues that might impact on the achievement of the deadlines for recommendations and how these were reported on, for example whether evidence was required for all recommendations. It was clarified that Internal Audit did not follow up on low priority recommendations; the chair expressed a wish to see all recommendations followed up, including low priority recommendations, and it was agreed to take this away to consider how this would be reported on in future.

IA

**18/223** The Committee DISCUSSED and NOTED the Progress Report.

#### **Internal Audit Technical Update**

**18/224** The Committee received the report and Internal Audit drew attention to the suggested actions in relation the main technical issues which were currently having an impact on the health sector. In response to a query from the Chair about how

the actions were taken forward internally the Trust Board Secretary advised that the report would be circulated to all NEDs.

**KS**

**18/225** The Internal Audit Technical Update was provided for information and NOTED.

#### **Internal Audit Recommendation Tracker**

**18/226** The Committee received an update on the progress the Trust had made against outstanding internal audit recommendations. A table was included that summarised the total recommendations outstanding and the number that had been followed up to date.

**18/227** It was reported that there were 21 outstanding High and Medium priority recommendations (10 from 2016/17 and 11 from 2017/18) all of which had an original action dates up to 30th June 2018. Internal Audit had sought to follow up the actions taken by management in response to these. In response to several queries the Trust Board Secretary and IA explained the process for chasing responses and collating evidence; this work was coordinated over the course of several weeks by the Trust Board Office, the information was then passed back to Internal Audit who drafted the report for review by the Executive Team.

**18/228** Some 16/17 actions were reported as being 'in progress' it was noted that revised implementation dates had now been received for some actions. The matter of long term outstanding actions was discussed in detail and concern raised from NEDs, Governors and others that it was unacceptable to have long standing & overdue recommendations. The Committee considered whether there was great enough clarity in terms of who was responsible for delivering and reporting back on the recommendations. It was not appropriate for 2016/17 recommendations to be reported on as being 'in progress' on an ongoing basis. It was a key priority for the Committee that the Trust ensured Senior Responsible Officers (SROs) were clearly identified by name and that, where recommendations were not completed, revised implementation dates were provided for the next report at Septembers ANCR.

**ALL  
Execs /  
SROs**

**18/229** The Committee also considered whether there was a culture of accepting deadlines that were not achievable; it was felt that there should be a process in place to review and, if necessary and appropriate, change deadlines. There were a number of instances where although the original recommendation had not been completed all risks had been mitigated through alternative solutions and examples of this were provided; it was felt that in some of these cases Internal Audit should accept the recommendation as completed and this was discussed. It was felt that a fuller and more contextual management response needed to be provided in these cases so that the recommendation could be closed down. How this would be addressed would be discussed outside of the meeting. It was noted that since the review by the Executive Team significant work had been undertaken and this list was much smaller than it had been.

**JS/RF**

**18/230** Bev Marshall raised concern that recommendations relating to medicines and fluids management remained outstanding; he felt this was unacceptable as in his opinion this was a core function for an NHS Acute Hospital Trust, this was echoed by the committee. The DoF provided assurance that the risks had been mitigated and he gave a detailed update; the response provided had not been captured by IA and the

**RF**

reasons behind why this had not previously been reported back to IA needed to be understood.

The Internal Audit Recommendation Tracker was DISCUSSED and NOTED

#### **Update on Internal Audit Plan for 2018/19**

- 18/231** The Committee received the updated Internal Audit Strategic and Operational Plan 2018/19. The report was the same as had been received previously with the exception of an extra page (page 7) which showed work in progress and work due to commence. It was noted that the Information Governance Audit would be undertaken in Q4 and 6 days of the contingency had been used to carry out the HSDU Contract Review.

The Update on Internal Audit Plan for 2018/19 was APPROVED subject to changes discussed.

#### **External Audit - Trust Annual Audit Letter**

- 18/232** External Audit presented the letter to the Council of Governors for the year ended 31 March 2018. This formally brought to a close the 2017/18 audit. It summarised the work to audit the financial statements and its content broadly mirrored the content of the audit report presented to the May ANCR meeting. The report would be taken to the October Council of Governors meeting.
- 18/233** It had been reported that the draft remuneration and staff report had not been prepared properly with several issues/errors noted as part of External Audits review; Sheena McDonnell asked for assurance that this had been resolved and she enquired about the reasons for the errors. The DoF provided details of the issues; the matter had related to inability to extract the correct data from ESR at the time of the audit. This had resulted in the Trust having to estimate some of the data. It had then come to light that the methodology used by the Trust had not aligned with ESR. The matter had since been resolved.

- 18/234** The Trust Annual Audit Letter was NOTED

#### **Suspensions and Exclusions Report**

- 18/235** The Deputy Director of People & Organisational Development provided a summary of the cases that were currently listed and an update on progress since the time the report was circulated. In response to a query it was clarified that the report included all suspensions, including safeguarding related cases. The Committee discussed the level of appeals and the cost implications of this to the Trust; the Trust had seen an increase in appeals, a combination of internal and external processes were used to keep costs down.
- 18/236** The Suspensions and Exclusion Report was NOTED.

#### **Board Assurance Framework and Corporate Risk Register**

- 18/237** Matthew Kane presented the Board Assurance Framework and Corporate Risk Register which were evaluated by executive leads prior to the meeting. A3 hard

copies were provided.

- 18/238** The Board Assurance Framework (BAF) contained all of the risks to the Trust's five strategic objectives. One risk had been removed in the 1<sup>st</sup> quarter and a number of new risks had been added to the CRR and BAF; these were summarised on pages 1 and 2 of the report. In addition several risks had seen changes to their rating and these were summarised on page 2 of the report and included the previous and new risk score.
- 18/239** Linn Phipps welcomed the report. She noted that the risk relating to the '*Risk of Critical Lift Failure*' had come through concerns raised at the QEC. QEC looked at a range of concerns at each meeting and the Committee had formally asked that all concerns identified at QEC be risk assessed by the Executive Team; this risk had been escalated to the BAF via this process and this had given QEC significant assurance that the process was working.
- 18/240** The Chair raised concern that some of the risk rating targets and dates might be over ambitious and she highlighted some examples on both the CRR and BAF. Risk owners needed to be realistic about target risks and dates. The Trust Board Secretary acknowledged this and would feed the comments back to the Executive Team.

The BAF and Corporate Risk Register were REVIEWED and NOTED.

#### **Register of Interests**

- 18/241** The previous year NHS England published new guidance on managing conflicts of interest and the Trust's Standards of Business Conduct and Employees Declarations of Interest Policy was refreshed in accordance with these rules. Under the Policy, all staff must identify and declare any interests outlined in the Policy at the earliest opportunity (and in any event within 28 days). Details of the new Policy were made available to all Trust staff via Buzz.
- 18/242** In addition, the national rules also placed additional requirements on those individuals who were more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. The Trust decided that 'decision-making individuals' should include executive and non-executive directors, consultants, corporate and care group directors and assistant directors, those on Agenda for Change Band 8c and above and all staff within Pharmacy, IT and Procurement teams.
- 18/243** Of the 635 staff identified in these groups 314 had responded and the information they had provided was summarised in the report. There was clearly more work to do to raise awareness of the need to register gifts and hospitality and the Trust was considering ways of addressing this, for example by incorporating it in to the appraisal and revalidation process for staff above a certain level. It was noted that some departments had excellent response rates which showed that it was possible to get staff to respond and learning would be taken from this
- 18/244** The percentage of returns was disappointing and NEDs raised concern about this.

Linn Phipps emphasised that the most senior people in the organisation needed to ensure they were modelling behaviour they expected to see from the rest of the organisation and this was echoed by the Chair and Governor Observers. The Trust Board Secretary gave assurance that work was being taken forward to address the response rates.

**18/245** The Register of Interests was REVIEWED and NOTED.

#### **ANCR Annual Report**

**18/246** The purpose of the report was to provide the Board of Directors with a summary of the work of the Audit and Non-Clinical Risk Committee ("the committee") for the year 2017/18 and, in doing so, comply with the Committee's terms of reference. Comments from the previous chair of ANCR had been incorporated into the report.

**18/247** It was agreed to provide a key for the symbols used to show meeting attendance/non-attendance to provide greater clarity.

**MK**

The ANCR Annual Report was REVIEWED and NOTED.

#### **Audit Committee Handbook**

**18/248** It was noted that a new Audit Committee Handbook had been published. The Committee had each been allocated a copy, further copies were available through the Trust Board office for those that wished to have one.

