



The meeting of the Board of Directors

**To be held on Tuesday, 26 February 2019 at 10:00am
in the Boardroom, Bassetlaw Hospital**

AGENDA

Part I

	Enclosures	Time
1. Apologies for absence	(Verbal)	10:00am
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. Data Security and Protection Toolkit Roy Underwood – Data Protection Officer	Presentation	10:05am

Reports for Decision

5. Car Parking and Security Contract Jon Sargeant – Director of Finance	Enclosure B	10:15am
6. SY&B Pathology Programme Richard Parker – Chief Executive	Enclosure C	10:25am

Reports for assurance

7. Finance Report as at 31 January 2019 Jon Sargeant – Director of Finance	Enclosure D	10:35am
8. EU Exit David Purdue – Chief Operating Officer	Enclosure E	10:50am
9. CQC Update Moirra Hardy – Director of Nursing, Midwifery and Allied Health Professionals	Verbal	10:55am
10. Performance Report – 31 January 2019 Led by David Purdue – Chief Operating Officer	Enclosure F <i>Quality Section to follow</i>	11:10am

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|--|-------------|----------------|
| 11. Executive Teams Objectives
Richard Parker – Chief Executive | Enclosure G | 11:20am |
| BREAK | | 11:30am |
| 12. Staff Survey Report
Karen Barnard – Director People and Organisational Development | Enclosure H | 11:40am |
| 13. Guardian for Safe Working
Dr Jayuant Dugar – Guardian for Safe Working | Enclosure I | 12:00pm |
| 14. Chairs Assurance Logs for Board Committee held 20 February 2019 and 25 February 2019
Neil Rhodes – Chair of Finance and Performance Committee
Linn Phipps – Chair of Quality and Effectiveness Committee | Enclosure J | 12:15pm |
| Reports for information | | |
| 15. Chair and NEDs' Report
Suzy Brain England – Chair | Enclosure K | 12:25pm |
| 16. Chief Executive's Report
Richard Parker –Chief Executive | Enclosure L | |
| 17. Bassetlaw Integrated Care Partnership Bulletin
Richard Parker –Chief Executive | Enclosure M | |
| 18. Minutes of Management Board, 14 January 2019
Richard Parker – Chief Executive | Enclosure N | |
| 19. Minutes of Quality and Effectiveness Committee, 17 December 2018
Linn Phipps – Chair of Quality and Effectiveness Committee | Enclosure O | |
| 20. Minutes of the Fred & Ann Green Legacy Advisory Group 16 November 2018
Alan Chan – Chair of Fred & Ann Green Legacy Advisory Group | Enclosure P | |
| 21. Minutes of the Charitable Funds Committee 25 September 2018
Sheena McDonnell – Chair of Charitable Funds Committee | Enclosure Q | |
| 22. Integrated Care System Update
Richard Parker – Chief Executive | Enclosure R | |
| 23. Board of Directors Agenda Calendar
Gareth Jones – Trust Board Secretary | Enclosure S | 12:40pm |

Minutes

- | | | |
|---|-------------|---------|
| 24. To approve the minutes of the previous meeting held | Enclosure T | 12:45pm |
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25. Any other business (to be agreed with the Chair prior to the meeting)

26. Governor questions regarding the business of the meeting

12:50pm

27. Date and time of next meeting

Date: 26 March 2019

Time: 09:15

Venue: Fred and Ann Green Boardroom, Mexborough
Montagu Hospital

28. Withdrawal of Press and Public

1:10pm

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.

A handwritten signature in black ink, appearing to read 'Suzy Brain', followed by a horizontal line extending to the right.

Suzy Brain England
Chair of the Board



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

Action Notes

Meeting: Board of Directors
Date of meeting: 29 January 2019
Location: Boardroom, DRI
Attendees: SBE, RP, KB, AC, PD, MH, SMc, LP, DP, NR, JS, SS, KS, MP, AT, GJ
Apologies: None

No.	Minute No	Action	Responsibility	Target Date	Update
1	18/9/51	QEC to deep dive cancelled operations.	DP	December 2018 Deferred to February 2019	To be considered on next QEC agenda of 20 th February 2019.
2	18/11/...	Brexit Preparations - Ensure Brexit is incorporated in to consideration of risk by Board Committees.	Chairs QEC/F&P/ANCR	Future Committee meetings	Update to be provided at meetings.
3	18/11/...	P&OD - Agenda for Change - Details of cost to the Trust of transition of Band 1 staff to Band 2 through – To F&P	KB/JS	TBC	Move to F&P Workplan

No.	Minute No	Action	Responsibility	Target Date	Update
4	19/1/12	Nicole Chavaudra of Bassetlaw CCG to be invited to present an update on Bassetlaw Place Plan in six months.	GJ	July 2019	On Board Calendar – no yet due.
5	19/1/44	Marie Purdue to present annual plan to Board for approval on 26 th March 2019.	MP	March 2019	Not yet due.
6	19/1/65	Each committee chair to refresh their TOR in terms of Health and Safety responsibilities and provide a recommendation to Board on how to proceed going forward.	KS, LP, NR	TBC	
7	19/1/66	Environmental Issues workshop or seminar for Board on Capital Programmes and Environmental impacts to be arranged.	KEJ / GJ	TBC	To be undertaken following Board of Directors Meeting – date TBC.
8	19/1/82	Hospital cancellation rate – figures rather than percentages of cancellations to be included in the performance report.	DP	March 2019	To be included for next reporting.

Date of next meeting: 26 February 2019
 Action notes prepared by: G Jones
 Circulation: SBE, RP, KB, MH, DP, JS, SS, MP



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

DRAFT



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

Title	Car Parking & Security Contract – Contract Recommendation Form		
Report to	Board of Directors	Date	26th February 2019
Author	Kirsty Edmondson-Jones, Director of Estates and Facilities		
Purpose			Tick one as appropriate
	Decision		X
	Assurance		
	Information		

Executive summary containing key messages and issues

Board of Directors are asked to approve the award of a contract to provide Car Parking, Security, Smoking Enforcement and Capital Investment to Indigo Park Services.

A competitive OJEU tender process was carried out, with clear award criteria, via the In-tend e-tendering portal, financial information below.

8 years with the option to extend for a further 1 year plus 1 year.
Contract Value over the 8 year period:

Total cost over the 8 year contract	Total Cost Excl. Capital	Capital	Total Cost Incl. Capital
Indigo	£5,726,838	£521,964	£6,248,802

The contract represents a cost avoidance of £55k per annum when compared to the 2018/19 forecast spend. The contract includes 3% inflation year on year. Capital investment included in the costs to be delivered as part of the Contract.

Contract commencement date 4th March 2019.

Key questions posed by the report

How this report contributes to the delivery of the strategic objectives
<p> Patients People Performance Partners Prevention </p> <ul style="list-style-type: none"> • By the delivery of an environment that is safe and secure for our staff, patients and visitors. • By creating a non-threatening culture reducing incidents of violence aggression against staff, patients and visitors. • By the development and implementation of appropriate systems and processes to effectively manage security issues • KPI's will be agreed and monitored, these will include but not be limited to; <ul style="list-style-type: none"> Quality of Service Provision of timely reports Reliability Accuracy and timeliness of invoicing Health & Safety • By encouraging staff to report incidents of violence and aggression and thefts, working with local Police and Partners to reduce thefts and increase prosecutions. • Staff awareness of the demand reduction works with South Yorkshire Police • Renewal of current Car Parking equipment and CCTV system to ensure the provision is comprehensive and effective monitoring takes place in order to protect our staff, patients and visitors. <p>Dual Role Officers trained in Community Safety Accreditation Scheme, enhancing and promoting security awareness across the DBTH sites.</p>
How this report impacts on current risks or highlights new risks
<p>a. Resource – No known issues or risks.</p> <p>b. Governance – Compliance with Health and Safety at Work etc. Act (1974), The Management of Health and Safety at Work Regulations 1999, NHS Standard Contract 2018/2019 - Service Conditions (SC24), NHS Security Management Standards, Social Care Act 2008(Regulated Activities) Regulations 2014: Regulation 15 and CQC Key Lines of Enquiry (KLOE) is an essential part of the Board's governance arrangements.</p> <p>c. PR and Communications – No known issues or risks.</p> <p>d. Patient, Public and Member Involvement – No known issues or risks.</p>
Recommendation(s) and next steps
<p>Board of Directors are asked to approve the signing of this contract.</p>

DIRECTOR OF FINANCE & INFRASTRUCTURE:

CONTRACT RECOMMENDATION SIGN-OFF

1. BACKGROUND

Project name	Provision of Car Parking, Security, Smoking Enforcement and Capital Investment			
Business Representative & Project Sponsor (Director Level)	Kirsty Edmondson Jones			
Detailed definition of the goods or services being procured including any ongoing maintenance requirements.	Contract for Car Parking, Security, Smoking Enforcement and Capital Investment. Staff will be trained to provide a dual role of car parking, security and smoking enforcement.			
Term and contract value	8 years with the option to extend for a further 1 year plus 1 year. Contract Value over the 8 year period:			
	Total cost over the 8 year contract	Total Cost Excl. Capital	Capital	Total Cost Incl. Capital
	Indigo	£5,726,838	£521,964	£6,248,802
Estimated Savings and/or Benefits	Capital investment included in the cost			
Effective Date	TBC			

2. BUSINESS NEED

Summary of business need and critical success criteria	Benefits include the exclusion of any additional expenses over and above hourly rates for the legal of legal representative. The Contract also provides a clear set of measurable KPI's.
Previous Approvals including Business Case sign off	
Detail any significant operational or financial risks mitigated or avoided	Competitive tender process carried out with clear award criteria set out. Capital investment included in the costs to be delivered as part of the Contract.

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3. OVERVIEW OF PROCUREMENT PROCESS

Summary of procurement process Including any site visits and references.	OJEU Tender via the In-tend e-tendering portal
Suppliers involved	Golden Crown Management – Withdrew Bid Indigo Park Services Manpower Direct UK Sentinel Group Security Smart Solutions Ltd
Preferred Bidder	Indigo Park Services
Financial status of Bidder	Rating – 76

4. COMMERCIALS

Financial Terms Considered	Payment Terms, Capital investment, Training costs included.
Financial Terms Agreed	The payment profile for this Contract shall be monthly in arrears.

5. IMPLEMENTATION & CONTRACT MANAGEMENT

Outline of Implementation plan	Implementation will need to be managed by Contract Managers and will involve the consideration and implementation of TUPE. Timescales to be agreed.
Director/Manager responsible for implementation	Kerry Williams LSMS/Contract Manager
Dependencies	N/A
Director/Manager Responsible for on-going Contract Management	Kerry Williams LSMS/Contract Manager

6. APPROVALS

This Procurement recommendation is to request approval to proceed with procurement activity based upon the business need and supplementary information set out above.

Approved By	Title	Signature	Date
Responsible Director / Care Group GM	Director of Estates and Facilities		
Richard Somerset	Acting Head of Procurement		
Insert Finance director if over 25k up to £250k	Director of Finance		
Add Chief Exec if over £250k	Chief Executive Officer		



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

Title	SY&B Pathology Programme		
Report to	Trust Board	Date	26th February 2019
Author	Richard Parker – Chief Executive Officer		
Purpose		Tick one as appropriate	
	Decision	X	
	Assurance		
	Information		

Executive summary containing key messages and issues
<p>In September 2017 NHSI launched a national programme for the consolidation of pathology laboratory services in England into 29 networks, with an estimated saving of £200million. This document sets out the progress made by the SYB Pathology Transformation Programme, via its Board and associated Workgroups, to transform Pathology Services across SYB. The paper seeks approval to continue this work to develop an Outline Business Case that will assess a defined set of options for future service delivery.</p>
Key questions posed by the report
<p>Does the Board agree with the suggested programme?</p>
How this report contributes to the delivery of the strategic objectives
<p>This report relates to all of the strategic aims of the Trust.</p> <p>Particular links to the STP are:</p> <ul style="list-style-type: none">• To reduce inequalities• To standardise acute hospital care• To develop our workforce• To create financial stability
How this report impacts on current risks or highlights new risks
<p>System risks are identified in the report and ICS support is requested for the resolution of a number of key enablers:</p> <ol style="list-style-type: none">1. Capital investment of around £17.8M for a single SYB Laboratory Information

Management System (LIMS), to implement Digital Pathology and for possible estates work. NHSI has been informed of the capital investment needed. Opportunities to bid for funding are being actively sought.

2. Revenue resource to backfill and release senior staff within organisations to devote time to delivering the transformation programme to agreed timescales.

In order to mitigate the risk a number of key enablers have been identified for the project to progress:

- Robust governance and management arrangements for the future SYB Pathology Service
- Implementation of a unified Laboratory Information System (LIMS) across SYB
- Implementation of digital reporting for Histopathology
- Integrated logistics (specimen transport) across the SYB region
- A single SYB pan-Pathology Managed Service Contract (MSC)
- Resource to release staff time within organisations to devote to the programme
- Estates reconfiguration / development to ensure services can be located appropriately

Recommendation(s) and next steps

The Board is asked to:

- Approve to progress the pathology transformation programme to Outline Business Case as described in the paper.
- Agree that the implementation of a single organisational form for SYB Pathology Services should be subject to the completion of an outline and full business case.
- Support the resolution of the key enablers.

Summary update to the Executive Steering Group

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

February 2019

1. Purpose

In September 2017 NHSI launched a national programme for the consolidation of pathology laboratory services in England into 29 networks, with an estimated saving of £200million. This document sets out the progress made by the SYB Pathology Transformation Programme, via its Board and associated Workgroups, to transform Pathology Services across SYB. The paper seeks approval to continue this work to develop an Outline Business Case that will assess a defined set of options for future service delivery.

2. Key issues

Significant progress has been made over the last 18 months towards establishing the governance arrangements for the transformation programme and agreeing the options for change for further assessment. However, a number of key enablers have been identified for the programme to deliver its aim of developing innovative, clinically, operationally and financially effective and commercially attractive laboratory medicine solutions that are responsive to the needs of the clinician, the patient and their families. These are:

- Robust governance and management arrangements
- Implementation of a unified Laboratory Information System (LIMS) across SYB
- Implementation of digital reporting for Histopathology
- Integrated logistics (specimen transport) across the SYB region.
- A single SYB pan-Pathology MSC.
- Resource to release staff time within organisations to devote to the programme
- Estates reconfiguration / development to ensure services can be located appropriately

3. Recommendations

- Approval to progress the pathology transformation programme to Outline Business Case as described in the paper.
- Agreement that the implementation of a single organisational form for SYB Pathology Services should be subject to the completion of an outline and full business case.
- Support for the resolution of the identified key enablers.

**Paper prepared by Jean Wardell
On behalf of the Pathology Transformation Programme**

Date 8 February 2019

South Yorkshire and Bassetlaw Integrated Care Pathology Transformation Programme

Progress Report

February 2019



SUMMARY

Similar to other regions in the UK, the laboratory (pathology) services in South Yorkshire and Bassetlaw (SYB) have evolved independently over the years as units within individual acute Trusts and have been providing support for the clinical services of the Trusts and their associated local primary care services. Over the years there has been significant regional and supra-regional collaboration and service improvement and many of the complex (specialised) laboratory services have been consolidated within Sheffield. In addition, some services, especially the larger, specialised units associated with the Sheffield Hospitals, have developed substantial commercial capability for their specialist services with the user base extending outside the SYB region.

As a consequence of the findings of the Lord Carter Review and the Model Hospital Programme, NHS Improvement (NHSI) launched a programme for the consolidation of laboratory services in England in September 2017 into twenty-nine pathology networks. The aim of this NHSI programme is to reduce unwarranted variation and ensure creation of clinically safe and sustainable pathology services for the future, providing more responsive, high quality and efficient services. The recently published NHS Long Term Plan states that 'By 2021, all pathology services across England will be part of a pathology network' and '.... pathology networks will mean quicker test turnaround times, improved access to more complex tests and better career opportunities for healthcare scientists at less overall cost'. NHSI estimated that up to £200m could be saved nationally by implementation of their proposed Hub and Spoke (central service laboratory - CSL, and essential service laboratory – ESL) model for service delivery. However, NHSI have tasked each network with defining the most appropriate service delivery model for their population.

This document sets out the progress made by the SYB Pathology Transformation Programme, via its Board and associated Workgroups, to transform Pathology Services across SYB and seeks approval from Trust Boards to proceed to develop an Outline Business Case that will assess a defined set of options for future service delivery.

The aim of the SYB Pathology Transformation is to develop innovative, clinically, operationally and financially effective and commercially attractive laboratory medicine solutions that are responsive to the needs of the clinician, the patient and their families. SYB Pathology will operate across organisational boundaries and boundaries of care, anticipating current and future service needs, proactively developing the service using R&D in conjunction with academia and industry while working as an integral component of SYB ICS.

The Strategic Outline Case for pathology transformation was made by NHSI in 2017. The SYB Pathology Transformation Programme is working to produce an Outline Business Case (OBC) which will appraise a set of agreed options for change in detail and provide a recommended option to Trust Boards. The final step of the process, subject to approval of OBC, will be the Full Business Case (FBC) which will focus upon implementation considerations associated with the recommended option.

PROGRESS

The Programme Transformation Board is chaired by a Chief Executive and supported by a Medical Director sponsor. A Programme Clinical Director and Programme Manager have been appointed. A series of expert workgroups, together with the Programme Board, have:

- Agreed a SYB Pathology Services Memorandum of Understanding (MoU), which has been signed off by all participating Trusts.
- Agreed Guiding Principles for Pathology Transformation across SYB.
- Worked to understand the methodology used by NHSI to calculate estimated savings across SYB. Based on 15/16 data the calculated 'consolidation saving' for SYB, using the NHSI methodology, was £5.2million.
- Agreed the key areas requiring investment to deliver the transformation programme.
- Set out meaningful options for change to be evaluated against the Guiding Principles.
- Recommended the essential set of tests that need to remain on site in each ESL to be responsive to all acute requirements.
- Started to identify the interdependencies between the various pathology sub specialties, clinical services, academia etc. to inform the future location of services across SYB.