The Audit Committee Handbook update was NOTED

#### **LSMS Annual Report 2017/18 - Including Work Plan & LSMS Progress Report Q1 2018/19**

**18/249** The Committee had requested a formal Annual Report to provide an update on Trust Security Arrangements. The report covered all aspects of Security Management at a local level within the Trust, including detailed updates on completion of identified work streams and targets for 2017/18. The Security Management Work Plan for 2017/ 18 was provided for information at Appendix 1. The updated Security Strategy for the Trust was also provided for information at Appendix 2.

**18/250** The Director of Facilities and Estates provided an overview of both reports. Sheena McDonnell commended the report which she found to be comprehensive; it had provided her with a good understanding of what was happening at the Trust. There was discussion about the approach of the Trust to homeless people on the DRI site; it was noted that the Trust did what it could to support people and bring in colleagues from the public health sector to see what support could be provided.

**18/251** Reflecting on the Security Strategy and the Work Plan Linn Phipps noted that although the purpose and scope of the strategy was clear there needed to be greater clarity in terms of what outcomes the Trust was hoping for and this was discussed. In terms of the work plan there appeared to be a gap between short term and longer term actions. The committee would like to see what would be measured

and what the Trust should expect to see beyond 1 year. The Director of Facilities and Estates undertook to consider this further and report back to a future meeting to include an action plan with key milestones.

KEJ

**18/252** In response to a query from the Chair, the Director of Facilities and Estates gave assurance that resources were in place to undertake the work to deliver the work plan.

**18/253** The LSMS Annual Report 2017/18 - Including Work Plan and the LSMS Progress Report Q1 2018/19 were DISCUSSED & NOTED

#### **Counter Fraud Annual Report 2017/18**

**18/254** As part of the requirements of NHS Standards for Providers and to fulfil the requirements of the NHS Counter Fraud Authority Quality Assessment process, the Trust was required to receive an Annual Report of counter fraud activity. The report was largely a consolidation of quarterly reports that had already been received by the ANCR Committee and it provided a comprehensive description of activity carried out by the Trust and the LCFS during the FY 2017/18.

**18/255** The Chair noted that the level of training compliance for Facilities and Estates had been low at the beginning of the year and this was discussed; training was accessed via a PC and many of the staff in this directorate did not have access to a Trust computers. Significant work had been undertaken to address this. The Training Team had been going out to staff to deliver and facilitate the training and this had resulted in significant improvements. It was agreed to ensure NEDs had access to undertake the training; this would be taken forward.

MB

The Counter Fraud Annual Report 2017/18 was NOTED.

#### **LCFS Progress Report Q1 2018/19**

**18/256** Mark Bishop summarised the key points of the report which included outline details of new referrals and the status of on-going investigations (*anonymised for reasons of confidentiality*). A total of six new referrals were included plus updates to eleven ongoing referrals. Details were provided in response to several queries relating to specific cases.

**18/257** Linn Phipps asked what the Trust had learnt from the Annual Staff Fraud Awareness Survey; There had been a good level of engagement with the survey and it showed there was a good reporting culture. Results fluctuated across departments and work would be done to look at that but there were no significant concerns. Linn Phipps commended the presentation of the Fraud News Letter which was interesting to look at and easy to read.

**18/258** The LCFS Progress Report Q1 2018/19 was DISCUSSED and NOTED

#### **Losses and Compensation Payments**

**18/259** A summary of the information from the Loss & Compensation file, held within Financial Accounts, was presented.

**18/260** The Losses and Compensation Payments report was NOTED.

**Waiving of Standing Orders**

**18/261** The Waiving of Standing Orders quarterly report was NOTED.

**Issues escalated from sub-committees**

**18/262** None.

**Issues for escalation to Board of Directors**

**18/263** It was agreed to escalate the matter of outstanding audit recommendations and response rates to the registers of interest.

**KS**

**Any Other Business**

**18/264** None raised.

**Evaluation of Meeting**

**18/265** Members and Observers reflected on the meeting; It was felt the meeting had been efficient with good levels of engagement. There had been good focus on the Internal Audit Recommendation Tracker but there was work to do and this was a priority. It was agreed to provide agenda timings for individual agenda items rather than sections. It was felt that some of the reports would have benefited from an executive summary to clarify the purpose of the report and what was being asked of the committee.

**ALL to  
NOTE**

**Time and date of next meeting:**

**18/266** Regular Quarterly Meeting  
**Date:** 20 September 2018  
**Time:** 10am  
**Venue:** Boardroom, DRI

**Signed:**

.....  
**Kath Smart**  
**Chair**

.....  
**Date**

DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Minutes of the Audit & Non-Clinical Risk Committee Meeting  
held at 10am on Thursday 20<sup>th</sup> September 2018  
in the Boardroom, DRI

- PRESENT : Kath Smart, Non-executive Director (Chair)  
Linn Phipps, Non-executive Director (*part - dialled in*)  
Sheena McDonnell, Non-executive Director  
Alan Chan, Non-executive Director
- IN ATTENDANCE : Karen Barnard, Director of People & Organisational Development  
David Purdue, Chief Operating Officer & Deputy CE (*part*)  
Moira Hardy, Director of Nursing, Midwifery & Allied Health Professionals (*part*)  
Mark Bishop, Local Counter Fraud Specialist  
Kirsty Edmondson-Jones, Director of Estates & Facilities (*part*)  
Sean Tyler, Head of Compliance, Estates & Facilities (*part*)  
Jeanette Reay, Accountable Emergency Officer (*part*)  
Claire Partridge, Internal Audit (KPMG)  
Ken Anderson (*for Simon Marsh, Chief Information Officer*)  
Robin Smith IT security Manager  
Matthew Kane, Trust Board Secretary  
Marie Purdue, Director of Strategy & Transformation (*part*)  
Jon Sargeant, Director of Finance  
Kate Sullivan, Corporate Governance Officer  
Matthew Bancroft, Head of Financial Control
- OBSERVERS: Bev Marshall, Public Governor  
George Webb, Public Governor

Action

**Apologies for absence**

Apologies were received from External Audit and Simon Marsh. Introductions were made around the table.

**Terms of Reference and Work Plan**

- 18/267** At the previous meeting it had been agreed to undertake a full review of the ToRs and work plan alongside the Internal Audit (IA) Committee Effectiveness review and this was currently ongoing. The Chair provided an update on discussions since the last meeting across Non-executive Directors (NEDs) the Trust Board Secretary and IA; the Committee dealt with risk management and internal control in a holistic way which included both clinical and non-clinical risk and some wording would be developed to capture this in the revised TOR to come to the November meeting alongside any comments from Internal Audit.

KS/MK

Work Plan – Agenda item 7.5 – Annual Statement of Compliance against the NHS Core Standard for Emergency Preparedness, Resilience and Response (EPRR) had been brought to the Committee for approval following discussions at Board but it wasn't on the Committees work plan. The Trust Board Secretary raised the question about where the paper should go in the future as it could be taken through either ANCR or the Finance & Performance Committee. This would be picked up outside of the meeting and added to the appropriate work plan.

**MK**

#### **Minutes of the meetings held on 24 July 2018**

- 18/268** The minutes of the meeting held on 24 July were APPROVED as an accurate record subject Karen Barnard being removed from the attendance list.

**KS**

#### **Matters arising and action notes**

- 18/269** The action notes of the meetings held on 24 July were reviewed and updated.

**18/210** – IA Progress Report relating to the IM&T Strategy – The Director of Finance (DoF) had felt the wording of the recommendation needed some refinement to reflect that the strategy had an aspirational element to it and to clarify that in terms of 'keeping the lights on' all required funding was in place. The DoF would agree re-wording with IA.

**JS/RF**

**18/220** – Oversight of Quality Impact process for CIPs – Clarification on how the escalation process from the Acute Care Quality Review Group (ACQRG) to the Quality & Effectiveness Committee (QEC) had now been picked up by QEC.

**18/241 to 244** – Register of Interests – The Committee had been disappointed at the percentage of returns received (circa 50%) particularly given that those required to complete the returns were some of the most senior people in the organisation and this had been discussed further after the meeting. The Chair agreed that with over 600 staff being required to complete a return it was unrealistic for the Trust Board Office to chase individuals; this should be the responsibility of the directorate, speciality or division and should be driven by an engagement process. The Trust Board Secretary would liaise with Director of People & Organisational Development and LCFS to agree the best way forward to address the response rates, including the possibility of including as part of the annual appraisal process.

**MK**

#### **Internal Audit Progress Report**

- 18/270** The Committee received an update on progress against the Internal Audit (IA) plan; 3 internal audit reports had been finalised since the last meeting. Appendix 3 provided an analysis of KPIs agreed with the Audit Committee. As at 5 September, IA had delivered 48 of the 190 days agreed within the plan for 2018/19 and were comfortable with this progress. IA had continued to attend meetings with management to scope individual audit assignments and develop understanding of activities and emerging risks facing the Trust and consider whether there were sufficient audit days remaining to undertake the work required.

- 18/271** **Workforce Planning Phase 2** - Assurance Rating: Assurance Rating: Partial assurance with improvements required

- 18/272** IA assessed whether the P&OD Strategy had been translated into detailed operational plans and had considered progress in implementing these plans and the pace of change. They reviewed the Trust's wider approach to Workforce Planning including consideration of the work and progress of the three supporting Steering Groups. How workforce planning was used to support service changes within the Trust was also reviewed. The overall assurance rating of partial assurance with improvements required was in line with management's expectations confirmed through scoping meetings. The Director People & Organisational Development felt the report was a fair reflection of the position at the time and she gave an update on work to take the recommendations forward since the time of the report; discussions were ongoing with leadership teams about taking workforce planning and plans / timescales were being refreshed.
- 18/273** The Committee reflected on the recommendations and the timeframes agreed; Sheena McDonnell asked for the rationale behind some of the deadlines, some of which she felt were disproportionately long and this was discussed; Management had taken on board previous comments made by the Committee about ensuring deadlines were realistic. Risks in terms of deadlines had been considered in the round in the context of impact and whether the timeframe was reasonable; a key factor in the considerations had been the move to the new divisional structure. During further discussion about how deadlines were agreed IA gave assurance those explanations would be provided to the committee of any future changes to deadlines. **IA**
- 18/274** The Committee considered the wider issue of the role of other Committees of the Board (the Quality & Effectiveness Committee (QEC) and the Finance & Performance Committee (F&P)) in terms of receiving information on reports relevant to them and in tracking recommendations and this was discussed. This had been raised at the F&P earlier the same day; The Chair was considering the best process for this and would discuss the matter further with the Trust Board Secretary and the Chairs of QEC and F&P. **KS/MK**
- 18/275** **HSDU Contract** – This had been a high level review of the draft sterile services contract (the 'Contract'). IA had determined that it was generally robust and in line with industry standards in most areas and the financial analysis prepared seems to be appropriate and relatively thorough. Four areas had been identified where the Contract could be amended to improve clarity and make it more robust and these were set out in the report.
- 18/276** **Financial Grip & Control** -: Assurance Rating: Partial assurance with improvements required
- 18/277** IA had reviewed the grip and Control processes introduced by the Trust in October 2017 to improve rota management and recruitment, and better control of temporary staff spend. The review focussed on; the weekly Vacancy Control Panel (VCP) to approve recruitment to vacancies within the Trust across all departments and levels; the weekly Nursing Challenge and Support meeting per Care Group, to give Heads of Nursing oversight of ward staffing and recruitment performance and the weekly Medical Challenge and Support meeting per Care Group, to give Clinical Directors and General Managers oversight of staffing and recruitment performance.

**18/278** Whilst the VCP was working well there were issues in terms of appropriate attendance at some challenge meetings and the Medical support and challenge meetings did not meet the requirements of its standard operating procedure (SOP). There was also concern about lack of mitigation of the impact of the ongoing divisional restructure and the route to escalate issues to executives. The Director of Finance (DoF) had found the report very helpful in terms of corroborating some of his own concerns. These processes were a fundamental platform for the delivery of CIPs and as such the DoF had agreed short timescales for the recommendations. In response to concern raised by George Webb about the level of prior awareness of the issues identified by the review the Committee were reminded that the Trust had commissioned the review as part of its internal management control and the overall assurance rating was in line with management's expectations

**18/279** Reflecting on the review in the context of the divisional restructure Linn Phipps asked if there was to be an induction process for the new divisional management teams which covered the key priorities of managing CIPs and the Financial Grip & Control processes including expectations around behaviours and culture and this was discussed. Meetings were to take place the following week with the DoF, Deputy DoF and the finance team to discuss this. Expectations around financial targets and CIPs were clear. In terms of the induction of the new Divisional Directors (DDs) the Chief Operating Officer was doing some work on this; it was noted that all DDs had all previously been Care Group Directors (CGDs) and were familiar with the current processes. The Committee felt the restructure was an opportunity to restate expectations and during further discussion it was agreed to consider the matter further and to bring an update on induction plans and progress to the next meeting.

JS/KB

**18/280** CIP - Assurance Rating: Significant assurance with minor improvement opportunities.

**18/281** IA had concluded the Trust had a robust governance structure in place to monitor CIP delivery, with comprehensive input from the Programme Management Office (PMO), finance and engagement of senior officers. Of the individuals interviewed, there was a sense that delivery of CIPs was challenged and Senior Responsible Officers (SROs) were held to account through the governance arrangements which were in place. SROs feel supported by the PMO, who they met regularly and felt suitably challenged but also fairly supported to deliver in their role.

**18/282** The DoF would meet with Alan Chan outside of the meeting to answer several queries he raised about the CIP gap and the developing CIP pipeline.

JS/AC

#### **Internal Audit Recommendation Tracker**

**18/283** The Committee received an update on the progress the Trust had made against outstanding internal audit recommendations. A table was included that summarised the total recommendations outstanding and the number that had been followed up to date.

**18/284** There were 11 outstanding High and Medium priority recommendations (4 from 2016/17 and 7 from 2017/18) which had an original action date up to 31 August 2018. In some instances, due to the nature of the recommendation, documented evidence was sometimes not available to confirm action had been taken. As a result

IA considered the reasonableness of management responses provided when the original action was queried. Claire Partridge commented that significant progress had been made in terms agreeing revised implementation dates and providing fuller and more contextual management responses, including mitigating actions and this was welcomed by the Committee.

**18/285** It was noted that there were still 4 High and Medium priority recommendations outstanding from 2016/17 and the Committee focussed on the updates and mitigating actions provided for these.

**18/286** Medicines Management – The Committee considered the response to the outstanding 2016/17 High level recommendation relating to the safe storage of medicines and Intravenous (IV) fluids. One outstanding element of the recommendation related to control and evidencing of which staff were authorised to access the pharmacy rooms. The Director of Nursing, Midwifery & Allied Health Professionals provided an update; pharmacy undertook monthly audits of access in relation to safe storage of medicines, but this hadn't included the diagnostic day unit (DDU). Since the report had been circulated this had been addressed and assurance was provided that audits were now being undertaken and the results would be included in the regular reports.

**18/287** A further element of the original recommendation related to the procurement of system for added security benefits and audit trail it capability; the Trust had later decided this not the best solution; The Director of Nursing, Midwifery & Allied Health Professionals provide background information and the rationale for this decision. The Trust had piloted a different system at Bassetlaw ED which had evaluated well. The system provided 100% recognition of who was accessing the room and the drug cupboards. It had been agreed to use the same system at DRI ED and this was being progressed. In the interim there was now a swipe system for entry into the pharmacy room at DRI ED with only the registered nurses having access to the area. This again provided 100% recognition of who is accessing the room. The Chair had visited the department to see this for herself; there were some improvements to be made but in terms of the IA recommendation she had been assured that the risk had been fully mitigated with no unauthorised persons being able to access the room. The matter was discussed and the committee agreed they were satisfied the risk had been mitigated; The recommendation was to be CLOSED.

**IA**

**18/288** Booking Management - The Committee considered the response to the outstanding 2016/17 Medium level recommendation relating to SOPs being developed to provide guidance on how to manage the review of referral gradings. The Committee were updated on mitigating actions but they remained concerned that the deadline to complete the action had been re-extended to 31 December 2018.

**EC**

**18/289** The Chair asked that SROs be invited to the next meeting to provide an update where outstanding recommendations remained open.

**Execs**

**18/290** The Committee discussed the matter of providing evidence that recommendations had been completed; this needed to be driven rather than chased. Claire Partridge commented that there had been a significant improvement since IA had been taking the tracker through the Executive Team. There was further discussion about the

process for extending deadlines to implement recommendations; it was important to ensure timeframes were realistic and that recommendations were real and deliverable.

The Internal Audit Recommendation Tracker was DISCUSSED and NOTED

#### **Suspensions and Exclusions Report**

- 18/291** The Director of People & Organisational Development provided a summary of the cases that were currently listed and an update on progress since the time the report was circulated. In response to a query it was clarified that the security manager would be involved in cases of theft of Trust equipment. The Committee discussed how lessons were learnt; these would be reported through the Workforce & Education Committee (WEC) and through WEC to QEC. It was discussed whether this report was required in terms of the Terms of Reference of ANCR or whether there was another more appropriate route for this report. This would be discussed outside of the meeting

**KB/MK**

- 18/292** The Suspensions and Exclusion Report was NOTED.