- Issued a Prior Information Notice (PIN) to inform the market of our intention to procure a SYB pan-Pathology Managed Service Contract (MSC) and issued a list of initial questions to suppliers in a market engagement questionnaire.
- Collated 17/18 workload data for all disciplines and sites and are making progress to standardise the data collection between providers.
- Appointed a fixed term Workforce Lead. Agreed AfC job profiles for staff and begun the process of functional mapping of the required tasks across all services to inform the workforce model required for each option being evaluated.
- Drafted financial principles to guide decision making on changes to current service models to ensure a systems approach.
- Mapped out current IT and Logistics services.
- Gained clarification from NHSI that Sheffield Children's Hospital FT is included in the transformation programme although the specialist paediatric pathology services may be subject to a wider national transformation programme.
- Established a Project Plan to oversee time lines, risks and issues. The project plan aims to complete the OBC by July 2019 and the FBC by February 2020.

It must be noted that most members of the Board and expert workgroups are existing pathology professionals from constituent SYB organisations, and they are finding it difficult to sustain the level of input required to progress the Programme alongside existing service delivery and their core responsibilities.

OPTIONS FOR CHANGE

The options for service delivery currently being evaluated are:

1. The NHSI model of one CSL with ESLs on other acute hospital sites
2. Modified NHSI models:
 - i. More than one CSL for one or more discipline
 - ii. An expanded ESL test range and/or volume
3. Collaborative working with no change to organisational form or operating models
4. Do Nothing

The expert workgroups are currently evaluating each of the options with a view to identifying, for each option:

- Equipment requirements
- Floor space requirements
- Inter-dependencies between individual groups of tests, specialties, subspecialties, clinical services, academia etc.
- Staffing model over the 24/7 period
- Financial implications

In order to progress this work a number of key enablers have been identified. At this stage, the workgroups have assumed that they will be in place for Options 1, 2 and 3. As requested by NHS I, the network has informed them of the capital investment needed, and will be seeking opportunities to bid for funding.

KEY ENABLERS

1. Robust governance and management arrangements for the transformation programme and future SYB Pathology Service.
2. A capital investment of around £17.8m to support:
 - implementation of a unified Laboratory Information System (LIMS) across the whole SYB pathology service
 - implementation of digital reporting for Histopathology
 - estates reconfiguration / development to ensure services can be located appropriately
3. Integrated logistics (specimen transport) across the SYB region.

4. A single SYB pan-Pathology MSC.
5. Resource to release staff time within organisations to devote to delivering the Programme to agreed timescales.

RECOMMENDATIONS FOR BOARD APPROVAL

1. Approval to progress the transformation programme to OBC as described in this paper.
2. Agreement that the implementation of a single organisational form for SYB Pathology Services should be subject to the completion of an outline and full business case.
3. Support the resolution of the identified key enablers.



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

Title	Financial Performance – Month 10 – January 2019		
Report to	Trust Board	Date	26th February 2019
Author	Jon Sargeant - Director of Finance		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues

The Trust's surplus for month 10 (January 2019) was £593k, which is a favourable variance against plan of £569k before PSF (£1,325k adverse after PSF, as the Trust is not forecasting to achieve its year end control total). This is a favourable variance against forecast of £64k in month. The cumulative position to the end of month 10 is an £21.5m deficit before PSF, which is £600k favourable to plan (£1,294k adverse to plan including PSF) and £808k favourable to forecast. Therefore the Trust is currently on target to deliver its revised forecast which is a £3.72m adverse position to the control total (£9.4m including the impact of losing Q4 PSF).

The Board is asked to note the forecast position and that the gap to the control total remains the same as at Month 9. This currently shows that the Trust's financial position would be a £3.72m gap to delivering its control total before PSF (£9.4m gap including impact of losing Q4 PSF).

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 10 (January 2019) was £593k, which is a favourable variance against plan of £569k before PSF (£1,325k adverse after PSF, as the Trust is not forecasting to achieve its year end control total). The cumulative position to the end of month 10 is an £21.5m deficit before PSF, which is £600k favourable to plan (£1,294k adverse to plan including PSF) and £808k favourable to forecast.
- The achievement with regards to the Cost Improvement Programme.
- The forecast presented and reported to NHSi, of a £3.72m gap from delivering the control total before PSF (£9.4m gap including impact of not achieving Q4 PSF).
- The risks set out in this paper.



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

FINANCIAL PERFORMANCE

P10 January 2019

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

P10 January 2019

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	Variance to Forecast £'000	Actual £'000	Variance to budget £'000	Variance to Forecast £'000			Actual £'000	Variance to budget £'000	Variance to Forecast £'000	Actual £'000	Variance to budget £'000	Variance to Forecast £'000		Plan £'000
I&E Perf Exc Impairments	(570)	(569) F	(62) F	21,715	(625) F	(813) F	23,138	Employee Expenses	366	216 A	(94) F	2,182	1,470 A	(177) F	4841	
Income	(33,461)	90 A	434 A	(316,413)	(1,117) F	433 A	(375,788)	Drugs	55	4 A	4 A	591	(8) F	14 A	700	
Donated Asset Income	(23)	1 A	(1) F	(213)	25 A	4 A	(285)	Clinical Supplies	43	29 A	59 A	359	92 A	293 A	584	
Operating Expenditure	31,786	1,266 A	(430) F	326,882	2,483 A	(1,056) F	385,310	Non Clinical Supplies	0	0 A	0 A	0	0 A	0 A	0	
Pay	22,387	467 A	(48) F	219,763	3,555 A	(506) F	259,820	Non Pay Operating Expenses	365	1,918 A	756 A	2,501	2,710 A	813 A	9787	
Non Pay & Reserves	9,399	799 A	(382) F	107,119	(1,073) F	(549) F	125,490	Income	2,442	(2,220) F	(2,256) F	4,111	(2,651) F	(2,634) F	1913	
Financing costs	1,105	(31) F	(67) F	11,246	(97) F	(190) F										
I&E Performancee excluding PSF	(593)	(569) F	(64) F	21,503	(600) F	(808) F	22,853									
PSF (previously STF)	0	1,894 A	0 A	(10,555)	1,894 A	0 A	(16,238)									
I&E Performance including PSF	(593)	1,325 A	(64) F	10,947	1,294 A	(808) F	6,615	Total	3,271	(53) F	(1,531) F	9,745	1,612 A	(1,691) F	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								5. Workforce								
All figures £m				Opening Balance	Current Balance	Movement in year		Cash Balance		3,100	7,900	3,100	7,900	1,900		
								Capital Expenditure		1645	970	10856	4318	13,911		
Non Current Assets				209,108	205,320	3,788				Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE		
Current Assets				49,291	49,983	-692										
Current Liabilities				-54,834	-54,093	-741										
Non Current liabilities				-81,105	-87,762	6,657										
Total Assets Employed				122,460	113,448	9,012				5914.14	5496.06	380.04	201.36	6077.46		
Total Tax Payers Equity				-122,460	-113,448	-9,012				5909.71	5527.53	198.37	100.20	5826.10		
												</				

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

**Note WTE movements in table above are currently being reviewed*

1. Executive Summary

The Trust's surplus for month 10 (January 2019) was £593k, which is a favourable variance against plan of £569k before PSF (£1,325k adverse after PSF, as the Trust is not forecasting to achieve its year end control total). This is a favourable variance against forecast of £64k in month. The cumulative position to the end of month 10 is an £21.5m deficit before PSF, which is £600k favourable to plan (£1,294k adverse to plan including PSF) and £808k favourable to forecast. Therefore the Trust is currently on target to deliver its revised forecast which is a £3.72m adverse position to the control total (£9.4m including the impact of losing Q4 PSF).

The YTD income position at the end of month 10 is (£1,117k) favourable to plan (including PSF adjustment). The month 10 position was £90k adverse to plan (£1,804k favourable to plan without PSF adjustment) and £434k adverse to forecast. In month 10, NHS Clinical Income (including Non-PbR drugs) was £1,319k ahead of plan and £628k adverse to forecast (£371k favourable YTD versus plan, £1,028k adverse YTD versus forecast). In Month 10 the income position now includes c.£3m of additional non-recurrent funding from Doncaster CCG, which represents 10 months of the additional £3.7m funding agreed with CCGs (as per the forecast as previously reported to the Committee). Within the clinical income position a risk of c£0.6m has been provided for which relates to the high level of un-coded income at Month 10. The forecast now assumes additional non-recurrent funding from Doncaster CCG and Bassetlaw CCG for delivery of waiting lists (£2.4m) and adjustments to block funding of £1m as highlighted in the month 9 report.

Doncaster CCG has a favourable YTD variance against the Trust's plan of £476k (favorable variance against contract of £2,890k) and Bassetlaw CCG has a favorable income variance of (£1,921k) against the Trust's plan (£2,743k favorable against contract), both excluding the impact of Non PbR drugs.

Non NHS Clinical Income and Other Income is (£485k) ahead of plan in month 10 and (£2,640k) YTD, against forecast there is an in month over-performance of (£194k). CQUIN achievement is assumed at 95% within the position.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance	
Commissioner Income	-312,532	-26,422	-28,048	-1,626	F	-260,556	-263,441	-2,885	F
Drugs	-24,089	-1,968	-1,660	307	A	-20,230	-17,716	2,514	A
STF	-16,238	-1,894	0	1,894	A	-12,450	-10,555	1,894	A
Trading Income	-39,166	-3,267	-3,752	-485	F	-32,617	-35,257	-2,640	F
Grand Total	-392,026	-33,551	-33,461	90	A	-325,852	-326,969	-1,117	F

Income Group	In Month Actual	In Month Forecast	In Month Variance		YTD Actual	YTD Forecast	YTD Variance
Commissioner Income	-28,048	-28,532	484	A	-263,441	-264,141	700 A
Drugs	-1,660	-1,804	144	A	-17,716	-18,044	328 A
STF	0	0	0	F	-10,555	-10,555	0 F
Trading Income	-3,752	-3,559	-193	F	-35,257	-34,662	-595 F
Grand Total	-33,461	-33,895	434	A	-326,969	-327,402	433 A

In month the expenditure position was £430k favourable to forecast, of which pay was £48k favourable to forecast and non-pay £195k favourable to forecast. The YTD expenditure position at the end of Month 10 is £2.5m adverse to plan, £1m favourable to forecast (with pay £506k favourable to forecast and non-pay £95k adverse to forecast). Non-PbR drugs were significantly lower than planned levels (c.£2.7m which is offset by underperformance on income).

Subjective Code	In Month Budget	In Month Actual	In Month Variance	In Month Forecast	In Month Variance to forecast	YTD Budget	YTD Actual	YTD Variance	YTD Forecast	YTD Variance to forecast	Annual Budget	Forecast
1. Pay	21,920	22,387	467 A	22,436	-48 F	216,208	219,763	3,555 A	220,270	-506 F	259,820	259,654
2. Non-Pay	10,301	10,672	371 A	10,867	-195 F	103,864	106,523	2,659 A	106,428	95 A	123,682	122,043
3. Reserves	-1,701	-1,273	428 A	-1,086	-187 F	4,328	596	-3,732 F	1,240	-644 F	1,808	2,337
Total Expenditure Position	30,520	31,786	1,266 A	32,216	-430 F	324,400	326,882	2,483 A	327,938	-1,056 F	385,310	384,034

Capital expenditure YTD is £4,318k against the YTD plan of £10,856k, £6,583k behind plan (£3,584k behind plan excluding CT/HASU). YTD actuals against the revised plan are £6,821k behind plan (£3,867k behind plan excluding CT/HASU). The main reason for the slippage relates to estate schemes being behind plan by including; Fire Enforcement, Electrical Infrastructure, Other Minor Estates Work and Medical Equipment (including Medical Imaging).

The cash balance at the end of January was £7.9m against a plan of £3.1m. The main movements include; the receipt of 18/19 Q4 PSF funds (£2m more than anticipated), delayed capital expenditure (£6.6m), which is in part offset by PDC Dividend not received (£3.2m) and movement in trade receivables/reduction in payables (£0.6m). In month, the cash position has increased by £1.8m, partially as a result of receiving the finance element of Q3 PSF (£3.8m). The full amount of available loans have been drawn down and it is not expected that any further loan support will be needed for the rest of 2018/19.

In January 2019, CIP savings of £3,271k (last month £1,116k) are reported, against a forecast of £1,741k, therefore an over achievement of £1,381k in month. The month on month improvement is mainly due to successful negotiations with Doncaster CCG regarding non-recurrent funding for block contracts.

The forecast year end position has not changed at this point. The Trust is still forecasting a £3.72m gap to the control total (before PSF). This in essence represents the risk on the historical depreciation issue as previously discussed at the Committee.

2. Conclusion

The Trust's surplus for month 10 (January 2019) was £593k, which is a favourable variance against plan of £569k before PSF (£1,325k adverse after PSF, as the Trust is not forecasting to achieve its year end control total). This is a favourable variance against forecast of £64k in month. The cumulative position to the end of month 10 is an £21.5m deficit before PSF, which is £600k favourable to plan (£1,294k adverse to plan including PSF) and £808k favourable to forecast. Therefore the Trust is currently on target to deliver its revised forecast which is a £3.72m adverse position to the control total (£9.4m including the impact of losing Q4 PSF).

In Month 10 income position includes c.£3.1m of additional non-recurrent funding from Doncaster CCG, which represents 10 months of the additional £3.7m funding agreed with CCGs (as per the forecast as previously reported to the Committee). The Trust is yet to include within its YTD position additional funding from CCGs relating to the waiting list incentive (£2.4m), or £1.5m funding from the ICS, however the Trust has also not yet included the historical depreciation risk of £3.9m at this point either. The Trust's position includes a c£0.6m risk relating to the high uncoded position at Month 10.

The Board is asked to note the forecast position and that the gap to the control total remains the same as at Month 9. This currently shows that the Trust's financial position would be a £3.72m gap to delivering its control total before PSF (£9.4m gap including impact of losing Q4 PSF).

3. Recommendations

The Board is asked to note:

- The Trust's surplus for month 10 (January 2019) was £593k, which is a favourable variance against plan of £569k before PSF (£1,325k adverse after PSF, as the Trust is not forecasting to achieve its year end control total). The cumulative position to the end of month 10 is an £21.5m deficit before PSF, which is £600k favourable to plan (£1,294k adverse to plan including PSF) and £808k favourable to forecast.
- The achievement with regards to the Cost Improvement Programme.
- The forecast presented and reported to NHSi, of a £3.72m gap from delivering the control total before PSF (£9.4m gap including impact of not achieving Q4 PSF).
- The risks set out in this paper.



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

Title	EU Exit Preparations		
Report to	Board of Directors	Date	26 February 2019
Authors	Jeannette Reay, Emergency Planning Manager		
Purpose		Tick as appropriate	
	Decision		
	Assurance	✓	
	Information	✓	

Executive summary containing key messages and issues
This report provides information on the Trust's approach and current preparations for EU Exit.
Key questions posed by the report
Is the Board of Directors assured by the preparations being undertaken by the Trust? Is there other information that the Board of Directors would wish to receive to assure itself?
How this report contributes to the delivery of the strategic objectives
Business continuity planning supports the Trust in its strategic objectives to: <ul style="list-style-type: none">• Provide the safest, most effective care possible;• Develop responsibly, delivering the right services with the right staff.
How this report impacts on current risks or highlights new risks
Business continuity planning supports the Trust in addressing the risk: <ul style="list-style-type: none">• Risk Assessment – the risk lies in either not having emergency plans in place, or having a plan that is adequate to enable the Trust to fulfil its duties as a category 1 responder under the Civil Contingencies Act 2004.

Recommendation and next steps

Recommendation

- The Board of Directors is requested to note the update.

Next Steps

- NHS England has advised that, as we move closer to 29 March 2019, the requests for information will increase. Reporting requirements will be monitored to ensure that adequate Trust resources are available to respond effectively.
- The Trust's Emergency Planning Manager continues to network with Emergency Planning colleagues, with an aim to work in partnership where possible, on EU Exit preparations for the NHS.
- The SRO and Emergency Planning Manager are monitoring information through the Yorkshire and Humber Local Health Resilience Partnership, to keep abreast of likely areas of impact on service delivery and will continue to attend events as requested by NHS England.
- The Trust's Emergency Planning Officer has requested assurance via NHS England that the national steps being taken in these areas are adequate and in place.
- The Emergency Planning Officer will circulate the scenarios more widely within the Trust – via the Business Resilience Steering Group (BRSBG) membership – to further test internal plans and processes.
- Should the outcome of national negotiations be a 'no deal' the Trust will instigate proportional command and control arrangements from 11pm on 29 March 2019 to manage any impacts arising.



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

BOARD OF DIRECTORS

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE TRUST EU EXIT PREPAREDNESS

26 February 2019

**David Purdue – Chief Operating Officer, Deputy Chief Executive and Senior Responsible
Officer (SRO) for EU Exit**

1. EU Exit - 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 – Initial Guidance

The Department of Health and Social Care (DHSC) initially released instructions for NHS organisations to examine key risk areas arising from a ‘no deal’ scenario in September 2018.

Now drawing closer to March 2019, preparations are being accelerated to ensure that plans are in place for a scenario where they need to be relied upon.

Department of Health and Social Care – EU Exit Operational Guidance

On 21 December 2019 the Trust received EU Exit Operational Guidance from the DHSC.

This guidance contained an “action card” for providers containing actions covering previously identified areas of risk along with some new themes.

- Risk assessment and business continuity planning
- Communications and escalation
- Reporting, assurance and information
- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-clinical consumables, goods and services
- Workforce & professional regulation (recognition of professional qualifications)
- Reciprocal healthcare
- Research and clinical trials
- Data sharing, processing and access
- Finance

The Trust was specifically requested to:

- Identify a Senior Responsible Officer for EU Exit Preparations
- Set up a unique email inbox for EU Exit
- Undertake a risk assessment on the risk area themes
- Ensure that business continuity plans for areas identified as high risk are in place

Trust Compliance with Operational Guidance

The Trust confirmed that it had taken these actions, and provided copies of relevant information, to Doncaster Clinical Care Commissioning Group (CCG) on 31 January 2019.

2. National Reporting Structure

The NHS has agreed to use its existing Emergency Preparedness, Resilience and Response (EPRR) structure to manage preparations for EU Exit.