#### **Board Assurance Framework and Corporate Risk Register**

- 18/293** Matthew Kane presented the Board Assurance Framework and Corporate Risk Register which were evaluated by executive leads prior to the meeting.

- 18/294** The Board Assurance Framework (BAF) contained all of the risks to the Trust's five strategic objectives. There had been no risks added to the Corporate Risk Register or Board Assurance Framework in the previous quarter but four BAF risks had seen changes to their ratings in the quarter and there had been one change to the corporate risk register; The Trust Board Secretary provided details of the changes which were set out in the covering report.

- 18/295** In terms of the BAF and CRR the Chair felt it would be helpful for the information to be condensed for the purpose of committee papers and she noted that some of the actions seemed out of date and she gave examples; This was discussed and it was agreed to consider revising the format of the report. Target risk ratings were discussed; it was felt that some targets were too ambitious and potentially unrealistic. The Committee felt the targets needed to be real, reflecting what the Trust aimed to achieve by the end of year. The Trust Board Secretary acknowledged this; some of the targets were aspirational. He would feed the comments back to the Executive Team.

**MK**

The BAF and Corporate Risk Register were REVIEWED and NOTED.

#### **Review of Compliance with Code of Governance**

- 18/296** The Committee received the report of the Trust Board Secretary which provided in *Appendix A* details the Trust's compliance position against the NHS code of governance. It has been updated in line with changes in operational practice and the impact of legal and regulatory changes. It was noted that the code was best practice advice. It was not mandatory guidance and accordingly, non-compliance with the

provisions of the code would not in itself give rise to a breach of the provider licence.

- 18/297** One area of clear 'non-compliance' was NOTED; Provision A4.1 stated that, in consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. This was currently a function of the council of governors and would require a constitutional amendment to bring it into line with the code's requirements. The Committee considered this and resolved that the Trust should aim to be compliant with the Code; George Webb endorsed this. It was **AGREED** that the Trust should seek to comply with Provision A4.1 of the code. **MK**

The Review of Compliance with Code of Governance was REVIEWED and NOTED.

#### **Review of Committee Effectiveness terms of Reference**

- 18/298** The Committee considered the report of the Trust Board Secretary which set out the scope and purpose of the Committee Effectiveness review; the review aimed to identify areas of good practice and areas for improvement with a view to assuring the Board, regulators, governors and the public that its governance structures remain sound and fit for purpose. As part of the review, the committees' assurance structures, the role non-directors play at committees and the manner in which the committees support the Trust's aim to be outstanding in the Well-led domain will be examined.

The Review of Committee Effectiveness Terms of Reference and the Scope of the review were ENDORSED

#### **LCFS Update**

- 18/299** Mark Bishop summarised the key points of the report which included outline details of new referrals and the status of on-going investigations (*anonymised for reasons of confidentiality*). The details of one new referral was included plus updates to nine ongoing referrals. In total during the quarter, three referrals had been closed, four awaited sanction outcomes and three remain open. Details were provided in response to several queries relating to specific cases.

- 18/300** Cases relating to agency staff fraud of timesheets – A key issue was evidencing that staff had not been at work and this was discussed. A new process for booking agency staff in and out of wards was being considered and an update would be provided at the next meeting. **MB**

The LCFS Update was NOTED.

#### **Annual Statement of Compliance against the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) (2018-19) Review of Compliance with Code of Governance**

- 18/301** The Trust received the report of the Deputy Chief Executive & Chief Operating Officer which was presented by the Accountable Emergency Officer

**18/302** The Trust was a Category One Responder under the Civil Contingencies Act 2004 (CCA), which meant it had a key role in preparing for and responding to a range of emergency situations and significant service disruptions. Each year Acute Trusts were required to self-assess against National Core Standards for Emergency Preparedness, Resilience and Response (EPRR). The Accountable Emergency Officer was required to declare, on behalf of the Trust, the overall level of compliance against NHS England's Evaluation and Testing Conclusion. At its meeting on 25 September 2018, the Board of Directors would receive a paper to request approval of the self-assessment declaration *'The declaration for 2018-19 is of substantial compliance against the Core Standards'*. The report, supported by the spreadsheet detailing the assessment of the core and deep dive standards, was to be considered by the Audit and Non-Clinical Risk Committee.

**18/303** The Accountable Emergency Officer provided an overview of the Self-Assessment process and compliance and assurance ratings and performance against the core standards for 2018-19. The Trust was fully compliant with 57 of the 64 standards with 5 of those recommendations being rated Amber *'Partially Compliant - The organisation is 77-88% compliant with the Core Standards it is expected to achieve'*. For each non-compliant an action plan to meet compliance within the next 12 months had been agreed. An overview of progress from the previous year, recommendations and actions arising from the 2018/19 assurance process were provided.

**18/304** The committee discussed work on business continuity plans and work that had commenced to develop a Brexit continuity plan, consequences of non-compliance and how the Trust learnt from instances where business continuity had not gone well and examples of this were given.

The Audit and Non-Clinical Risk Committee RECOMMENDED that, at its meeting on 25 September 2018, the Board of Directors:

- Note the self-assessment process undertaken for 2018-19.
- Approve the statement of compliance at Appendix A for submission to NHS England (Yorkshire and the Humber).
- Approve the Improvement Plan at Appendix B for submission to NHS England (Yorkshire and the Humber).

#### **LSMS Quarterly Report on Security Management**

**18/305** The Committee had requested a formal Quarterly report providing an update on Trust Security Arrangements. The report covered all aspects of Security Management at a local level within the Trust and provided updates on completion of identified work streams, including progress reports and future work targets for 2018/19. The Committee had also requested that the action plan be taken beyond one year and this work was ongoing.

**18/306** The Director of Facilities and Estates presented the report which included a number

of achievements within Security Management at local level across the Trust, with improvement in external engagement evidenced through collaborative working arrangements with South Yorkshire Police (SYP), the LSMS and internal Care Group leads, to review local reporting of incidents. There had been some good progress with improving relationships with SYP resulting in a more frequent presence on the DRI site and this was welcomed.

**18/307** Following a spate of thefts from the Waste Compound at DRI throughout the year, two cameras had been strategically placed to capture both access and egress to the compound and the waste area and authorisation had been granted for the installation of six CCTV cameras to be placed on the entrance of the East Ward Block (EWB) dining area and the corridor leading to the EWB main lifts, including the reception area and entrances to the medical records stores in the basement area of the EWB. Work was to commence in September.

**18/308** The report included several graphs illustrating incident reporting rates by type, location and severity of harm. It also included year on year trends for overall security reporting rates and conflict resolution training attendance rates by care group and directorate. This led to discussion about confidence in reporting rates, staff awareness of how to report incidents and culture of reporting. It was agreed to provide some further year on year trend analysis for some of the data in future reports. It was noted that incidents dealt with by Shield Security, the Trusts contractor for security, car parking and smoking enforcement, had not historically been included; The Trust was working towards providing training for Shield staff on Datix, the Trusts electronic incident reporting system. The Chair commended the data analysis but she felt it would be helpful to include more narrative or stories relating to the incidents including mitigating actions and it was agreed to include more examples in future reports.

KEJ

**18/309** In response to a query raised by Alan Chan there was a brief discussion why the MSK & Frailty care group had the highest reported rates of physical abuse, assault or violence. This related to a prevalence of confusion and dementia in patients on the frailty wards. Part of the patient centred care initiative had been to introduce changes to training for staff in these areas with the aim of changing their approach to patients and this was proving to be very successful with improvements already being seen.

**18/310** The LSMS Update was DISCUSSED & NOTED

#### **Health & Safety Committee Biannual Report**

**18/311** The Committee received the report of the Head of Compliance, Estates & Facilities Which had been requested by the Committee following a first draft report and discussion on content and format at a previous meeting. The report covered aspects of Health & Safety Management at a local Trust level, providing updates on improvements achieved throughout the reporting period February – July 2018. The report also acknowledged the requirement for a number of KPI's to be identified and agreed alongside the development of a Trust Health and Safety Strategy.

**18/312** It was noted that there were some areas of work not described in the report, for KEJ / ST

example work around sharps and work involving the enhanced care team and the falls group; this would be included in the next report. KPIs were being agreed and would be included in the next report.