NHS England has set up national and regional teams to provide a command and control structure, and to disseminate and gather information from individual organisations.

To date the Emergency Planning Officer has completed returns and has provided information to NHS England upon request.

NHS England has advised that, as we move closer to 29 March 2019, the requests for information will increase however the Trust has not yet been advised of the frequency for, or mechanism, for future returns.

The Senior Responsible Officer and Emergency Planning Officer will monitor the reporting requirements to ensure that adequate Trust resources are available to respond effectively.

3. EU Exit - DBTH Preparations

Structure

The Trust's Chief Operating Officer / Deputy Chief Executive has been identified as Senior Responsible Officer (SRO) for EU Exit.

The Emergency Planning Officer continues to support the SRO and work with Trust leads for the different risk areas.

Leads across the Trust have been identified and consulted with to identify risks and issues for their areas of work.

Leads

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

Working with Partners

Leads are working 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.

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

The SRO and Emergency Planning Manager are monitoring information through the Yorkshire and Humber Local Health Resilience Partnership, to keep abreast of likely areas of impact on service delivery and have attended, and input, to regional events and workshops as requested by NHS England.

4. Risks. Mitigation and Assurance

The Trust has undertaken a risk assessment, including coverage of the risk areas identified nationally, and a copy was provided to Doncaster CCG on 31 January 2019.

The Trust identified just one area of high risk – supply of medicines.

An assessment of the Trust's local controls, including its JAC ordering system, has ascertained a readiness to respond where possible to changing lead times and stock requirements. However national direction is clear that the Trust must not take steps to manage wider issues – such as national stock shortages.

All NHS organisations have been ordered not to stockpile medicines locally as national steps are being taken to ensure the availability of supplies post 29 March 2019, including central stockpiling and the creation of alternative transport routes.

The Trust's Emergency Planning Officer has requested assurance, via NHS England, that the national steps being taken in these areas are adequate and in place.

5. DBTH Business Continuity Plans

NHS England has provided some scenarios which Trusts may use to test internal business continuity plans.

Leads were provided with the scenarios for input prior to an NHS England local event which took place on 11 February 2019.

The Emergency Planning Officer is to circulate the scenarios more widely within the Trust – via the Business Resilience Steering Group (BRSG) membership – to further test internal plans and processes.

6. Recommendation

The Board of Directors is requested to note the update.



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

Title	Business Intelligence Report		
Report to	Board of Directors	Date	26th of February 2019
Author	David Purdue, Chief Operating Officer Sewa Singh, Medical Director Moirra Hardy, Director of Nursing, Midwifery and AHPs Karen Barnard, Director of People and Organisational Development		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

Executive summary containing key messages and issues
<p>This report highlights the key performance and quality targets required by the Trust to maintain NHSI compliance.</p> <p>The report focuses on the main performance area for NHSi compliance:</p> <p>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</p> <p>The Quality report highlights the ongoing work with Care Groups and external partners to improve patient outcomes and a focus on mortality rates.</p> <p>The Workforce report identifies vacancy levels, agency spend and usage, sickness rates, appraisals and SET training.</p>

Key questions posed by the report
<p>Is the Trust maintaining performance against agreed trajectories with CCG?</p> <p>Is the Trust providing a quality service for the patients?</p> <p>Are NEDs assured that the actions being undertaken to address underperformance and maintain current standards are robust and deliver the agreed improvements?</p>
How this report contributes to the delivery of the strategic objectives
<p>This report supports all elements of the strategic direction by identifying areas of good practice and areas where the Trust requires improvements to meet our expectations.</p>
How this report impacts on current risks or highlights new risks
<p>F&P6 Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards</p> <p>F&P15 Commissioner plans do not come to fruition and do not achieve the required levels of acute service reduction</p> <p>F&P5 Failing to address the effects of the agency cap</p>
Recommendation(s) and next steps
<p>That the report be noted.</p>

Performance Executive Summary Board of Directors February 2019

The performance report is against operational delivery in November, December 2018 and January 2019

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 87.4%, which is an improved position compared to December.

At the end of January, there were 199 patients less on the waiting list compared to the 31st of March.

The total number of Incomplete Pathways has decreased by 660 between December and January, the number of incomplete pathways over 18 weeks decreased by 354 hence the performance has improved. The total number of Incomplete Pathways with a decision to admit for treatment has increased by 52 between December and January. The number of new RTT periods in January was 2947 more than in December meaning the proportion of short waiters in the month has also gone up. There were 2209 more Non Admitted and 354 more Admitted clock stops in January than in December.

The 2 specialities with the largest deterioration in performance were ENT and T&O.

The progress against the plans will be monitored by the weekly PTL meeting.

There were 4 patients over 52 weeks at the end of January. No patient came is any harm and all patients have been treated.

Diagnostics

The Trust has achieved the Diagnostic performance standard of 99% in January at 99%. There were 82 trust level breaches due to slot capacity, the majority of these were Nerve Waiters (39), Audiology (13), MRI Waiters (12) and Urodynamics (10).

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.

January Performance

Trust 90.3%

Nationally 14th best performing Trust

The Trust saw 14948 attendances in January 2019, which is 1263 more than in January 2018 with an improvement in performance of 2.6%

1452 patients failed to be treated in 4hrs,

Wait to see ED doctor/ ED review accounted for 53% of the breaches.

Bed waits accounted for 24% of the breaches.

Unavoidable accounted for 16% of the breaches.

The weekly review meeting is addressing a number of issues to improve performance for factors outside of the Emergency Department. The Emergency Care standards has been launched at Management Board and the adherence to the standard is being monitored weekly.

A comprehensive action plan is in place to improve the paediatric pathways through both EDs, in relation to both paediatric Triage with the introduction of the POPs tool and a review of the staffing models in place to meet the new Royal College of Paediatric and Child Health guidance.

NHSI Additional Reporting Requirements

18.3% of all of DRI discharges take place at a weekend and 15.4% at BDGH

If the rest of the week was at the same level as Mondays then we would see an extra 172 patients a week at DRI and an extra 107 patients at BDGH

A&E attendances on a Monday at DRI account for 15.5% of weekly activity rising to 15.9% at BDGH

Non Elective Admissions on a weekday that GP admissions account for is 20.2% of all Emergency Admissions on a weekday at DRI but only 7.7% at BDGH.

When we move into the weekend this drops to 10.9% at DRI and 2.2% at BDGH

The A&E Delivery Board is reviewing the surge of activity on a Monday in relation to Primary Care availability.

Cancer Performance

Quarter 3

62 day performance 85.3%

December 84.8%

Dermatology had issues with a number of minor ops cancelled. Urology had continued shared care issues with Sheffield impacting on timeliness of patient appointments. No shared care patients were reviewed in November pushing activity into Dec and January. Clinician from Sheffield has been away and therefore activity has been reduced. Performance will be affected by Sheffield's ability to manage our patients within their workflows.

Two Week Wait Performance 91.1%

General improvement in skin cancer service with an increase in activity. Performance has improved following the additional 3 one stop clinics in January. The recovery plan is now in place.

Gynae; continue to sustain their improved performance and are using the trajectory to manage patient activity.

Head and neck; issues about joint appointments impacted negatively on performance. Joint pathway and ERS issues need to be resolved.

Upper GI; improved performance but clinics remain under pressure following consultant sickness. Physicians trying to manage patients through straight to test. Support from surgical team to review patients and manage patient activity.

Stroke Performance

November stroke discharges 53

Direct admission 67.9%

CT within 1 hour 69.8%

In terms of exceptions, there were 5 patients originally admitted at Bassetlaw who had long waits for transport to DRI. There were also pathway delays in ED at DRI with patients not immediately assessed as strokes.

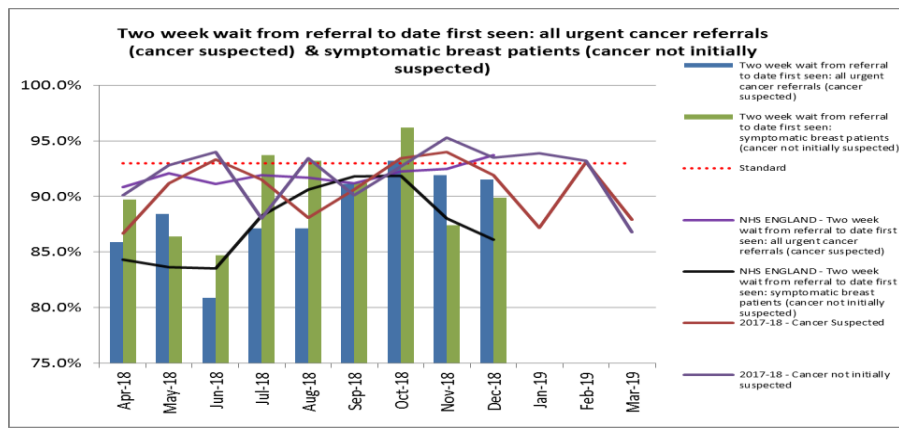
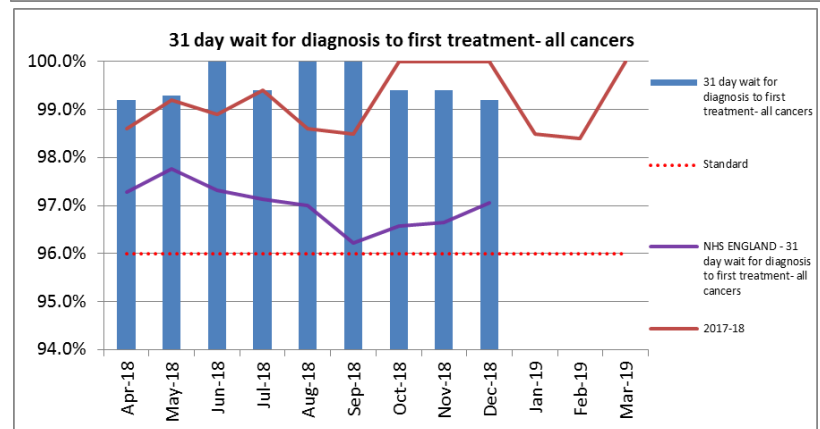
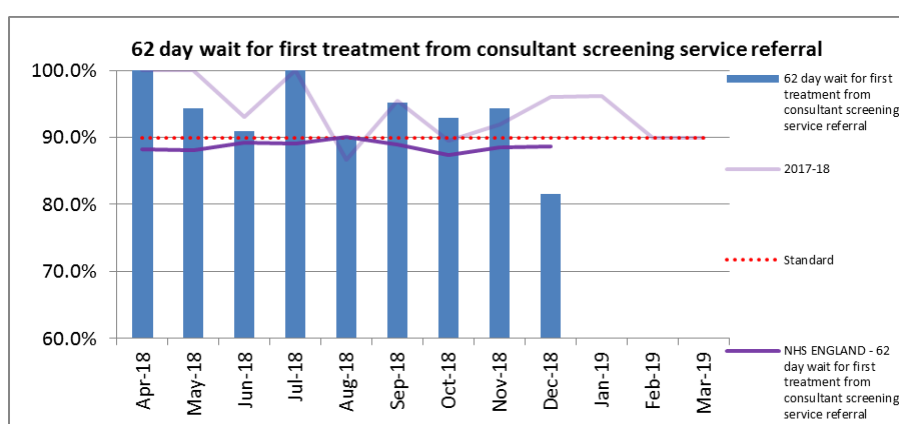
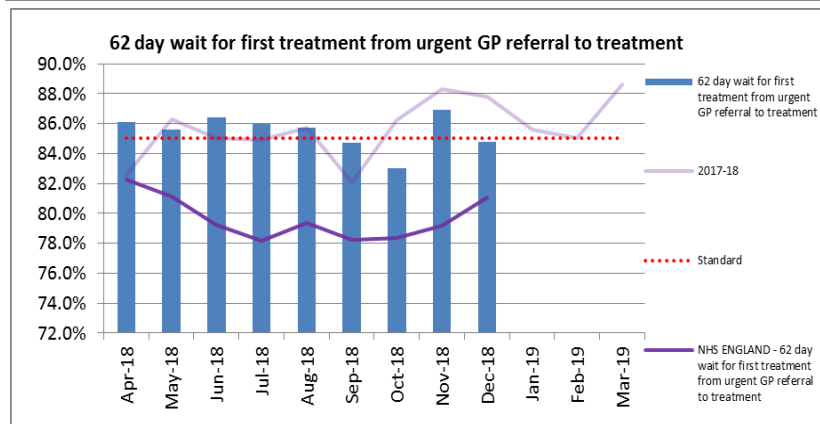
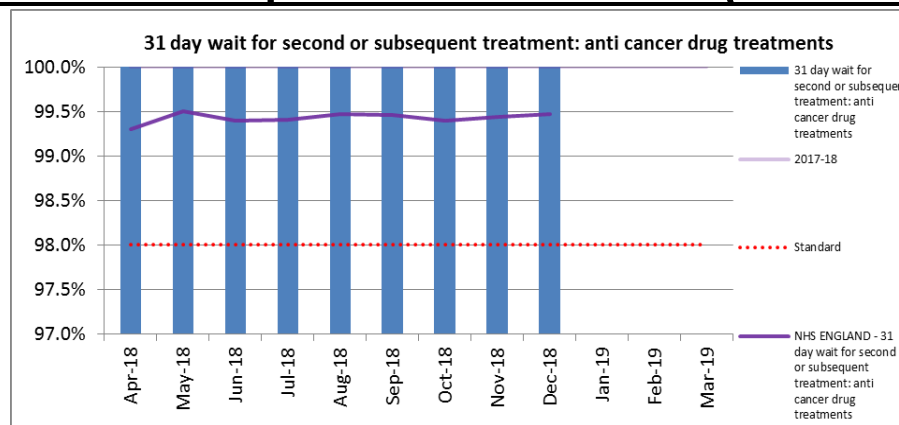
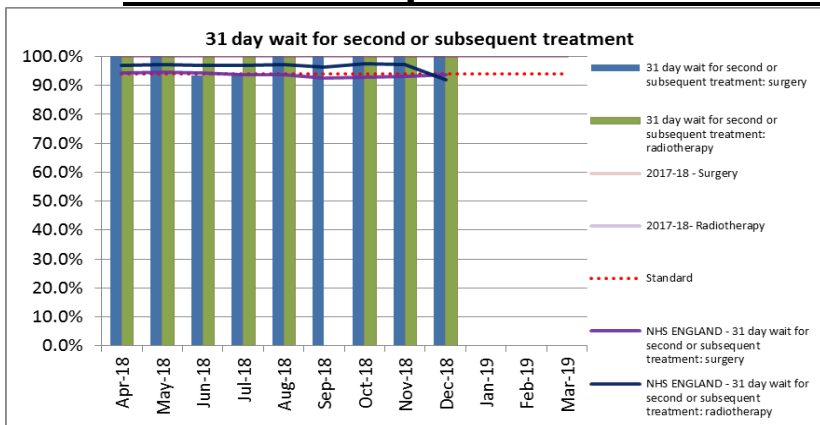
David Purdue Chief Operating Officer February 2019

At a Glance December 2018 (Month 9)

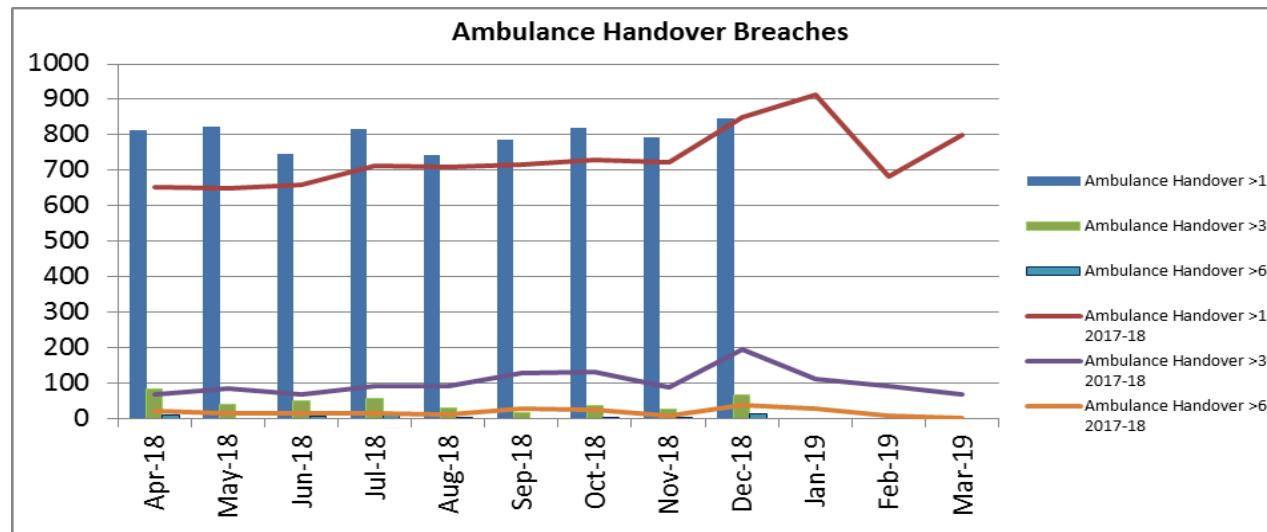
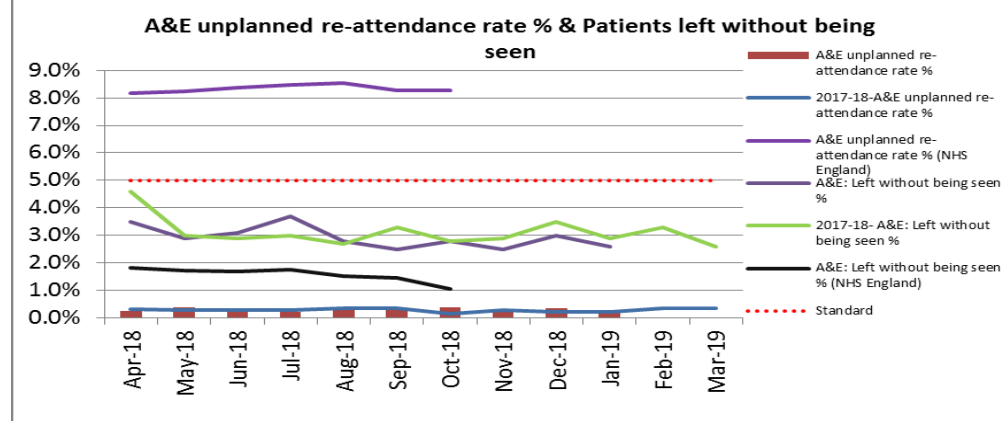
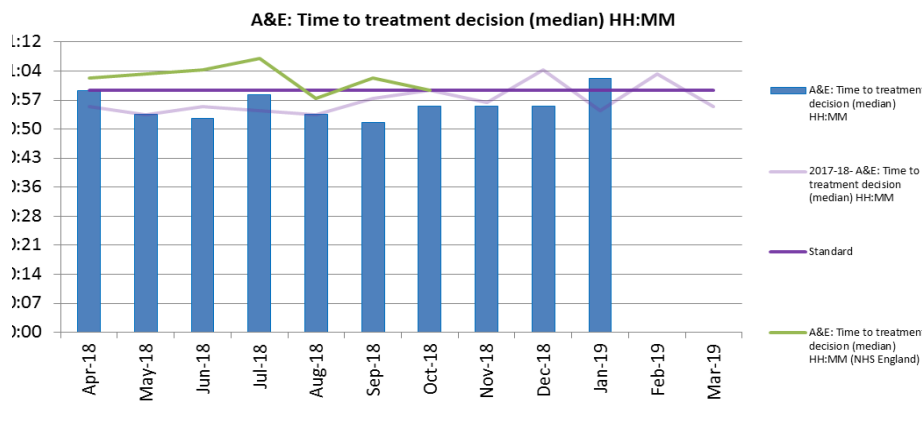
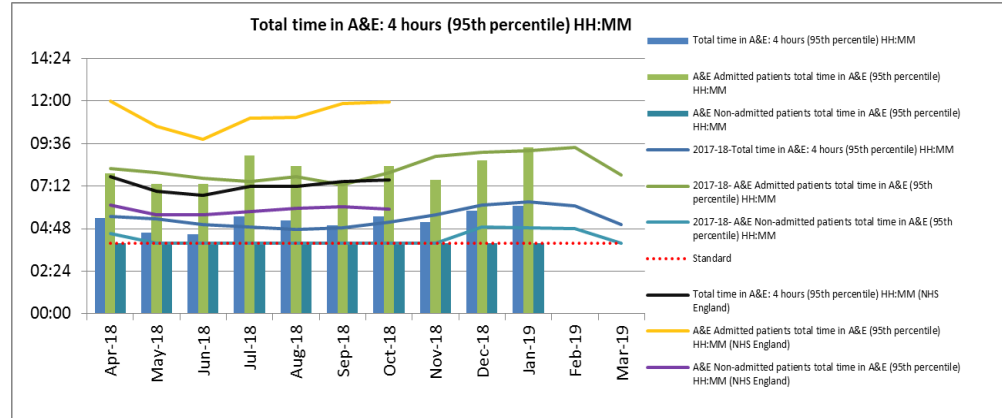
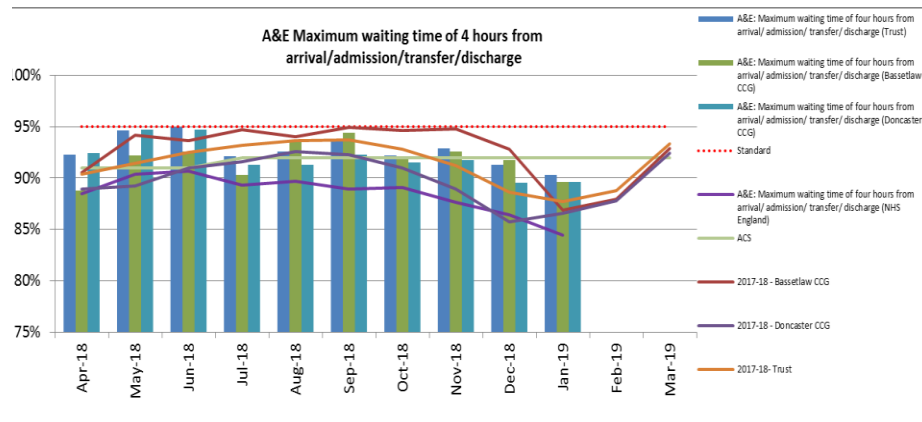
Doncaster & Bassetlaw Teaching Hospital NHS Foundation Trust						NHS England Benchmarking			Peer Group Benchmarking		
Monitor Compliance Framework	Indicator	Standard	Current Month	Month Actual	Direction of travel compared to previous Month	NHS England %	DBTHFT	Month	Peer Groups %	DBTHFT	Month
	31 day wait for second or subsequent treatment: surgery	94.00%	December	100.00%	↔	93.55%	100.00%	December	91.58%	100.00%	December
	31 day wait for second or subsequent treatment: anti cancer drug treatments	98.00%		100.00%	↔	99.47%	100.00%		100.00%	100.00%	
	31 day wait for second or subsequent treatment: radiotherapy	94.00%		100.00%	↔	97.95%	100.00%		Not Available	100.00%	
	62 day wait for first treatment from urgent GP referral to treatment	85.00%		84.80%	↘	81.04%	84.80%		79.20%	84.80%	
	62 day wait for first treatment from consultant screening service referral	90.00%		81.50%	↘	88.61%	81.50%		88.36%	81.50%	
	31 day wait for diagnosis to first treatment- all cancers	96.00%		99.20%	↘	97.10%	99.20%		97.00%	99.20%	
	Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.00%		91.50%	↘	93.70%	91.50%		94.90%	91.50%	
	Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.00%		89.90%	↗	86.11%	89.90%		85.92%	89.90%	
	A&E: Maximum waiting time of four hours from arrival / admission / transfer / discharge (Trust)	95.00%	January	90.30%	↘	84.40%	90.30%	January	81.82%	90.30%	January
	Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.00%	January	87.40%	↗	86.60%	86.60%	December	84.05%	86.60%	December
% of Patients waiting less than 6 weeks from referral for a diagnostics test	99.00%	January	99.03%	↘	96.70%	99.28%	December	93.90%	99.28%	December	
Ambulance Handover Times	Ambulance Handovers Breaches -Number waited over 15 & Under 30 Minutes		December	846	↘	UCL: 796 & LCL: 659					
	Ambulance Handovers Breaches-Number waited over 30 & under 60 Minutes			66	↘	UCL: 122 & LCL: 56					
	Ambulance Handovers Breaches -Number waited over 60 Minutes			13	↘	UCL: 29 & LCL: 2					
Stroke	Proportion of patients scanned within 1 hour of clock start (Trust)	48.00%	November	69.80%	↗	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%		67.90%	↗						
	Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis (Trust)	20.00%		3.80%	↘						
	Percentage of patients treated by a stroke skilled Early Supported Discharge team (Trust)	40.00%		79.60%	↗						
	Percentage of those patients who are discharged alive who are given a named person to contact after discharge (Trust)	95.00%		89.80%	↗						
	Implementation of Stroke Strategy - TIA Patients Assessed and Treated within 24 Hours	60.00%	January	43.60%	↘						
Theatres & Outpatients	Cancelled Operations	0.80%	January	1.59%	↘	No Benchmarking available					
	Cancelled Operations-28 Day Standard	0		3	↘						
	Out Patients: DNA Rate			10.75%	↘	7.71%	9.95%	September	6.96%	9.95%	September
	Out Patients: Hospital Cancellation Rate			5.00%	↘	No Benchmarking available - data not submitted to Secondary Uses Service by all Trusts					
Effective	Emergency Readmissions within 30 days (PbR Methodology)		December	6.66%	↘	7.56%	6.50%	August	8.10%	6.50%	August

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			Jan-19				
	Best Practice Criteria							
	36 hours to surgery Performance			Dec-18				
	72 hours to geriatrician assessment Performance							
	% of patients who underwent a falls assessment							
	% of patients receiving a bone protection medication assessment							
Mortality-Deaths within 30 days of procedure								
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	Jan-19	5		
	Infection Control MRSA		0	L		0		
	HSMR (rolling 12 Months)		100	N	Nov-18	93.43		
	Never Events		0	L	Jan-19			
	VTE		95.0%	N	Dec-18	95.0%		
	Avoidable Pressure Ulcers Cat 3&4		21 Full Year	L	Jan-19			
	Falls that result in a serious Fracture		2 Per Month 23 full Year	L	Jan-19			
	Catheter UTI		Snap shot audit					
Complaints & Claims	Indicator			Current Month	Month Actual		Data Quality RAG Rating	
	Complaints received (12 Month Rolling)			Jan-19				
	Concerns Received (12 Month Rolling)							
	Complaints Performance							
	Clinical Negligence Scheme for Trusts (CNST)							
	Liabilities to Third Parties Scheme (LTPS)							
	Claims per 1000 occupied bed days							
	Workforce	Indicator			Current Month	YTD (Cumulative)		Data Quality RAG Rating
Appraisals			January	78.85%				
SET Training				81.35%				

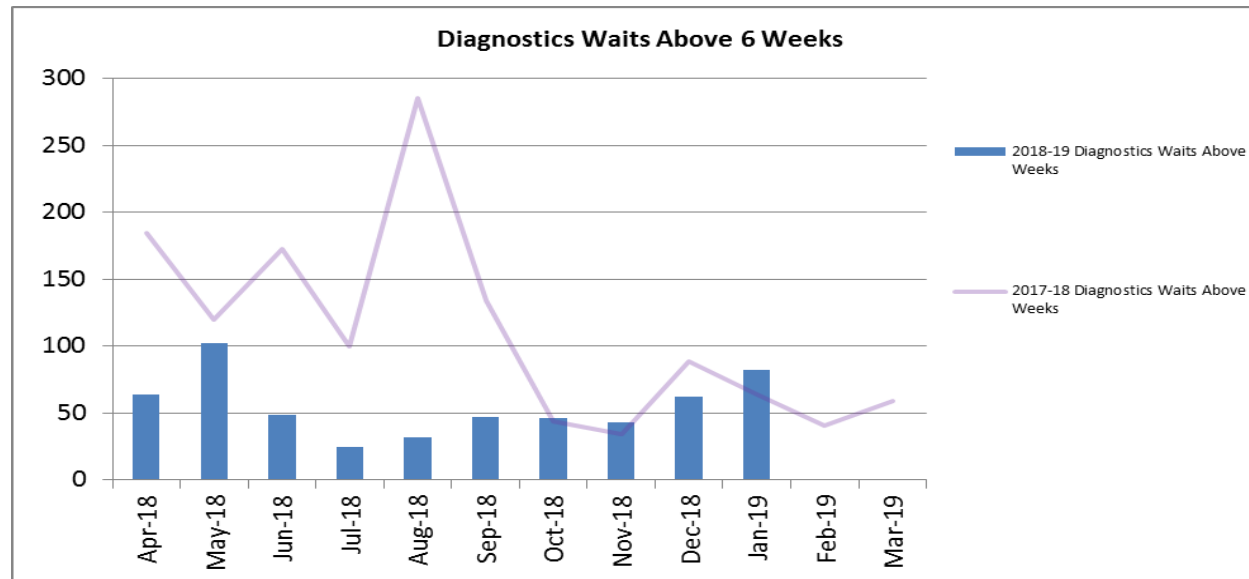
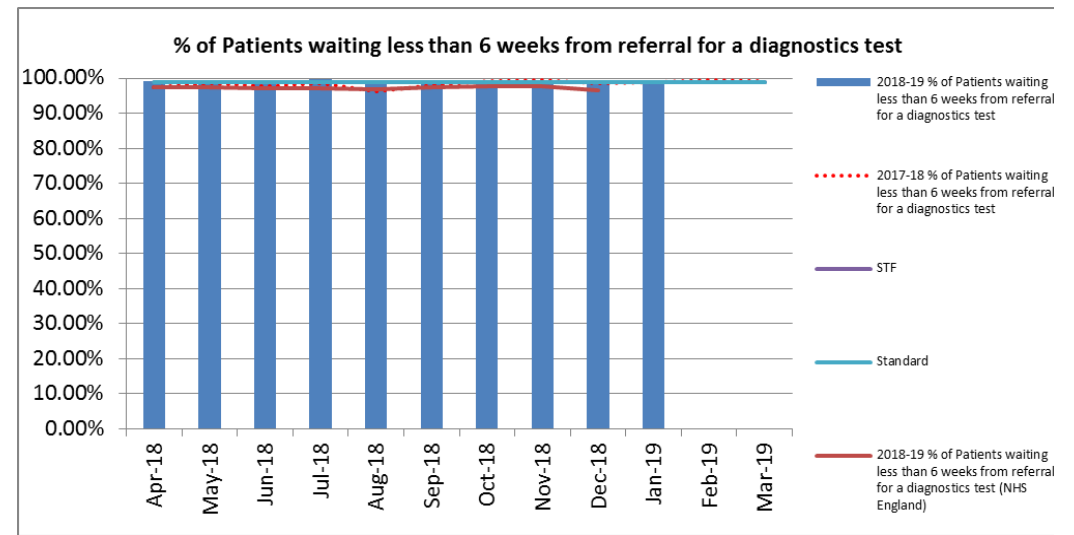
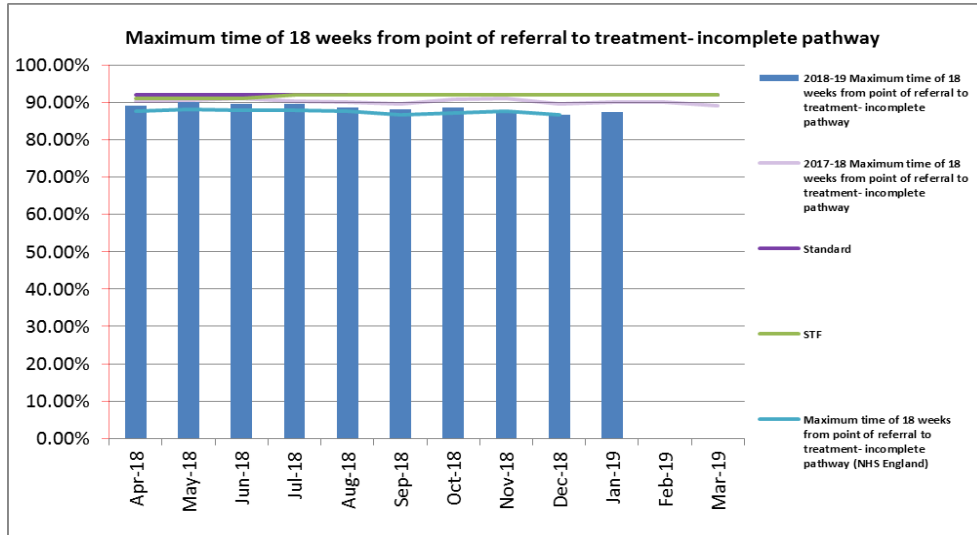
Monitor Compliance Framework: Cancer - Graphs - December 2018 (Month 9)