**18/313** Reflecting on recent national publicity about asbestos George Webb asked whether the Trust had an ongoing asbestos removal programme and whether it was satisfied that risks had been mitigated. The Trust had successfully tendered to ensure that where Asbestos Containing Materials (ACM's) were identified within the Trust premises they were managed in compliance with the Control of Asbestos Regulations (CAR) 2012, to ensure the safety of all patients, staff, visitors and contractors whilst on Trust premises. There were 3 risks relating to asbestos management on the Trusts risk registers and mitigation actions were in place. The Trust carried out ongoing asbestos re-inspection survey of all Trust sites and there was a comprehensive process for all contractors working on site in terms of identifying areas of risk. All contractors were required to read the Asbestos Policy.

**18/314** The Committee welcomed the more detailed report. In response to a query about how risks were picked up and escalated it was clarified that issues were identified through departmental Health & Safety Group meetings, these fed through to the Health & Safety (H&S) Committee and then to ANCR. During further discussion it was agreed the report needed to encompass wider H&S and refer back to the TOR of the DBTH H&S Committee remit which may include fire safety, Legionella, Asbestos, Electrical safety etc and a section on how learning was shared in future reports including assurance on risk.

KEJ/ST

**18/315** The H&S Update was DISCUSSED & NOTED

#### **IT Security - IT Penetration Test of Trusts Sites Update**

**18/316** The Committee received the report of the Chief Information Officer which was presented by Robin Smith IT security Manager. The report provided assurance on the readiness of Trust staff to assess security risks to physical sites. This related to specific security threats arising from security assessments conducted in October 2017 and new guidance from NHS Digital regarding security risks. The report supported the delivery of the Trust's security strategy, clarifying the current risks and issues regarding information and physical security. The report also clarified the remedial actions undertaken in line with national guidance issued by NHS Digital with regard to security management.

**18/317** An update was provided on a recent penetration test of Trust sites by the IT Security team. This was to determine its current level of performance improvement in key area of Trust services following testing during 2017. This testing was a high level review of the Trust's security environment and to identify further areas for improvement. Staff vigilance was at the heart of security protection and as such a key issue was staff awareness of possible physical threats, it was therefore key to have both cutting edge technology and good levels of staff awareness. The key question posed was to consider the current preparedness of staff to detect physical security threats across sensitive areas of the Trust's sites. This would reveal whether recent training and marketing had raised awareness of security threats.

**18/318** The IT Security team noticed a significant improvement in the willingness of staff to

query officers accessing various departments across all three sites that were previously tested. The testers were routinely queried immediately by staff on entering clinical areas at all sites. The risk scores outlined in the three tables included in the report showed a significant improvement on previous results and reflected the willingness of staff to challenge individuals. Staff had also been quick to cite security requirements and key policy processes as part of this communication with testers. Whilst this was only anecdotal evidence the marked change in staff engagement following the previous review was positive.

**18/319** It was noted that a 2<sup>nd</sup> digital resilience test which would involve an email phishing exercise would be conducted later in the year and an update on this would be brought to a future meeting. **SM/KA**

**18/320** The IT Penetration Test of Trusts Sites Update was NOTED.

#### **Losses and Compensation Payments**

**18/321** A summary of the information from the Loss & Compensation file, held within Financial Accounts, was presented.

**18/322** The Losses and Compensation Payments report was NOTED.

#### **Waiving of Standing Orders**

**18/323** The Waiving of Standing Orders quarterly report was NOTED.

#### **Issues escalated from sub-committees**

**18/324** None.

#### **Issues for escalation to Board of Directors**

**18/325** None.

#### **Any Other Business**

**18/326** None raised.

#### **Evaluation of Meeting**

**18/327** Members and Observers reflected on the meeting; It was felt the meeting had been chaired efficiently with good levels of engagement. Governor Observers felt that the new NEDs had brought a renewed energy to the committee proceedings and they welcomed this. The meeting could have benefited from some re-ordering of the agenda, some information items did not need to be presented and could have been to note to give other items greater prominence; agenda planning meetings had been scheduled for the 2019 ANCR meeting cycle and this would give greater focus to the agenda planning process. Linn Phipps welcomed the suggestion for QEC & F&P to have cross sight of IA recommendations and reports; The Chair would consider a process for this outside of the meeting. The quality of the teleconference call used by Linn Phipps had been poor; a better solution would be needed for future meetings.

**Time and date of next meeting:**

**18/328** Regular Quarterly Meeting  
**Date:** 22 November 2018  
**Time:** 9am  
**Venue:** TBC

**Signed:**

.....  
**Kath Smart**  
**Chair**

.....  
**Date**

DRAFT



**Minutes of the Meeting of the Management Board**  
of  
**Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust**  
on  
**Monday 15 October 2018 at 2:00pm**  
**in the Boardroom, DRI**

**Present:**

Richard Parker (Chair)	Chief Executive
Karen Barnard	Director of People & Organisational Development
Antonia Durham Hall	Divisional Director – Surgical
Eki Emovon	Divisional Director - Children and Families
Moirra Hardy	Director of Nursing, Midwifery and Allied Health Professionals
Nick Mallaband	Divisional Director – Emergency
David Purdue	Deputy Chief Executive & Chief Operating Officer
Sewa Singh	Medical Director
Jochen Seidel	Divisional Director – Clinical Specialists

**In attendance:**

Matthew Kane	Trust Board Secretary
Simon Marsh	Chief Information Officer
Marie Purdue	Director of Strategy & Improvement
Kirsty Edmondson-Jones	Director of Estates & Facilities
Kate Sullivan	Corporate Governance Officer
Pat Drake	Non-executive Director (Observer)

**Apologies:**

Jon Sargeant – Director of Finance

**Action**

**Apologies**

**MB/18/10/1** The Chief Executive welcomed Pat Drake to the meeting and introductions were made around the table. Apologies as recorded above were noted.

**MB/18/10/2** **Minutes of last meeting**

**MB/18/10/3** The minutes of Management Board on 17 September 2018 were approved as an accurate record subject to:

MB/18/9/20 'were struggling to meet financial plans' *to be amended to* 'were facing financial challenges'

18/9/5 to 18/9/14 - There was a brief discussion about a post meeting note which recorded that, after the previous meeting in September 2018, NHSI had asked Trusts to pause work on the creation of new subsidiaries. The Trust had therefore suspended further engagement on the matter until further



information was known. In response to a query from Jochen Seidel The Chief Executive provided an update and during further discussion it was noted that NHSI were now in consultation on the matter and more would be know once the outcome was published.

### **Matters arising and action notes**

**MB/18/10/4** The action log was reviewed and updated.

MB 18/9/32 – The Chief Information Officer clarified that issues raised about remote access to the Trust’s information systems from outreach clinics in the community had been escalated to RDaSH who were responsible for access to the systems within GP surgeries. The Trust had asked them to prioritise the areas highlighted at the previous meeting.

MB/18/9/3 – The Deputy Director of Finance and The Deputy Director of People & Organisational Development were finalising a process that would enable Divisions could find out whether VCFs were in place and track when VCFs were due to expire. A note would be circulated sin due course.

MB/18/9/28 – It had been agreed to laminate the general surgical referrals pathways and place them in plain sight on the walls above/near telephones. This had been delayed due to issues accessing the drive were the documents were saved; this had now been resolved and the action was being taken forward.

### **Improvement Programme Update (Presentation MP)**

**MB/18/10/5** Management Board received a detailed presentation from the Director of Strategy & Transformation on Quality Improvement (Qi) Practice.

**MB/18/10/6** The Trust was one of a first cohort working with a team from NHSI consultants to help the Trust develop Qi faster than it would have been able to alone and an overview of the main elements of this work was provided.

**MB/18/10/7** Improvement events had been held across the Trust. These had proven to be helpful and an update was provided. All Executive Directors were taking part in Qi training and using control boards in monthly and weekly meetings to implement and oversee improvement. A large number of small improvements had been identified for Trauma & Orthopedics; when aggregated they presented a significant area for opportunity. Visioning had been undertaken with the team and a value stream analysis (VSA) had been undertaken. The Director of Strategy & Improvement talked Management Board through the process of developing a Problem Statement, agreeing targeted performance and mapping out a Future State and Ideal State; examples were provided along with learning from the process and next steps.



There had been good clinical engagements and staff had felt the process had been beneficial. There had also been good feedback from external stakeholders.

**MB/18/10/8** Management Board considered the next steps for T&O which included working with Surgery and the Emergency Department; this would involve several days' work with teams and the proposed dates were set out in the presentation. It was felt it would be better to undertake the work after winter pressures had subsided and which areas should be progressed first was discussed in detail and it was agreed to progress with trauma and ED first.