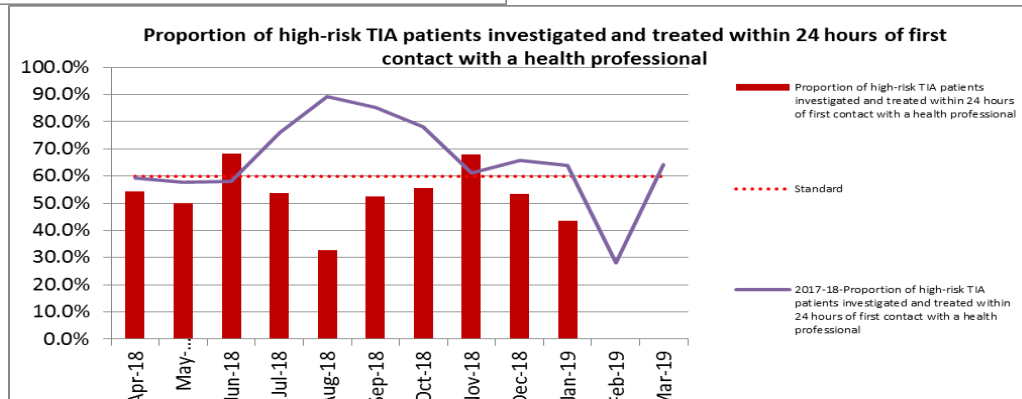
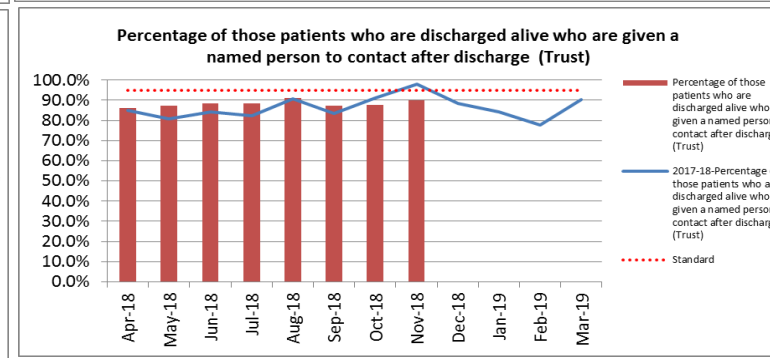
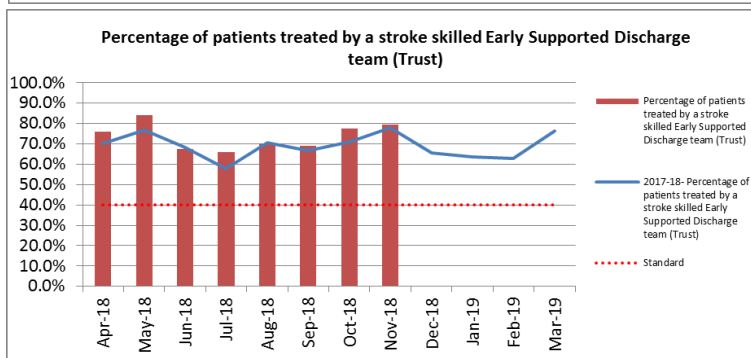
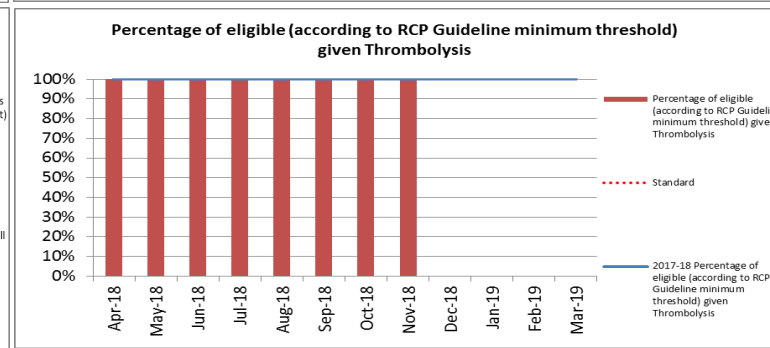
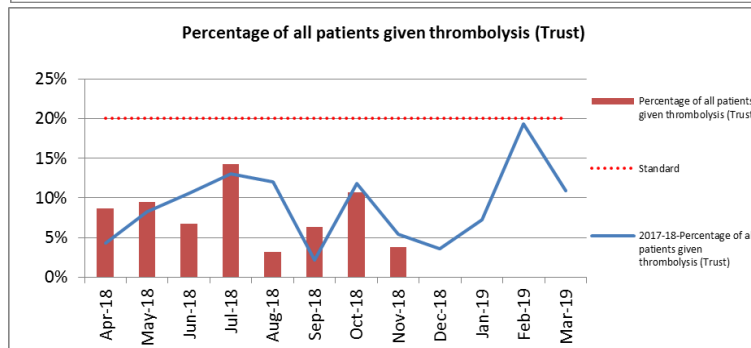
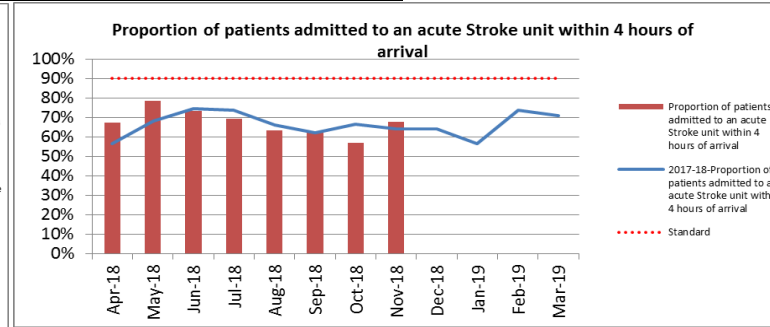
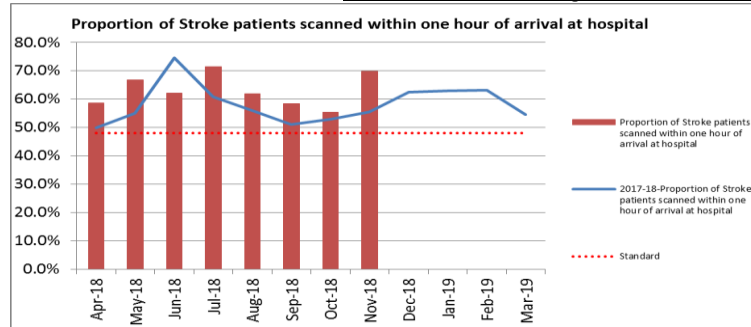
Monitor Compliance Framework: A&E - Graphs - January (Month 10)



Monitor Compliance Framework: 18 Weeks & January (Month 9)



Stroke - Graphs November 2018 (Month 8)





Executive summary - Workforce - January 2019 (Month 10)

Sickness absence

January has seen an increase in sickness absence as typically occurs at this time of year (ref the previous year's data) with rates for January being 4.91% and the cumulative position being 4.42%. Whilst the overall long term absence rate has reduced slightly, there has been a rise in absences in excess of 6 months .

Appraisals

The Trusts appraisal completion rate on the attached has maintained at 78.85% as at the end of January 2019 following the end of the appraisal season. The Trust is currently planning for this year's appraisal season when there will also be a focus on ensuring staff have a quality appraisal.

SET

Disappointingly SET compliance continues to hover around 81% with rates being at 81.35% as at the end of January. 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.

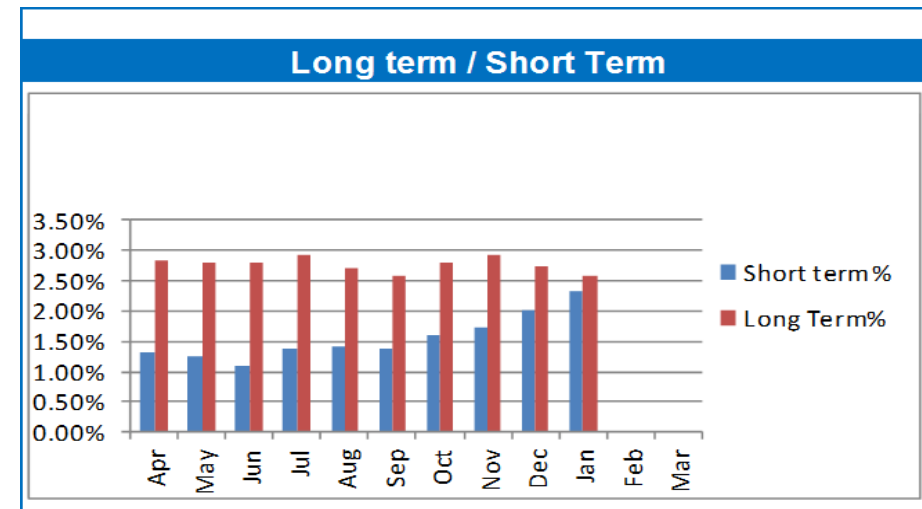
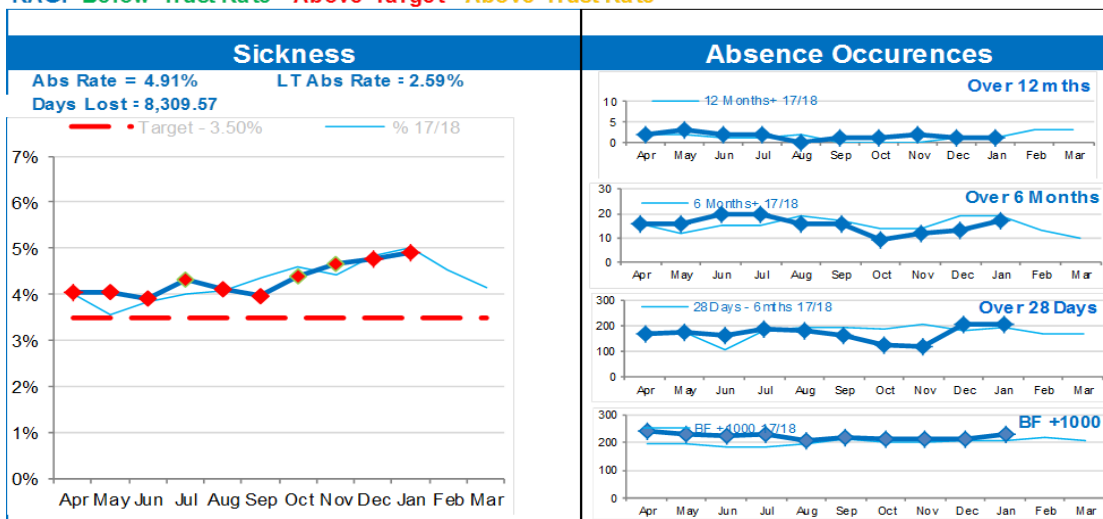
Staff in post

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 - January (Month 10)

CG & Directorate Sickness Absence - January 2019 (Q4)

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

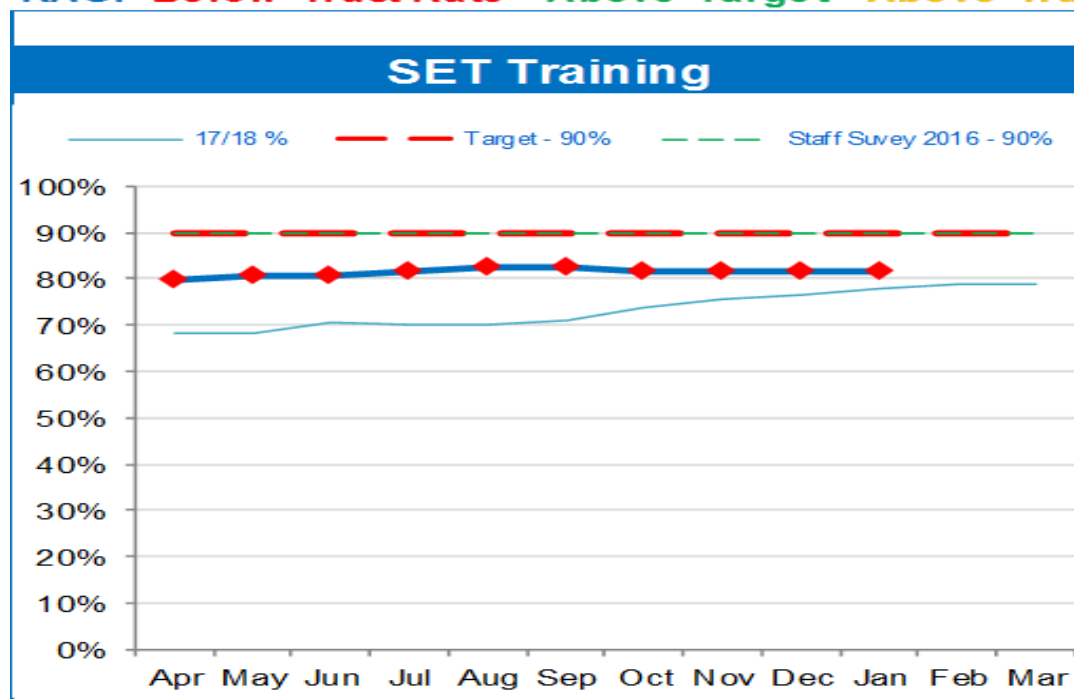


	Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18		Jan-19		Cumulative	
	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate
Doncaster & Bassetlaw 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%	7420.23	4.39%	7621.25	4.66%	8063.14	4.76%	8309.57	4.91%	73,483.79	4.42%
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%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	68.27	1.29%
Children & Families Division	840.01	4.65%	851.44	4.60%	608.47	3.43%	769.74	4.21%	843.46	4.62%	666.99	3.77%	867.01	4.71%	913.96	5.15%	1018.74	5.60%	1038.91	5.73%	8,673.07	4.79%
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%	2066.21	4.72%	2100.29	4.97%	2251.10	5.17%	2058.78	4.74%	19,502.67	4.52%
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%	0.00	0.00%	0.00	0.00%	2.00	0.62%	2.40	0.74%	7.40	0.44%
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%	939.14	6.53%	861.69	6.16%	1040.58	7.11%	1103.50	7.51%	8,800.71	6.10%
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	0.11%	30.60	1.13%	0.00	0.00%	6.00	0.21%	42.60	0.20%
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%	32.92	0.83%	29.48	0.76%	23.77	0.62%	48.69	1.20%	627.47	1.54%
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%	114.08	5.68%	102.44	5.24%	47.12	2.32%	90.71	4.41%	964.25	5.05%
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%	1.00	0.18%	13.45	2.43%	46.05	8.07%	32.71	5.73%	203.29	3.62%
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%	1924.36	4.28%	1994.65	4.60%	1902.06	4.24%	2111.32	4.70%	19,468.31	4.41%
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%	57.36	3.11%	107.31	5.76%	126.10	6.68%	146.10	7.67%	698.68	3.84%
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%	50.41	1.53%	61.48	1.89%	101.43	2.98%	73.20	2.18%	754.77	2.37%
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%	258.43	4.93%	270.65	5.31%	295.23	5.52%	248.01	4.62%	2,410.09	4.58%
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%	1106.31	4.08%	1135.25	4.31%	1208.96	4.45%	1349.25	4.96%	11,262.20	4.23%

Workforce: SET Training - January (Month 10)

CG & Directorate SET Training - January 2019 (Q4)

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

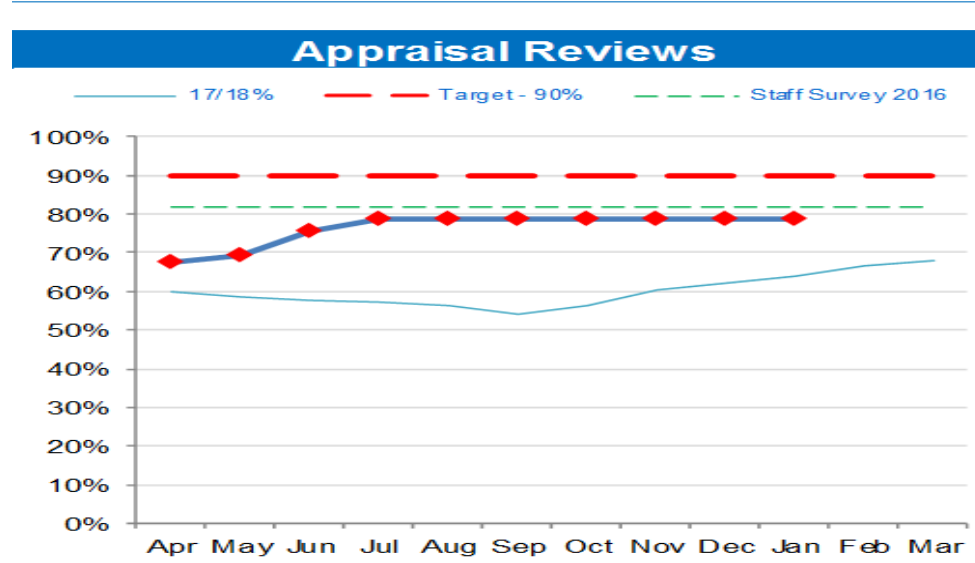


	% Compliance
Doncaster & Bassetlaw Teaching Hospitals NHS FT	81.35%
Chief Executive Directorate	80.00%
Children & Families Division	82.49%
Clinical Specialist Division	85.15%
Directorate Of Strategy & Improvement	95.54%
Estates & Facilities	71.51%
Finance & Healthcare Contracting Directorate	95.75%
IT Information & Telecoms Directorate	87.54%
Medical Director Directorate	89.67%
Medicine Division	79.09%
Nursing Services Directorate	92.48%
People & Organisational Directorate	96.83%
Performance Directorate	81.93%
Surgery & Cancer Division	79.05%

Workforce: Appraisals - January (Month 10)

CG & Directorate Appraisals - January 2019 (Q4)

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



Trust Total

AFC & M&D

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	78.85
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 -January (Month 10)

	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	Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18		Jan-19	
Add Prof Scientific and Technic	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	175.49	191.00	175.23	193.00	175.23	193.00
Additional Clinical Services	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	1,165.06	1,409.00	1,166.15	1,417.00	1,166.15	1,417.00
Administrative and Clerical	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	1,033.15	1,258.00	1,048.69	1,329.00	1,048.74	1,276.00
Allied Health Professionals	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	323.81	375.00	323.76	387.00	325.26	377.00
Estates and Ancillary	492.83	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	478.66	682.00	481.56	690.00
Healthcare Scientists	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	123.72	140.00	123.03	139.00	123.03	139.00
Medical and Dental	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	561.04	639.00	559.44	591.00	557.81	590.00
Nursing and Midwifery Registered	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	1,599.93	1,863.00	1,581.97	1,873.00	1,578.21	1,845.00
Students	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	0.00	8.80	9.00	2.00	2.00	1.00	1.00	19.00	19.00	0.00	0.00
Grand Total	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	5,461.86	6,558.00	5,478.83	6,638.00	5,471.05	6,529.00



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

Title	Business Intelligence Report		
Report to	Board of Directors	Date	26th of February 2019
Author	David Purdue, Chief Operating Officer Sewa Singh, Medical Director Moirra Hardy, Director of Nursing, Midwifery and AHPs Karen Barnard, Director of People and Organisational Development		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

Executive summary containing key messages and issues
<p>This report highlights the key performance and quality targets required by the Trust to maintain NHSI compliance.</p> <p>The report focuses on the main performance area for NHSi compliance:</p> <p>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</p> <p>The Quality report highlights the ongoing work with Care Groups and external partners to improve patient outcomes and a focus on mortality rates.</p> <p>The Workforce report identifies vacancy levels, agency spend and usage, sickness rates, appraisals and SET training.</p>

Key questions posed by the report
<p>Is the Trust maintaining performance against agreed trajectories with CCG?</p> <p>Is the Trust providing a quality service for the patients?</p> <p>Are NEDs assured that the actions being undertaken to address underperformance and maintain current standards are robust and deliver the agreed improvements?</p>
How this report contributes to the delivery of the strategic objectives
<p>This report supports all elements of the strategic direction by identifying areas of good practice and areas where the Trust requires improvements to meet our expectations.</p>
How this report impacts on current risks or highlights new risks
<p>F&P6 Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards</p> <p>F&P15 Commissioner plans do not come to fruition and do not achieve the required levels of acute service reduction</p> <p>F&P5 Failing to address the effects of the agency cap</p>
Recommendation(s) and next steps
<p>That the report be noted.</p>

Performance Executive Summary Board of Directors February 2019

The performance report is against operational delivery in November, December 2018 and January 2019

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 87.4%, which is an improved position compared to December.

At the end of January, there were 199 patients less on the waiting list compared to the 31st of March.

The total number of Incomplete Pathways has decreased by 660 between December and January, the number of incomplete pathways over 18 weeks decreased by 354 hence the performance has improved. The total number of Incomplete Pathways with a decision to admit for treatment has increased by 52 between December and January. The number of new RTT periods in January was 2947 more than in December meaning the proportion of short waiters in the month has also gone up. There were 2209 more Non Admitted and 354 more Admitted clock stops in January than in December.

The 2 specialities with the largest deterioration in performance were ENT and T&O.

The progress against the plans will be monitored by the weekly PTL meeting.

There were 4 patients over 52 weeks at the end of January. No patient came is any harm and all patients have been treated.

Diagnostics

The Trust has achieved the Diagnostic performance standard of 99% in January at 99%. There were 82 trust level breaches due to slot capacity, the majority of these were Nerve Waiters (39), Audiology (13), MRI Waiters (12) and Urodynamics (10).

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.

January Performance

Trust 90.3%

Nationally 14th best performing Trust

The Trust saw 14948 attendances in January 2019, which is 1263 more than in January 2018 with an improvement in performance of 2.6%

1452 patients failed to be treated in 4hrs,

Wait to see ED doctor/ ED review accounted for 53% of the breaches.

Bed waits accounted for 24% of the breaches.

Unavoidable accounted for 16% of the breaches.

The weekly review meeting is addressing a number of issues to improve performance for factors outside of the Emergency Department. The Emergency Care standards has been launched at Management Board and the adherence to the standard is being monitored weekly.

A comprehensive action plan is in place to improve the paediatric pathways through both EDs, in relation to both paediatric Triage with the introduction of the POPs tool and a review of the staffing models in place to meet the new Royal College of Paediatric and Child Health guidance.

NHSI Additional Reporting Requirements

18.3% of all of DRI discharges take place at a weekend and 15.4% at BDGH

If the rest of the week was at the same level as Mondays then we would see an extra 172 patients a week at DRI and an extra 107 patients at BDGH

A&E attendances on a Monday at DRI account for 15.5% of weekly activity rising to 15.9% at BDGH

Non Elective Admissions on a weekday that GP admissions account for is 20.2% of all Emergency Admissions on a weekday at DRI but only 7.7% at BDGH.

When we move into the weekend this drops to 10.9% at DRI and 2.2% at BDGH

The A&E Delivery Board is reviewing the surge of activity on a Monday in relation to Primary Care availability.

Cancer Performance

Quarter 3

62 day performance 85.3%

December 84.8%

Dermatology had issues with a number of minor ops cancelled. Urology had continued shared care issues with Sheffield impacting on timeliness of patient appointments. No shared care patients were reviewed in November pushing activity into Dec and January. Clinician from Sheffield has been away and therefore activity has been reduced. Performance will be affected by Sheffield's ability to manage our patients within their workflows.

Two Week Wait Performance 91.1%

General improvement in skin cancer service with an increase in activity. Performance has improved following the additional 3 one stop clinics in January. The recovery plan is now in place.

Gynae; continue to sustain their improved performance and are using the trajectory to manage patient activity.

Head and neck; issues about joint appointments impacted negatively on performance. Joint pathway and ERS issues need to be resolved.

Upper GI; improved performance but clinics remain under pressure following consultant sickness. Physicians trying to manage patients through straight to test. Support from surgical team to review patients and manage patient activity.

Stroke Performance

November stroke discharges 53

Direct admission 67.9%

CT within 1 hour 69.8%

In terms of exceptions, there were 5 patients originally admitted at Bassetlaw who had long waits for transport to DRI. There were also pathway delays in ED at DRI with patients not immediately assessed as strokes.

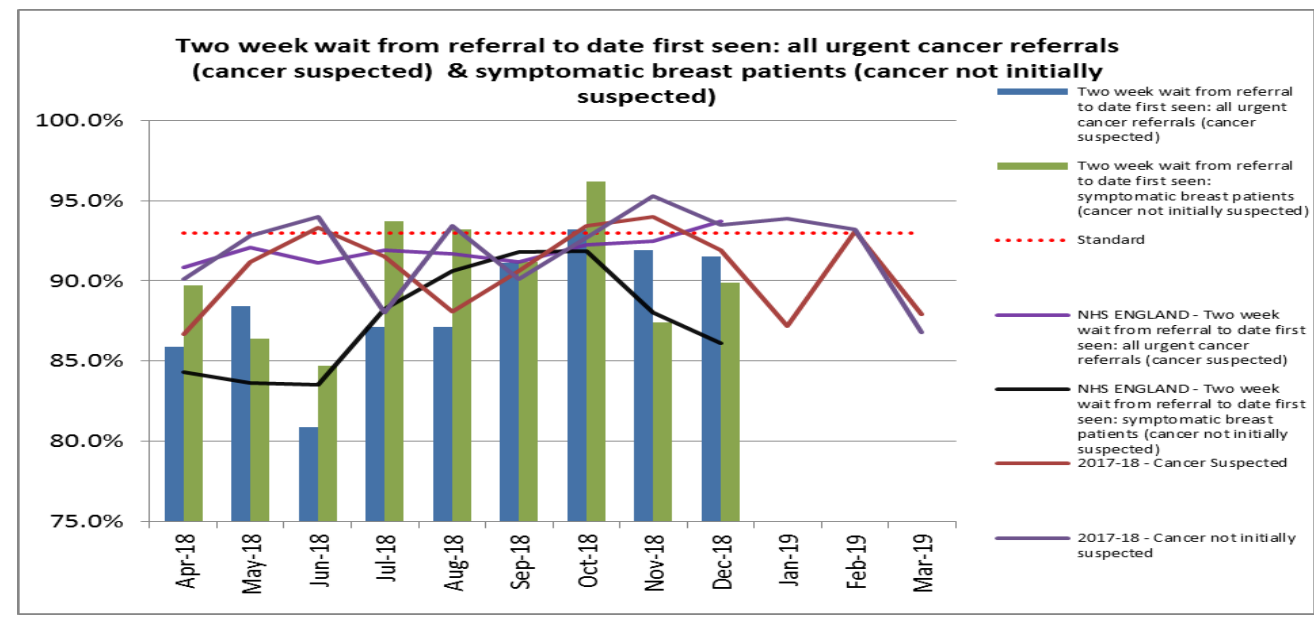
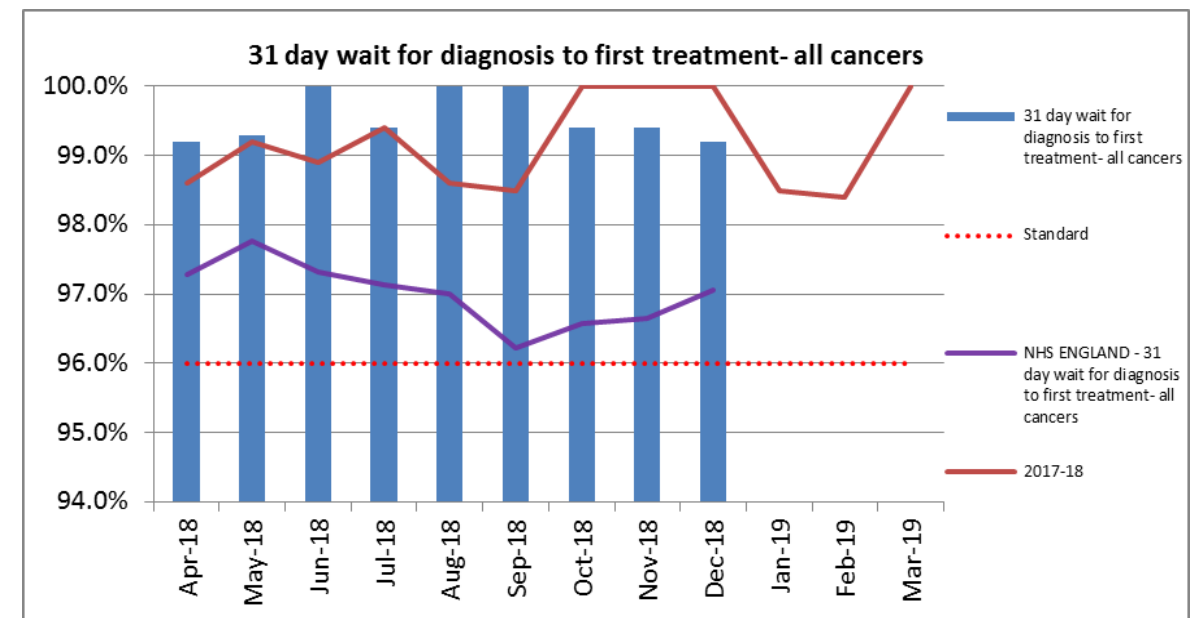
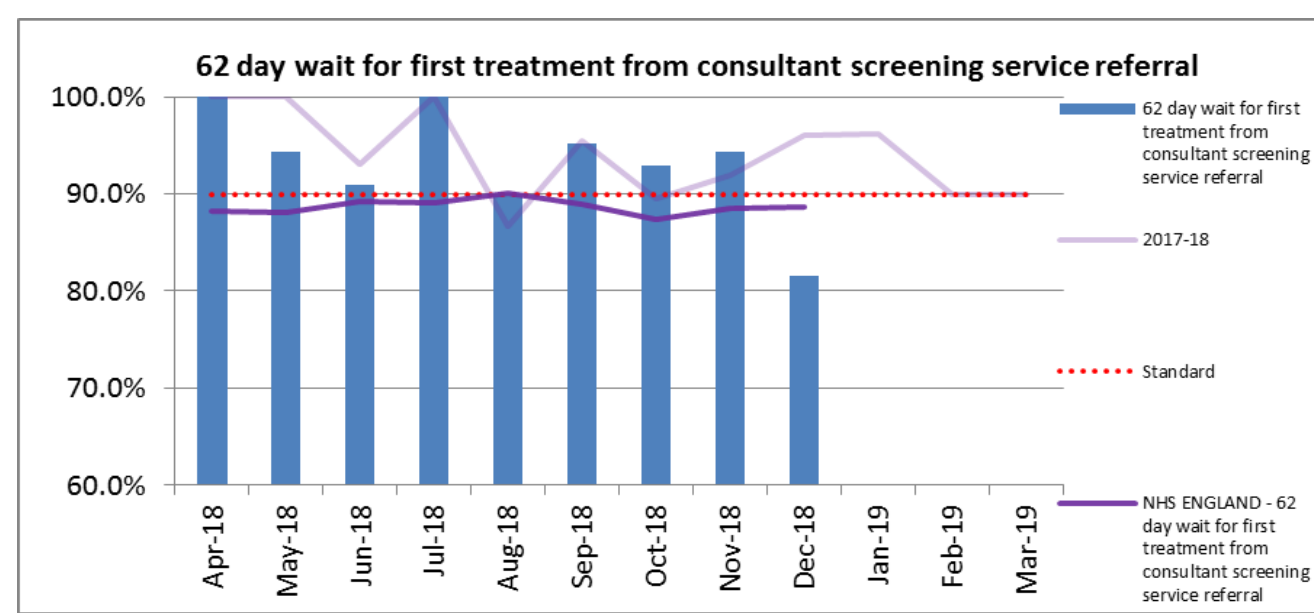
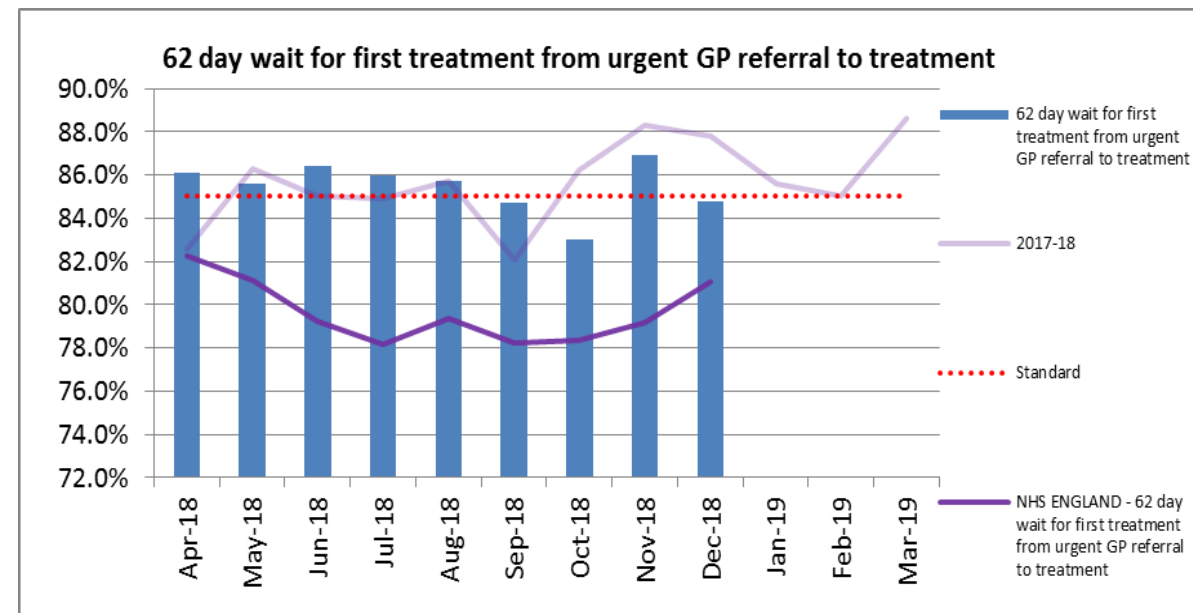
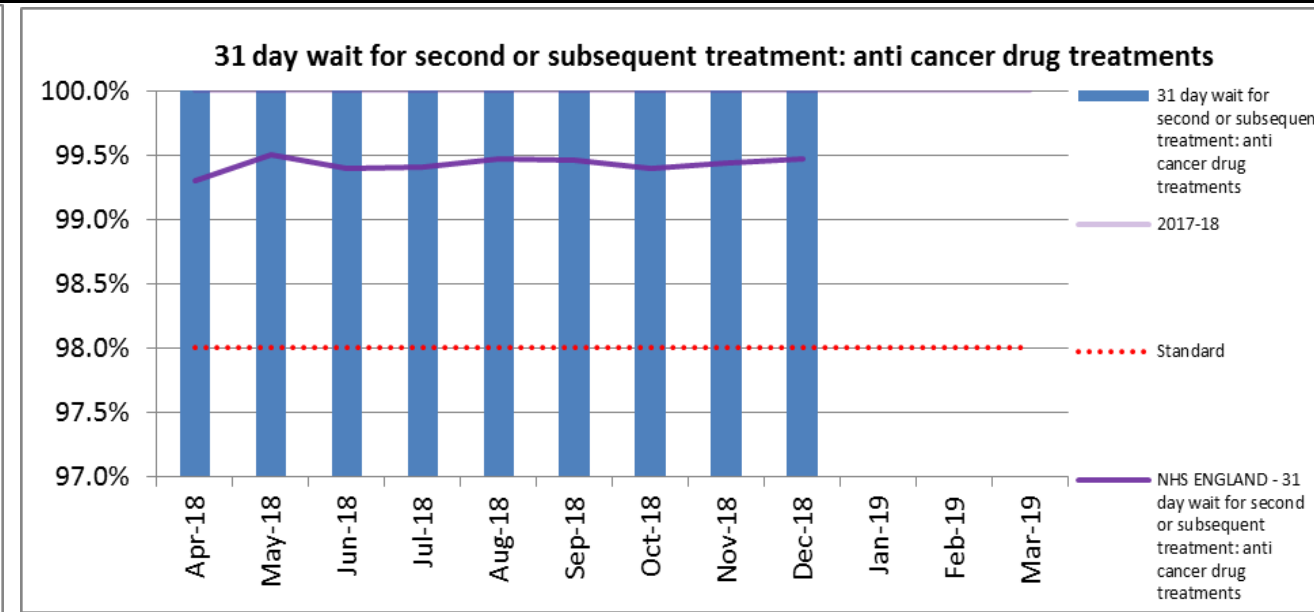
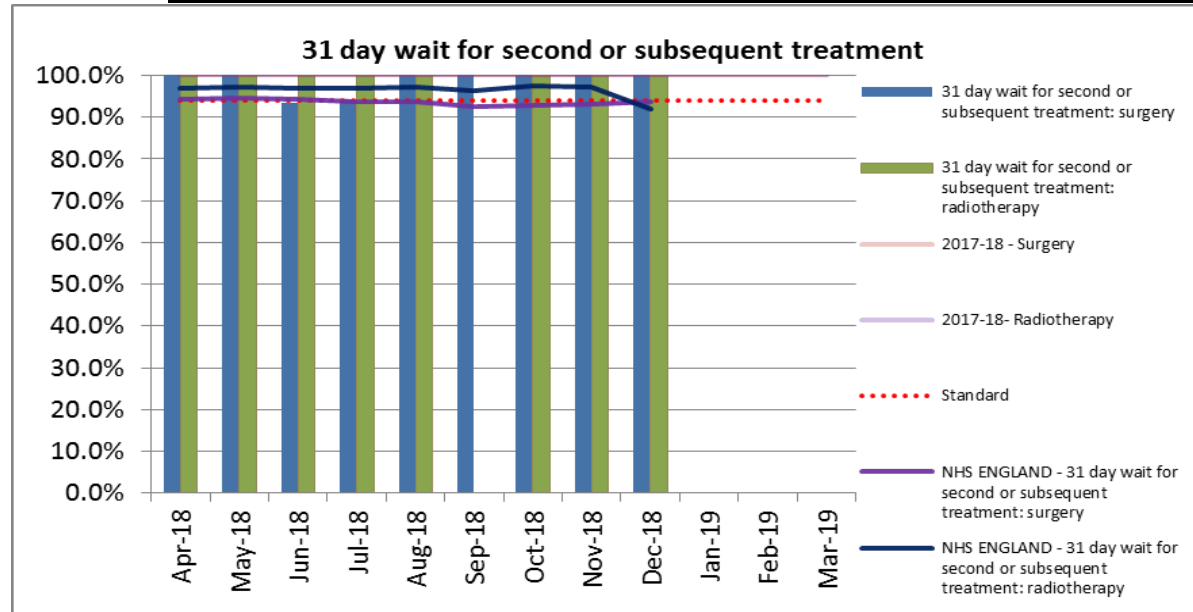
David Purdue Chief Operating Officer February 2019

At a Glance December 2018 (Month 9)