**MB/18/10/9** The Chief Executive commented that Qi was the vehicle to change things and time needed to be taken to engage with staff and drive culture change but also to get benefits out quickly. He shared feedback from staff he had spoken to at engagement events; nearly all staff had expressed how useful they had found the process. Staff had also gained a better understanding of wider issues and how complex they were. He also shared feedback on Qi from a recent NHS providers meeting including feedback from Sheffield Teaching Hospitals and Qi work they were undertaking.

**MB/18/10/10** The update was NOTED.

#### **Governance & Assurance Enabling Strategy Update**

**MB/18/10/11** Management Board received a presentation from the Medical Director on the Governance & Assurance Strategy which was included in the papers.

**MB/18/10/12** An Internal Audit review of the strategy had provided significant assurance in terms of alignment with the Strategic Direction. The meeting was provided with an overview of the strategy milestones which included; ensuring specialty governance meetings complied with terms of reference, work to complete the Quality Dashboard including ensuring it was made available to all staff on web-based platform. Improving processes within Risk & Legal Services including the processes for Serious Incidents (SIs) and inquests and improved compliance and learning from deaths and improve compliance of Duty of Candour.

**MB/18/10/13** A detailed update on progress to date for each milestone was included in the report and an overview was provided; Specialty Governance meetings complied with the current generic terms of reference in terms of its core business, the Quality Dashboard metrics were now complete and available on a shared network drive, the next phase was to make this available on a web based platform and this was expected to be completed within a few months.

**MB/18/10/14** Progress on improving Risk and Legal processes had be slower than hoped for



due to vacancies in key posts; recruitment was underway and once gaps were filled it was expected that significant progress would be made.

- MB/18/10/15** In terms of compliance with learning from deaths the level of structured judgement reviews benchmark well nationally but the Trust needed to ensure no avoidable deaths were being missed and a sifting process was to be introduced to identify those deaths that were unexpected. Management Board discussed the amount of time required for clinicians to do mortality reviews, these could take over 40 minutes per case and within existing resource some Divisional Directors highlighted that undertaking this work was challenging. Divisional Directors supported the introduction of a screening process.
- MB/18/10/16** During further discussion a question was raised about what areas of clinical governance work were included in job plans and what was remunerated through SPAs and this was discussed in detail; The Medical Director pointed out that this was clearly set out in job planning guidance. There was further discussion about administration support for clinical governance leads, variances in administration support across specialities, proposals for a patient safety facilitator, what the role of a medical examiner would be and the extent of legal support. The structure for administration support for clinical governance was part of a corporate review and was being developed; it would be shared once available.
- MB/18/10/17** There was discussion about the Trusts plans to achieve a CQC rating of outstanding. The Trust Board Secretary made the point that in those Trusts that had achieved an overall rating of Outstanding there were known strong links to being rated outstanding for 'Well Led' and he suggested the Trust take some time to look at that and to assess where the gaps were to achieving outstanding for 'Well Led' and this was discussed.
- MB/18/10/18** The update was NOTED.

#### **Brexit Preparations – Risks and Business Continuity**

- MB/18/10/19** Management Board considered a report of the Emergency Planning Officer. The United Kingdom (UK) had voted to leave the European Union (EU) and was scheduled to depart at 11pm UK time on Friday 29 March, 2019. As a result of the current lack of detail on the terms, and the resultant impact, of the withdrawal of the UK from the EU, there was a potential for increased risk to the business continuity provision of the NHS and DBTH operational services during, and after, the Brexit transition period. NHS England had established a European Transition Unit (NHS ETU) to examine risks relating to Brexit nationally. The NHS ETU had identified 9 key risks which were set out in the report. The report outlined the Trusts approach and work which had started to identify the impacts which may affect DBTH, in order that



arrangements may be put in place to prepare for the consequences of differing scenarios (including a no deal outcome).

**MB/18/10/20** The Brexit Preparations – Risks and Business Continuity report was DISCUSSED and NOTED.

#### **Revised Terms of Reference (ToRs) for Strategic Delivery Groups**

**MB/18/10/21** The Strategy Delivery Steering groups' terms of reference had been amended as a result of changes to the management structure to establish divisions and in response to the Internal Audit Feedback which was set out in the paper. The Chief Executive reminded Management Board that the delegated authority of each groups was limited to that set out in the ToRs; to approve operational plans, policies and procedures in line with the scheme of delegation or to make recommendations to Management Board or the Corporate investment Group (CIG). They did not have the authority to circumnavigate the approval processes through Management Board or CIG.

**MB/18/10/22** The ToRs of the Children and Families Board, Elective Care Steering Group and Urgent & Emergency Care Steering Group were APPROVED subject to a review of the attendance sections to ensure they were consistent across the groups.

**MB/18/10/23** The Revised ToRs for Strategic Delivery was APPROVED.

#### **ICS Update**

**MB/18/10/24** The Chief Executive provided an update on the work of the South Yorkshire & Bassetlaw Integrated Care System (ICS); The Board of Directors had received the 2<sup>nd</sup> stage of the Hospital Services Review. Details of the Trusts response were provided; this had included comments on hosted networks and some requests for clarification. There was further discussion about the review in the context of the CCG. The Board had also considered a report of the South Yorkshire and Bassetlaw Integrated Care System (ICS) that outlined the memorandum of understanding (MoU) for the ICS; Whilst supporting the direction of travel, the Board had highlighted some concerns; the Chief Executive provided an overview of the Board discussion.

**MB/18/10/25** In the context of the Hospital Services Review there was a brief discussion about proposals for the provision of centralised pathology services; a number of questions were raised about when the Trust would know which tests would be done centrally and this led to discussion about communications and engagement at speciality level; engagement had commenced with leads who would now be going back to host organisations.



**MB/18/10/26** At Place Level work had commenced to explore a place based strategy and the Chief Information Officer would undertake a period of work on a Place Based IM&T Strategy. Next steps would include explore further strategy including a single estates strategy, training & development strategy, workforce strategy and a communications strategy.

**MB/18/10/27** The ICS Update was NOTED.

### **Finance Report**

**MB/18/10/28** Management Board considered a report of the Director of Finance that set out the Trust's financial position at month 5 (August 2018), which was a deficit of £3.4m, which was an adverse variance against plan in month of £1,008k. The cumulative position to the end of month 5 is a £10.9m deficit, which is £1.1m adverse to plan.

**MB/18/10/29** The Key messages were the same as in previous months; the Trust needed to achieve a £6.6m deficit to deliver the year end control total, and therefore needed to essentially achieve a better than break even position for the rest of the year. There were significant risks to delivery of the forecast and the financial control total, including delivery of CIP which had been back loaded in the plan and significant savings were still required to be identified and delivered. Whilst work continues the gap in the plan is not being closed quickly enough. The Trust needed to implement NHSI quality improvement findings at pace and scale.

**MB/18/10/30** Another significant risk to delivery of the forecast was the control and reduction of agency and additional sessions. Divisional Directors had been asked to review all vacant posts / gaps in rotas that were regularly being covered using agency staff and to consider whether the posts were actually needed; Nick Mallaband commented that having reviewed this within his own directorate there was very little that could be done to reduce the gaps in rotas without risking performance and this was discussed. The key issue was to ensure the Trust could demonstrate good grip and control on agency spend and could evidence that reviews had been carried out across the board including ensuring plans were in place for all regular gaps in rotas.

**MB/18/10/31** The Finance Report was NOTED.

### **MB/18/10/32 Corporate Risk Register**

**MB/18/10/33** Management Board considered a report of the Trust Board Secretary which set out the latest corporate risk register for consideration.

**MB/18/10/34** There had been no risks escalated through Datix in the previous month. However discussions had taken place on two potential corporate risks:



- **Hospital transport from Bassetlaw Hospital.** The Chief Operating Officer and General Manager had met with EMAS and the CCG. EMAS were going to look at an additional urgent vehicle to support and the CCG were going to commission a separate crew to support transfers. This should mitigate the increased risk through winter.

- **Brexit and preparations for a potential 'no deal' scenario.** The issues had been covered more fully within the report on the agenda however the issues around medicines supply, information governance and workforce were picked up elsewhere on the board assurance framework and corporate risk register and therefore a separate Brexit risk was not considered necessary at this time.

**MB/18/10/35** The Corporate Risk Register was NOTED.

**MB/18/10/36** **Consultant Recruitment**

**MB/18/10/37** The following proposals for a replacement consultants were presented for consideration:

**Consultant Obstetrician and Gynaecologist**

The case was APPROVED subject to approval of the job plan and person specification by the Medical Directors office and confirmation from the DoF that the post was funded.

**Replacement Consultant Orthopaedic Surgeon with special interest in Arthroplasty**

The case was APPROVED subject to approval of the job plan and person specification by the Medical Directors office and confirmation from the DoF that the post was funded.