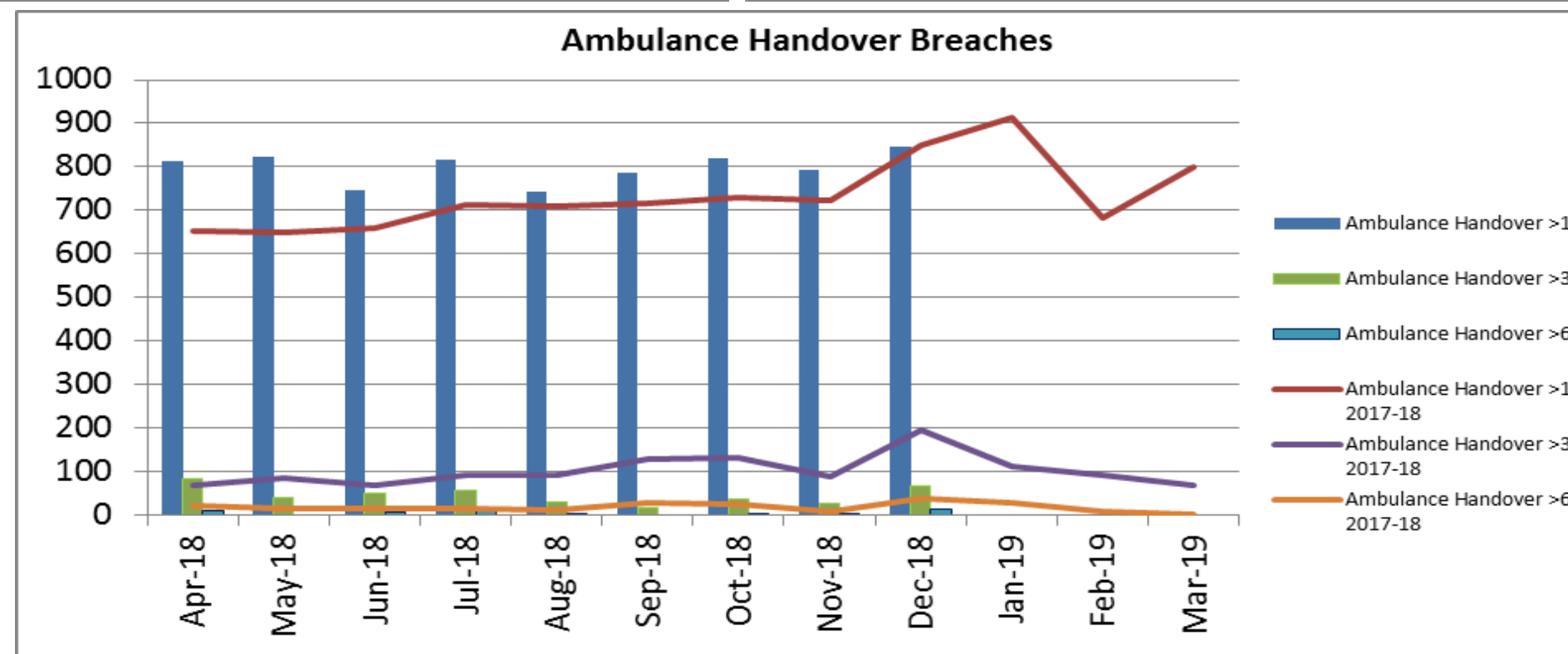
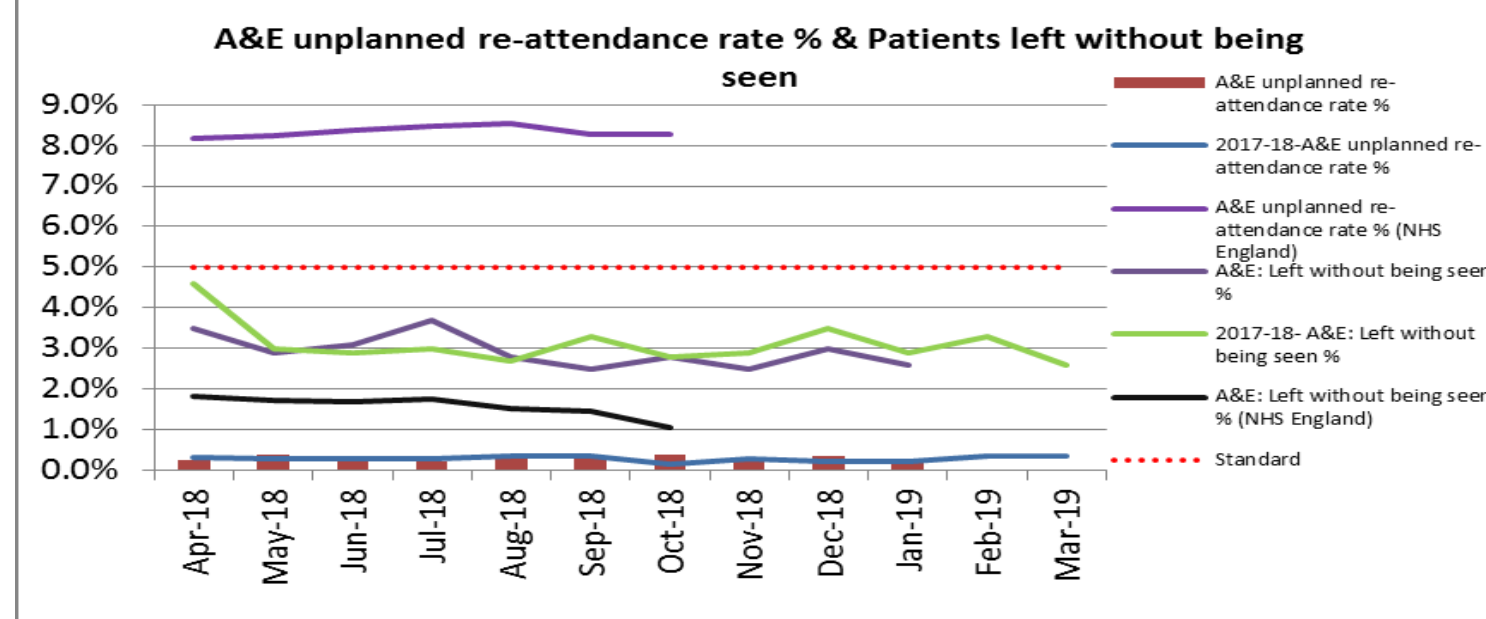
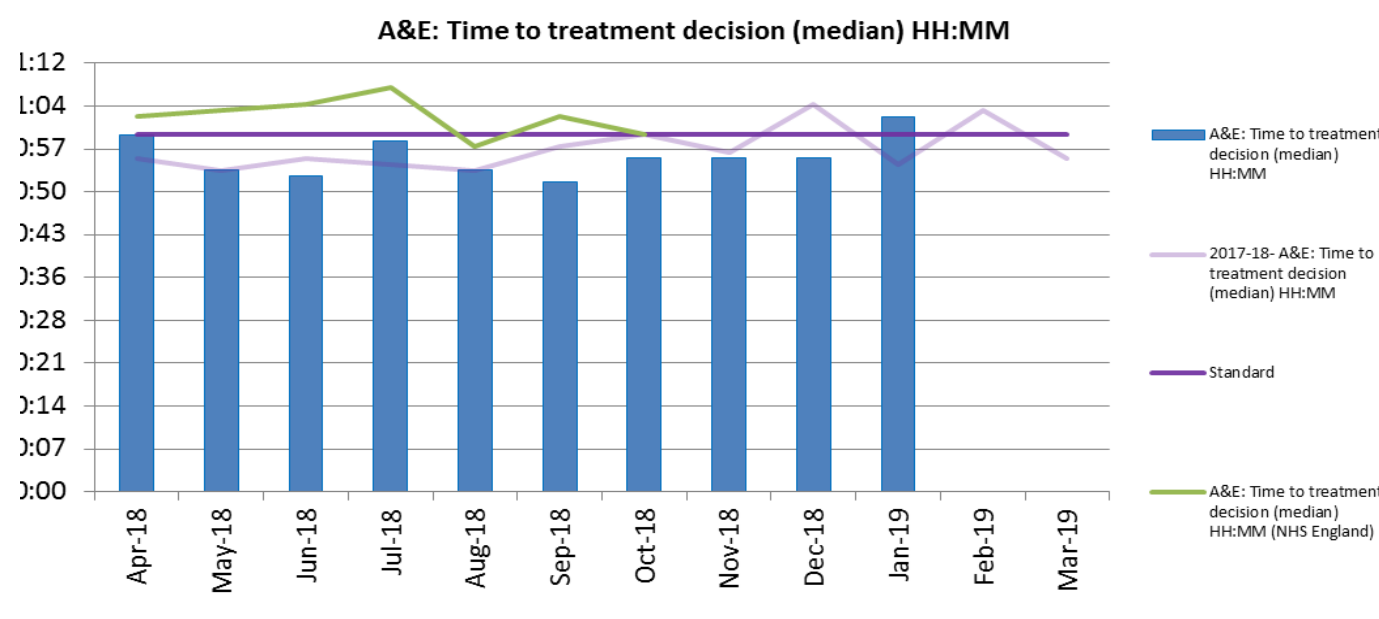
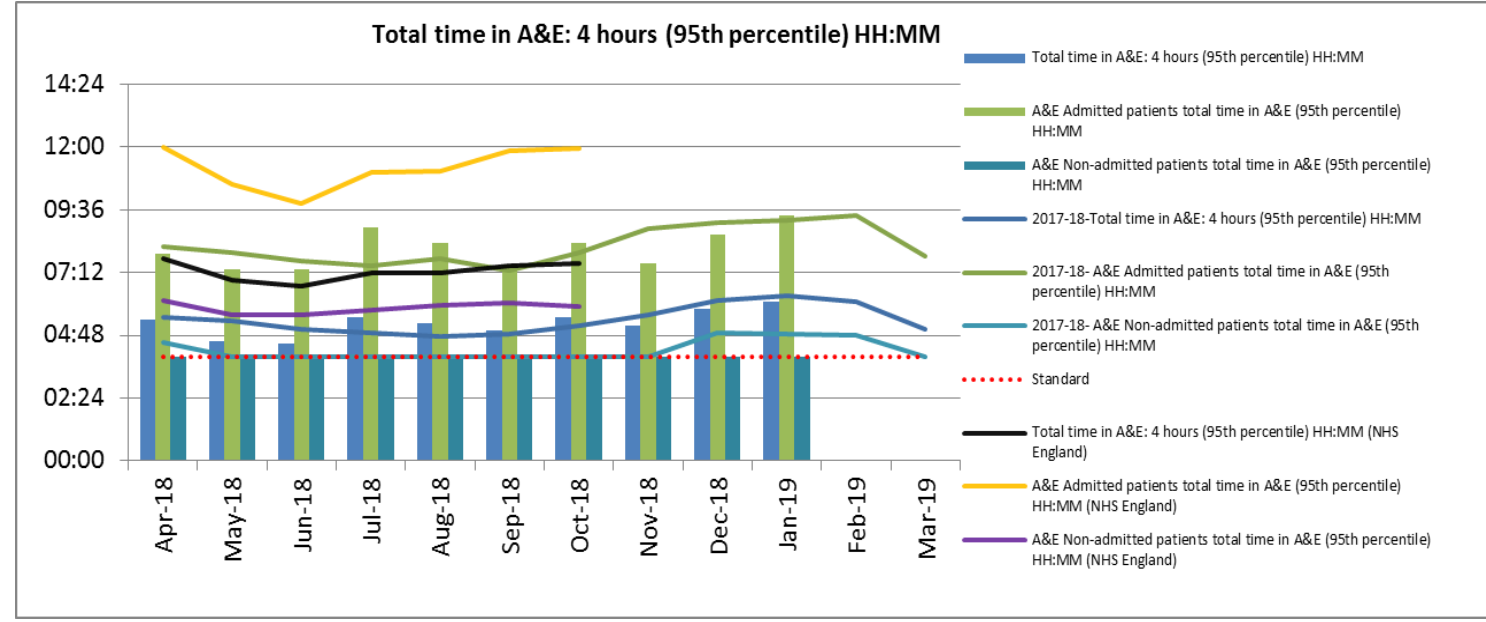
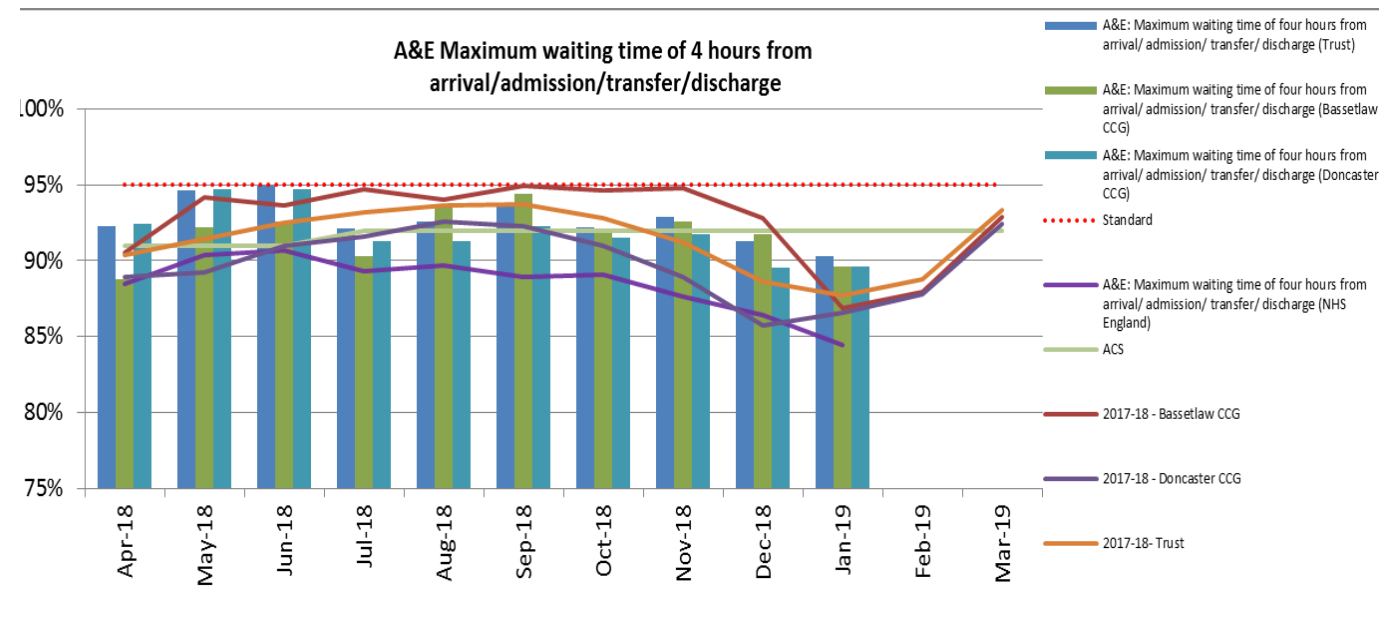
Doncaster & Bassetlaw Teaching Hospital NHS Foundation Trust						NHS England Benchmarking			Peer Group Benchmarking		
Monitor Compliance Framework	Indicator	Standard	Current Month	Month Actual	Direction of travel compared to previous Month	NHS England %	DBTHFT	Month	Peer Groups %	DBTHFT	Month
	31 day wait for second or subsequent treatment: surgery	94.00%	December	100.00%	↔	93.55%	100.00%	December	91.58%	100.00%	December
	31 day wait for second or subsequent treatment: anti cancer drug treatments	98.00%		100.00%	↔	99.47%	100.00%		100.00%	100.00%	
	31 day wait for second or subsequent treatment: radiotherapy	94.00%		100.00%		97.95%	100.00%		Not Available	100.00%	
	62 day wait for first treatment from urgent GP referral to treatment	85.00%		84.80%	↘	81.04%	84.80%		79.20%	84.80%	
	62 day wait for first treatment from consultant screening service referral	90.00%		81.50%	↘	88.61%	81.50%		88.36%	81.50%	
	31 day wait for diagnosis to first treatment- all cancers	96.00%		99.20%	↘	97.10%	99.20%		97.00%	99.20%	
	Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.00%		91.50%	↘	93.70%	91.50%		94.90%	91.50%	
	Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.00%		89.90%	↗	86.11%	89.90%		85.92%	89.90%	
	A&E: Maximum waiting time of four hours from arrival / admission / transfer / discharge (Trust)	95.00%	January	90.30%	↘	84.40%	90.30%	January	81.82%	90.30%	January
	Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.00%	January	87.40%	↗	86.60%	86.60%	December	84.05%	86.60%	December
	% of Patients waiting less than 6 weeks from referral for a diagnostics test	99.00%	January	99.03%	↘	96.70%	99.28%	December	93.90%	99.28%	December
Ambulance Handover Times	Ambulance Handovers Breaches -Number waited over 15 & Under 30 Minutes		December	846	↘	UCL: 796 & LCL: 659					
	Ambulance Handovers Breaches-Number waited over 30 & under 60 Minutes			66	↘	UCL: 122 & LCL: 56					
	Ambulance Handovers Breaches -Number waited over 60 Minutes			13	↘	UCL: 29 & LCL: 2					
Stroke	Proportion of patients scanned within 1 hour of clock start (Trust)	48.00%	November	69.80%	↗	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%		67.90%	↗						
	Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis (Trust)	20.00%		3.80%	↘						
	Percentage of patients treated by a stroke skilled Early Supported Discharge team (Trust)	40.00%		79.60%	↗						
	Percentage of those patients who are discharged alive who are given a named person to contact after discharge (Trust)	95.00%		89.80%	↗						
	Implementation of Stroke Strategy - TIA Patients Assessed and Treated within 24 Hours	60.00%	January	43.60%	↘						
Theatres & Outpatients	Cancelled Operations	0.80%	January	1.59%	↘	No Benchmarking available					
	Cancelled Operations-28 Day Standard	0		3	↘						
	Out Patients: DNA Rate			10.75%	↘	7.71%	9.95%	September	6.96%	9.95%	September
	Out Patients: Hospital Cancellation Rate			5.00%	↘	No Benchmarking available - data not submitted to Secondary Uses Service by all Trusts					
Effective	Emergency Readmissions within 30 days (PbR Methodology)		December	6.66%	↘	7.56%	6.50%	August	8.10%	6.50%	August