**MB/18/10/38** David Purdue reminded Management Board that administration support for all consultant posts needed to be included in budgets and this was noted.

**Information Items to note**

**MB/18/10/39** The Chief Executive's Report, Business Intelligence Report and minutes from Corporate Investment Group on 29 August 2018 were all NOTED.

**Any Other Business**

**MB/18/10/40** Bassetlaw Hospital – Plans for Karen Barnard and Moira Hardy to relocate to Bassetlaw Hospital were progressing. Going forward there would be an emphasis on greater management representation at all sites.



#### **Items for escalation from sub-committees**

**MB/18/10/41** None.

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

**MB/18/10/42** The next meeting of Management Board would take place 19 November 2018 at 2pm in the Boardroom.

## Board of Directors Agenda Calendar

STANDING ITEMS			OTHER / AD HOC ITEMS
MONTHLY	QUARTERLY	BIANNUAL / ANNUAL	
<b>NOVEMBER 2018</b>			
CE Report	Board Assurance Framework & corporate risk register Q2		P&OD Update
Performance Report			Brexit Preparations
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
ANCR Minutes			
<b>DECEMBER 2018</b>			
CE Report	Report from the Chair of the ANCR committee (Verbal)		Estates Visit
Performance Report	Estates Quarterly Performance		
MB Minutes	QEC minutes		
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>JANUARY 2019</b>			
CE Report	ANCR minutes (16.12.16)	Budget Setting / Business Planning / Annual Plan	Constitution
Performance Report	Executive Team's Objectives	SOs, SFI, Scheme of Delegation	CT/HASU (part 2)
MB Minutes	Complaints, Compliments, Concerns and Comments Report		Joint working
Finance & Performance Minutes			External reviews policy
Finance Report			
Chairs' Assurance Logs			

<b>FEBRUARY 2019</b>			
CE Report	QEC Minutes	Budget Setting / Business Planning / Annual Plan	Finance Strategy
Performance Report	Board Assurance Framework & corporate risk register Q3		
MB Minutes			
HWB Decision Summary			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>MARCH 2019</b>			
CE Report		Budget Setting / Business Planning / Draft Annual Plan	
Performance Report			
MB Minutes			
HWB Decision Summary			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>APRIL 2019</b>			
CE Report	ANCR minutes	Draft Annual Report	Mandatory training update
Performance Report	Executive Team's Objectives	Draft Quality Account	
MB Minutes	Estates Annual Report	Staff Survey	
HWB Decision Summary	Board Assurance Framework & corporate risk register Q4 (inc. annual assurance summary)		
Finance & Performance Minutes			
Finance Report			

Chairs' Assurance Logs			
<b>MAY 2019</b>			
CE Report	QEC Minutes	Annual Report	
Performance Report		Quality Account	
MB Minutes		Annual accounts	
HWB Decision Summary		ISA260 and quality account assurance	
Finance & Performance Minutes		Charitable Funds minutes	
Finance Report		Mixed Sex Accommodation	
Chairs' Assurance Logs			
<b>JUNE 2019</b>			
CE Report			
Performance Report			
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>JULY 2019</b>			
CE Report	ANCR Minutes	ANCR Annual Report	
Performance Report	Estates Quarterly Performance		
MB Minutes	Board Assurance Framework		
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			

<b>AUGUST 2019</b>			
CE Report	QEC minutes		Health and Wellbeing
Performance Report	ANCR Minutes		Missed Appointments
MB Minutes	Executive Team Objectives		
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>SEPTEMBER 2019</b>			
CE Report		Winter Plan	
Performance Report		EPPR	
MB Minutes		Annual Compliance against the National Core Standards for Emergency Preparedness, Resilience and Response (EPRR)	
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>OCTOBER 2019</b>			
CE Report	ANCR minutes	Charitable Funds minutes	
Performance Report	Executive Team's Objectives		
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			

**Minutes of the meeting of the Board of Directors**  
**Held on Tuesday 23 October 2018**  
**In the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Alan Chan	Non-executive Director
	Pat Drake	Non-executive Director
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	Sheena McDonnell	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 (part)
	Sewa Singh	Medical Director
	Kath Smart	Non-executive Director
<b>In attendance:</b>	Marie Purdue	Director of Strategy and Transformation
	Kirsty Edmondson-Jones	Director of Estates and Facilities (part)
	Adam Tingle	Acting Head of Communications and Engagement
	Professor Linda Wyld	Honorary Consultant Breast Surgeon
	Matthew Kane	Trust Board Secretary
	Liz Staveley Churton	Governor
	Alan Robinson	Governor
	Mark Bright	Governor
	Yvonne Butcher	Staff Side
	Gareth Jones	Observing

**ACTION**

**Welcome and apologies for absence**

- 18/10/1** All directors were present, with the exception of Jon Sargeant who had been delayed due to traffic issues. The Chair welcomed Gareth Jones who would be joining the Trust on 3 December as Trust Board Secretary.

**Declarations of Interest**

- 18/10/2** No interests were declared in the business of the public session of the meeting.

**Actions from the previous minutes**

- 18/10/3** The list of actions from previous meetings was noted and updated.

**Presentation slot – Clinical research in older people**

- 18/10/4** The Board considered a presentation from Lynda Wyld, Professor of Surgical Oncology at University of Sheffield and Honorary Consultant Breast Surgeon, in the Jasmine Breast Centre at the Trust.

- 18/10/5** Professor Wyld had applied for and received funding to undertake research into treatment for older women with breast cancer. The work was still to be completed but had initially found that, often, surgery had an adverse impact on the patient and their chances of survival and that other forms of treatment including tablets were often a better solution.
- 18/10/6** In response to a question from Pat Drake, the meeting was advised that although the national screening programme finished for women over 70 people could continue with it if they were fit and healthy.
- 18/10/7** In response to a question from Linn Phipps about how research was translated into guidance, the Board was advised that analysis would be undertaken over the next year which would culminate in the publication of a number of papers.
- 18/10/8** In response to a question from the Chair about how Professor Wyld's appointment benefitted the Trust, the Board was advised that there were many benefits in respect of links to staff in the medical school and cross-fertilisation of ideas. The Medical Director praised Professor Wyld's work, whilst at the same time acknowledging some of the realities it presented in terms of treatment.

*Kirsty Edmondson-Jones, Director of Estates and Facilities, left the meeting at this point*

- 18/10/9** The Board NOTED the update.

#### **Use of Trust Seal**

- 18/10/10** The use of the Trust Seal for the entries 99, 100 and 101 in the Seal Register were APPROVED.

#### **Progress against Corporate Objectives 2018/19**

- 18/10/11** The Board considered a report of the Chief Executive which set out quarters one and two 2018/19 progress against the corporate objectives.
- 18/10/12** In total, one objective had been completed, 28 were on track, 25 were amber and none were off track. The Chief Executive confirmed that he had decided the ratings following an initial view by executives.
- 18/10/13** In response to a question from Sheena McDonnell, the Board was advised that the Chief Executive anticipated that most objectives would be completed and that many of the amber ratings would turn green in quarter three. Pat Drake requested that the information better align with the Trust's board committees.
- 18/10/14** Kath Smart expressed surprise that there were no red rated objectives. The Chief Executive advised that, as the year progressed, the picture would become clearer and at that point there may be some red ratings.

**18/10/15** Board NOTED the paper for assurance.

**Chairs Assurance Logs for Board Committees held 20 September 2018**

**18/10/16** The Board considered a report of the chairs of Finance and Performance Committee and Quality and Effectiveness Committee following their meetings on 22 October.

**18/10/17** The Finance and Performance Committee had considered a presentation on agency spend, received assurance on the catering contract, considered a bid for Integrated Care System funding for digital work and emphasised the importance of engaging with divisional directors on performance and finance matters.

*Jon Sargeant, Director of Finance, joined the meeting at this point.*

**18/10/18** Neil Rhodes went on to state that the Trust had achieved its quarter two Provider Sustainability Funding (PSF) for hitting finance and performance targets, but it was an incredibly challenging picture moving forwards.

**18/10/19** There was a brief discussion around the importance to the Trust of reducing the need for locums and hitting performance targets. March was understood to be especially challenging given the target was 95%, a standard that had not been hit nationally for six years. On locums, the Medical Director advised that plans were in place for each specialty to fill vacancies. A new Deputy Medical Director was leading on key initiatives, Getting It Right First Time and Model Hospital.

**18/10/20** The Quality and Effectiveness Committee discussed the path towards getting the Trust to CQC outstanding as well as the most recent report on Learning from Deaths. The Committee had also discussed risks within one particular service area and the value of apprenticeships.

**18/10/21** Board NOTED the updates.

**Strategy Update**

**18/10/22** The Board considered a report of the Director of Strategy and Transformation that highlighted progress against implementation of the Trust's enabling strategies and provided an update on the work the Trust was doing on quality improvement (Qi) practice.

**18/10/23** The main points from the paper were as follows:

- Terms of reference for the Trust's strategy groups had been amended.
- Qi events were taking place across the Trust.

- A purpose pyramid which identified the vision, mission and goals of the improvement work had been developed.
- A Value Stream Analysis (VSA) for Trauma and Orthopaedics had taken place and one for Maternity was planned.

**18/10/24** The Board discussed the value of research in Qi work and were assured that an approach would be developed and reported in Quarter 3. Further to a question from Pat Drake, the Board reflected on how challenging changing behaviours was compared to changing processes. Linn Phipps was keen for NEDs to participate in the Qi work.

**18/10/25** The Board NOTED the content of the report.

*The meeting adjourned at 11.20am for a short comfort break and reconvened at 11.30am.*

### **Finance Report – October 2018**

**18/10/26** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 6 as a £1.1m deficit, which was a favourable variance against plan in month of £1.1m. The cumulative position to the end of month 6 was an £11.9m deficit, which was £1k favourable to plan.

**18/10/27** The forecast at Month 6 scenario indicated a range of potential year end positions, with the realistic case showing the Trust missing the control total by £2.9m (before PSF). Therefore, the Trust needed to take immediate action to close the financial gap and deliver the Trust's financial plan.

**18/10/28** Such measures included meetings with divisions and seeking to find £200k per month from reducing agency spend. Key risks included potential changes to block contracts and the need to agree activity figures in order to access funding to hit Referral to Treatment Targets.

**18/10/29** The Board was advised that the Trust expected to hit approximately £12m of cost improvement plans. The Trust now had in excess of £18m worth of schemes but, within that, there were some key priorities.

**18/10/30** In response to a question from the Chair, the Board was advised that the divisional directors were supportive of the First to Follow Up work and grip and control procedures. Further to a follow-up question from the Chair, the Board was advised that the Trust was expected to hit 90% of its CQUINs.

**18/10/31** The Board NOTED:

- (1) The Trust's deficit for month 6 (September 2018) was £1.1m, which was a favourable variance against plan in month of £1.1m. The cumulative position to the end of month 6 was an £11.9m deficit,

which was £1k favourable to plan.

- (2) The progress in closing the gap on the Cost Improvement Programme.
- (3) The forecast scenarios presented including the risks set out in the paper.

### **Performance Report as at 30 September 2018**

**18/10/32** The Board considered a report of the Chief Operating Officer, Medical Director, Director of Nursing, Midwifery and Allied Health Professionals and Director of People and Organisational Development that set out operational and workforce performance in month 6, 2017/18.

**18/10/33** Performance against key metrics included:

- 4 hour access – The Trust achieved 93.7% against the national standard of 95%.
- RTT – The Trust performed slightly below our contract target, reaching 88%.
- Cancer targets – The 62 day performance achieved the 85% standard, coming in at 86.2%.
- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 90.89.
- C.Diff – There were no cases recorded in month and below (better than) year trajectory.
- Nursing workforce - The Trust's overall planned hours versus actual hours worked was 99%.
- Appraisal rate – The Trust's appraisal completion rate remained static at 78.5%.
- SET training – The Trust's SET training rate remained static at 82.37%.
- Sickness absence – The year-to-date figure at 4.15%.

**18/10/34** This month's performance report contained a number of additional reports including details of children's autism pathways, delayed transfers of care and ambulance handover data. The Trust was working on improving

ambulance handover times but improvements could take some time as this was not a matter that was entirely within the Trust's control.

**18/10/35** Work continued on understanding why people attended Accident and Emergency. Approximately 2,500 people had responded to the survey in addition to 100k people liking it on Facebook but people's feelings towards the problem was not always matched by changes in behaviour. Linn Phipps reflected on the use of nudge theory that had been popularised by Richard H. Thaler and wondered whether such work could provide a way into tackling rising ED attendance.

**18/10/36** The Chief Operating Officer also reflected on the Trust's work around System Perfect and updated on discussions with HM Prisons Service. It was agreed that the outcomes of the two events to be held with the Prisons would be brought back to a future Board meeting.

**DP**

**18/10/37** In response to some concerns raised by governors, there was a brief discussion on medical outliers. While outliers was always something the Trust aimed to avoid, it had in fact reduced the numbers from 70+ three years ago to approximately three so far this year. Neil Rhodes praised the level of improvement noting that good performance did not always mean 100% nor did it mean zero and this should be recognised.

**18/10/38** There was a brief discussion around the transition to nurse-led paediatrics services within the Trust and it was agreed that this be brought back to a future Board meeting. It was noted that complaints performance had dipped in the previous quarter but it was felt that this may be attributable to the change in divisional structure so would be monitored.

**DP**

**18/10/39** The Board NOTED the Performance Report.

#### **Estates and Facilities Q2 Performance**

**18/10/40** *Kirsty Edmondson-Jones, Director of Estates and Facilities, re-joined the meeting at this point*

The Board considered a report of the Director of Estates and Facilities that set out a quarterly update against the performance of Estates and Facilities Services (E&F) for Quarter 2, July to September 2018.

**18/10/41** In summary, nine measures had seen an increase on the previous quarter; seven had seen a decline and two stayed the same. The report also included an overview of national benchmarked scores from this year's Patient Led Assessment of the Care Environment (PLACE) which had seen the Trust climb into the top 20 for a number of categories.

**18/10/42** The Board considered the report and proposed some changes including data setting out how long estates planned maintenance had been missed and a qualitative commentary for some of the data.

**18/10/43** Further to a question from the Chair, the Board was advised of a fault in the reporting system which had since been rectified. Linn Phipps advised that although estates risks sat within Finance and Performance Committee's remit she was keen for the Quality and Effectiveness Committee to explore how such issues affected quality.

**18/10/44** The Board briefly reflected on some negative news coverage that had sensationalised the true extent of the Trust's estates risk. In context with other trusts, the Trust had seen much fewer incidents relating to estates and facilities in the past year.

**18/10/45** Sheena McDonnell sought more assurance from the report over planned versus responsive repairs, expectations around delivery and health and safety issues.

*Sheena McDonnell & Kirsty Edmondson Jones left the meeting at 12.40pm.*

**18/10/46** The report was NOTED.

#### **Corporate Risk Register and Board Assurance Framework Q2**

**18/10/47** The Board considered a report of the Trust Board Secretary which set out the quarter two position on the corporate risk register (CRR) and board assurance framework (BAF), following review by executives.

**18/10/48** In the quarter, four risks on the BAF had seen ratings fall and one had been de-escalated from the corporate risk register. This included the risk around complaints handling. In view of current performance around complaints, this would be reviewed in the following quarter.

**18/10/49** The BAF continued to be refined with the addition of a 'direction of travel column'. The risks around Brexit continued to be monitored but it was felt that risks on the CRR and BAF around medicines management, workforce and information governance adequately covered this off.

**18/10/50** The report was NOTED.

#### **Reports for Information**

**18/10/51** The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Charitable Funds Committee, 31 July 2018
- Minutes of Management Board, 17 September 2018

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

**18/10/52** None.

**Minutes**

**18/10/53** The minutes of the meeting of the Board of Directors on 25 September 2018 were APPROVED as a correct record.

**Any other business**

**18/10/54** There were no items of other business raised.

**Governors questions regarding business of the meeting**

**18/10/55** Referring to a recent discussion at the Trust's Management Board, Mark Bright asked how the Council of Governors would be involved in any discussions on a wholly owned subsidiary (WOS). The Board was aware that the Trust had agreed to explore the development of a WOS and had planned some listening events – including with governors - as part of that work. These had not taken place following NHS Improvement's request that trusts pause work on WOS development subject to a consultation. It was anticipated that guidance on the creation of a WOS would be issued following the consultation. If approval for a WOS was deemed to be a 'significant transaction' then governors would have an opportunity to directly influence the matter.

**18/10/56** Subject to a further question around how governors could be involved in Qi projects, the Board was advised that governors would be involved in such work through the Patient Experience Committee.

**Date and time of next meeting**

**18/10/57** 10.00am on Tuesday 27 November 2018 in the Boardroom, Bassetlaw Hospital.

**Exclusion of Press and Public**

**18/10/58** 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.

*The meeting concluded at 1.00pm.*

Suzy Brain England  
**Chair of the Board**

**Date**