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			Jan-19	48.65%	57.69%	27.27%	
	Best Practice Criteria							
	36 hours to surgery Performance			Dec-18	56.76%	69.23%	27.27%	
	72 hours to geriatrician assessment Performance				83.78%	88.46%	72.73%	
	% of patients who underwent a falls assessment				94.59%	92.31%	100.00%	
% of patients receiving a bone protection medication assessment			94.59%		92.31%	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	Jan-19	5		
	Infection Control MRSA		0	L		0		
	HSMR (rolling 12 Months)		100	N	Nov-18	93.43		
	Never Events		0	L	Jan-19	1		
	VTE		95.0%	N	Dec-18	95.0%		
	Avoidable Pressure Ulcers Cat 3&4		21 Full Year	L	Jan-19	0		
	Falls that result in a serious Fracture		2 Per Month 23 full Year	L	Jan-19	1		
Catheter UTI		Snap shot audit		0.53%				
Complaints & Claims	Indicator			Current Month	Month Actual		Data Quality RAG Rating	
	Complaints received (12 Month Rolling)			Jan-19	405			
	Concerns Received (12 Month Rolling)				716			
	Complaints Performance				66.7%			
	Clinical Negligence Scheme for Trusts (CNST)				5			
	Liabilities to Third Parties Scheme (LTPS)				3			
	Claims per 1000 occupied bed days				0.21			
Workforce	Indicator			Current Month	YTD (Cumulative)		Data Quality RAG Rating	
	Appraisals			January	78.85%			
	SET Training				81.35%			

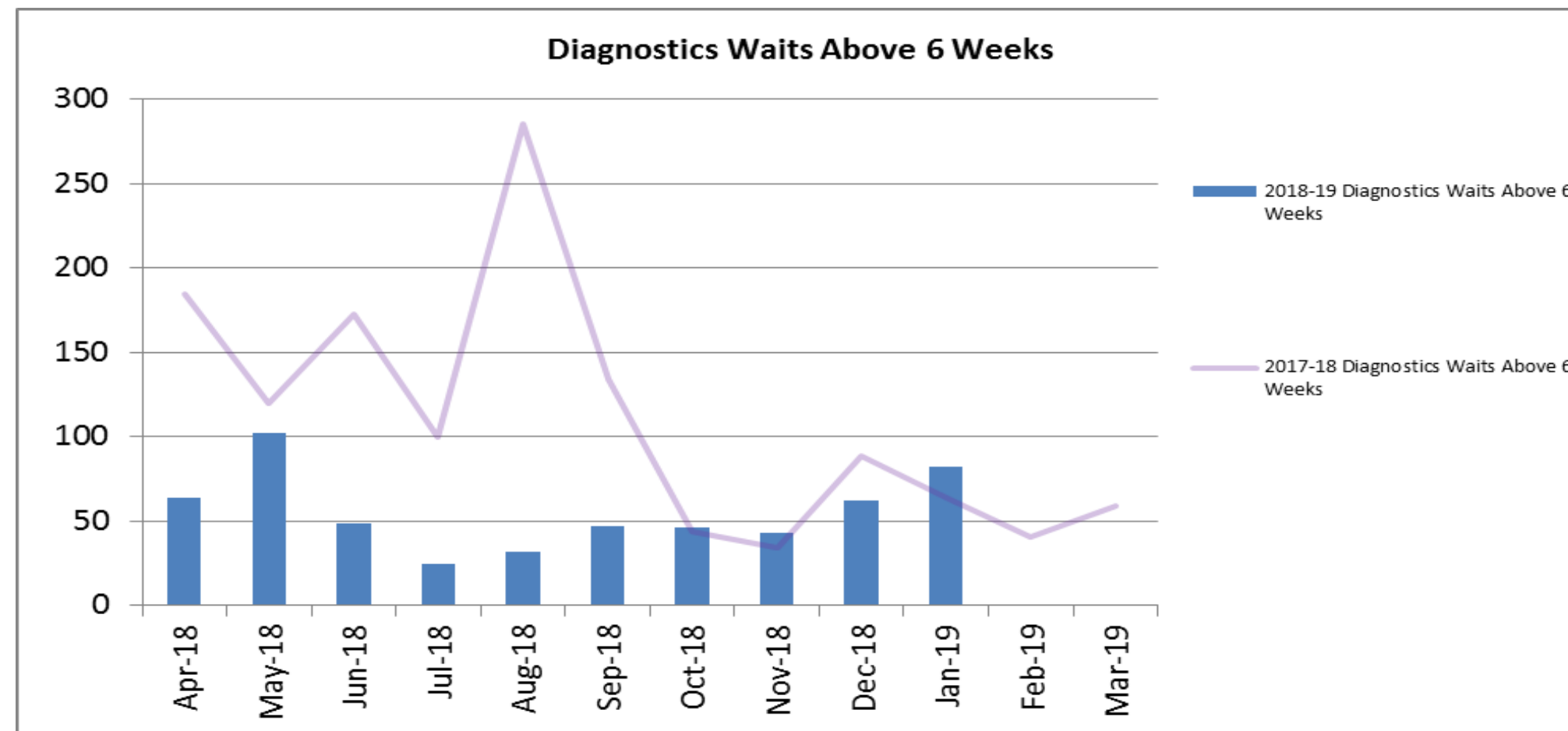
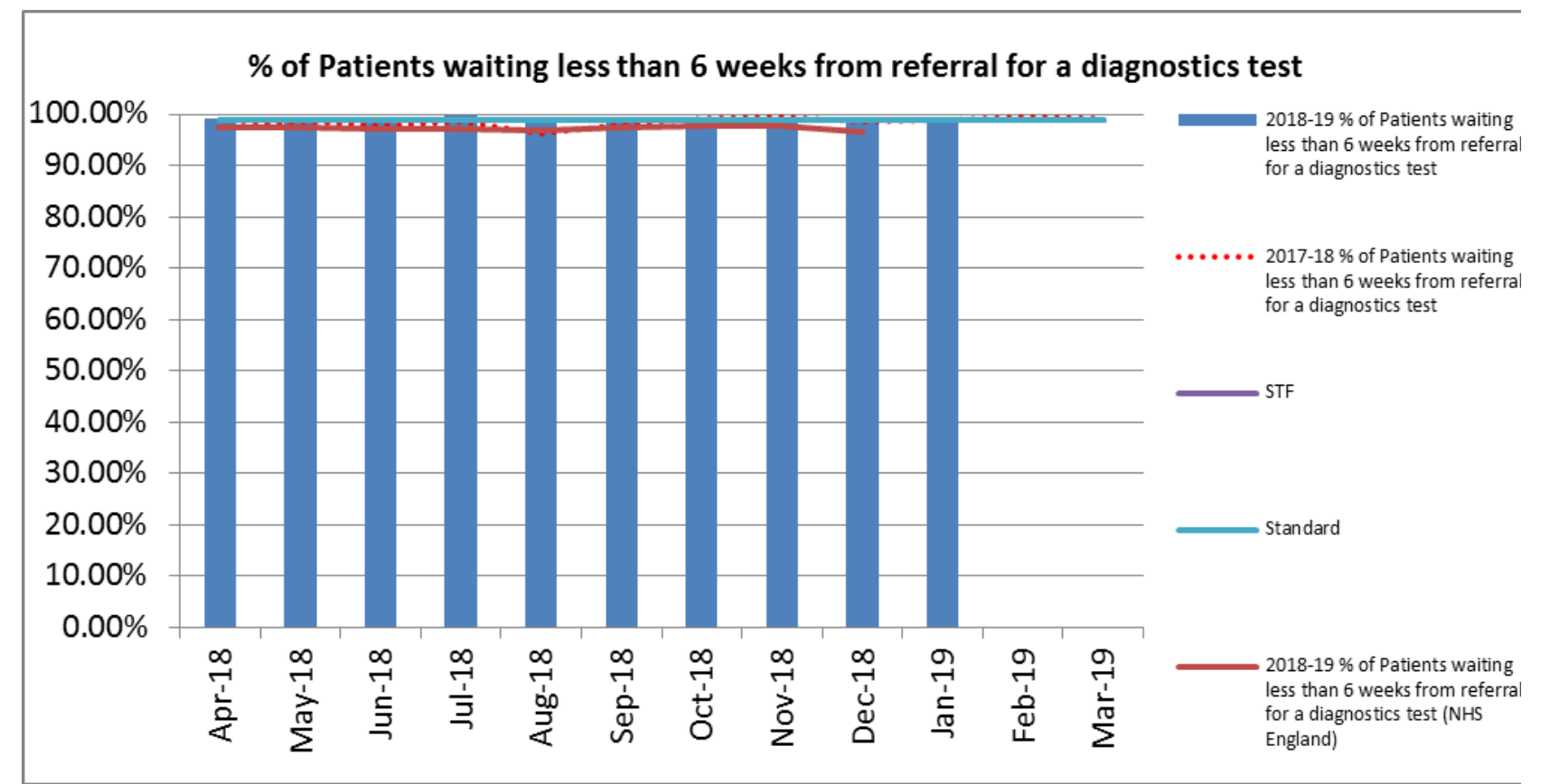
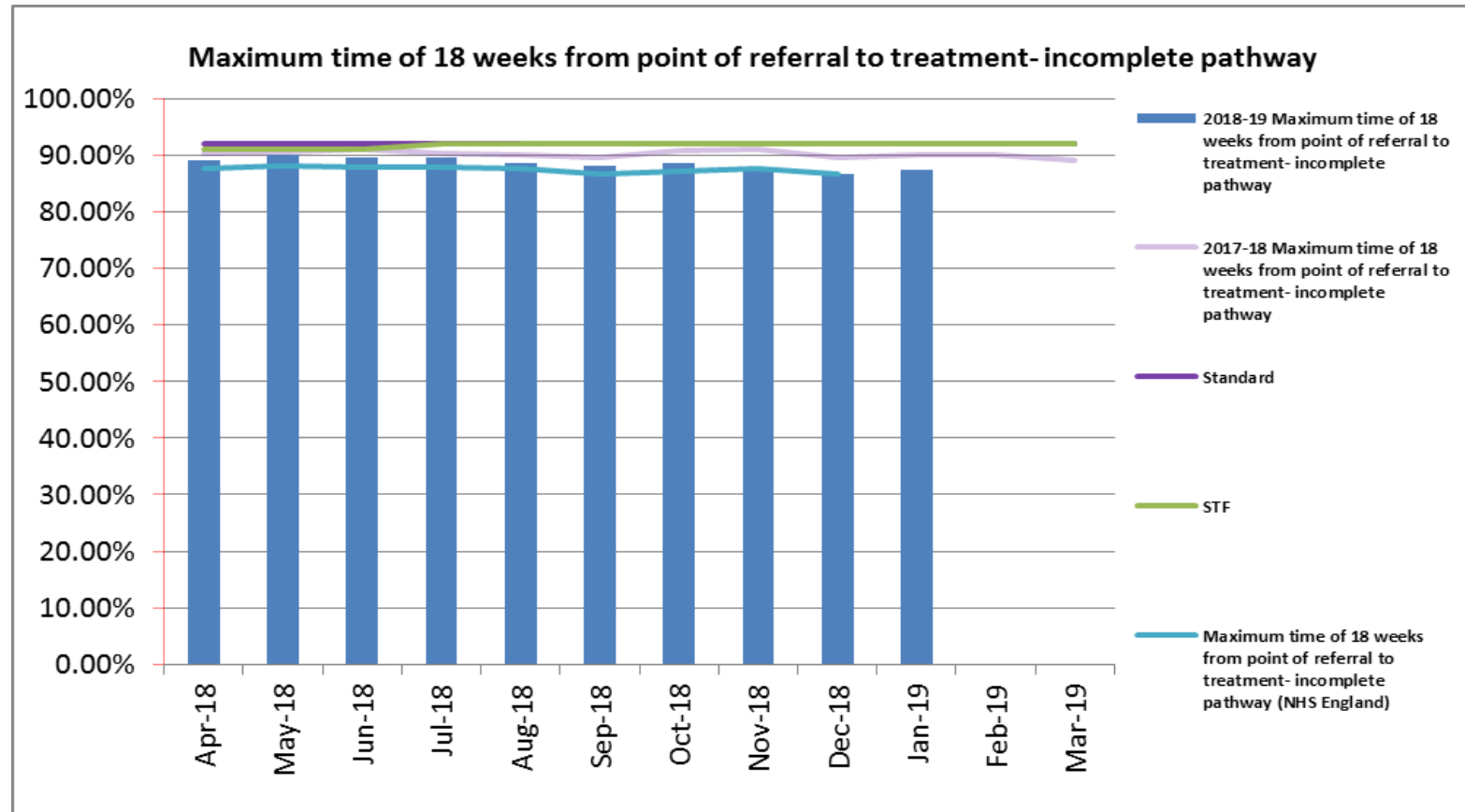
Monitor Compliance Framework: Cancer - Graphs - December 2018 (Month 9)



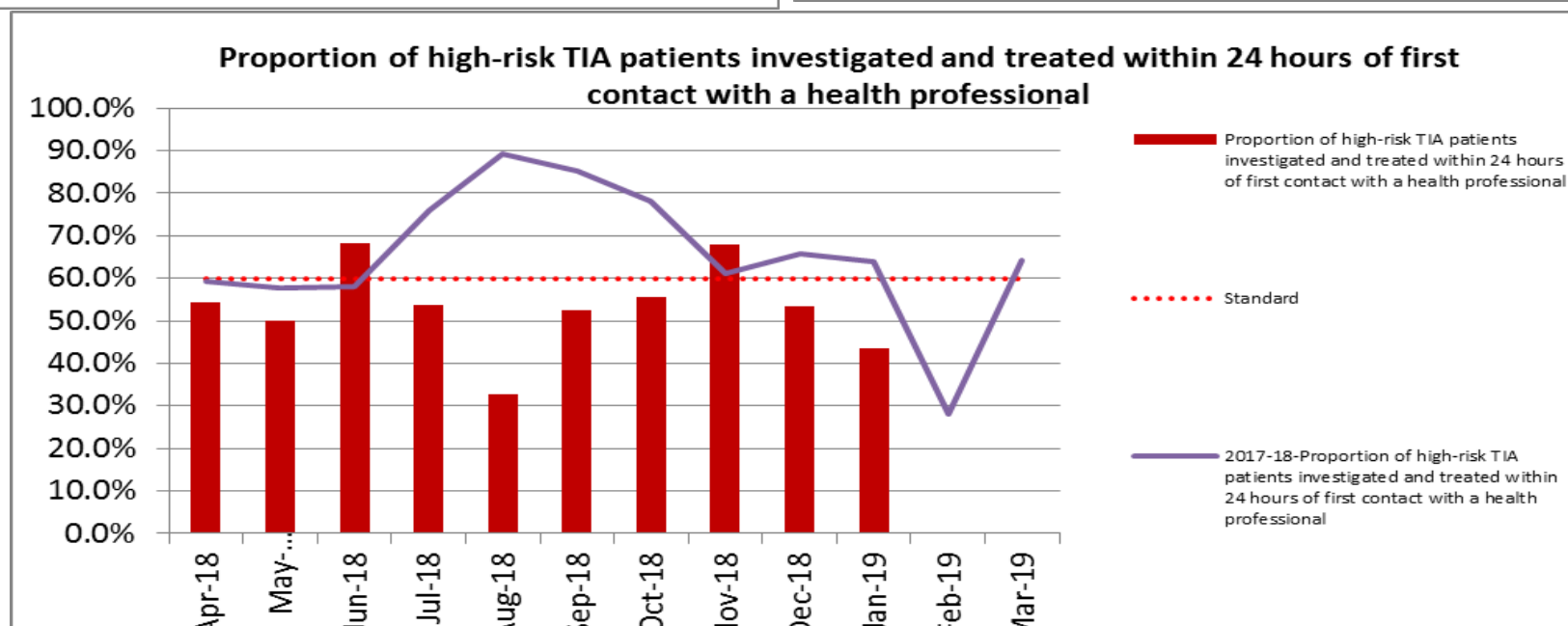
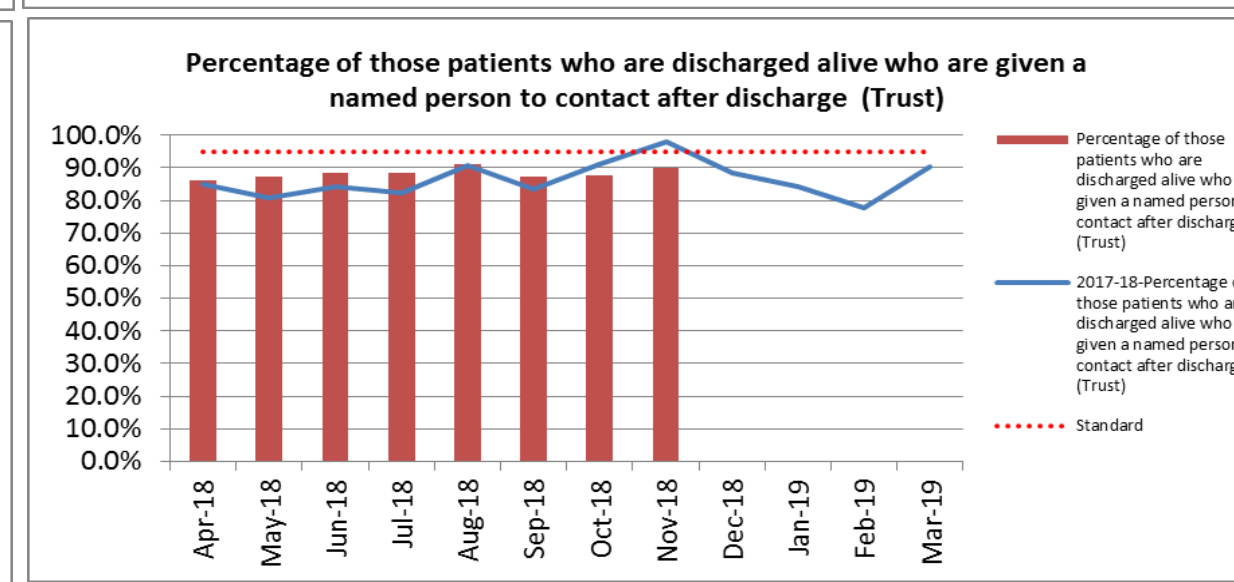
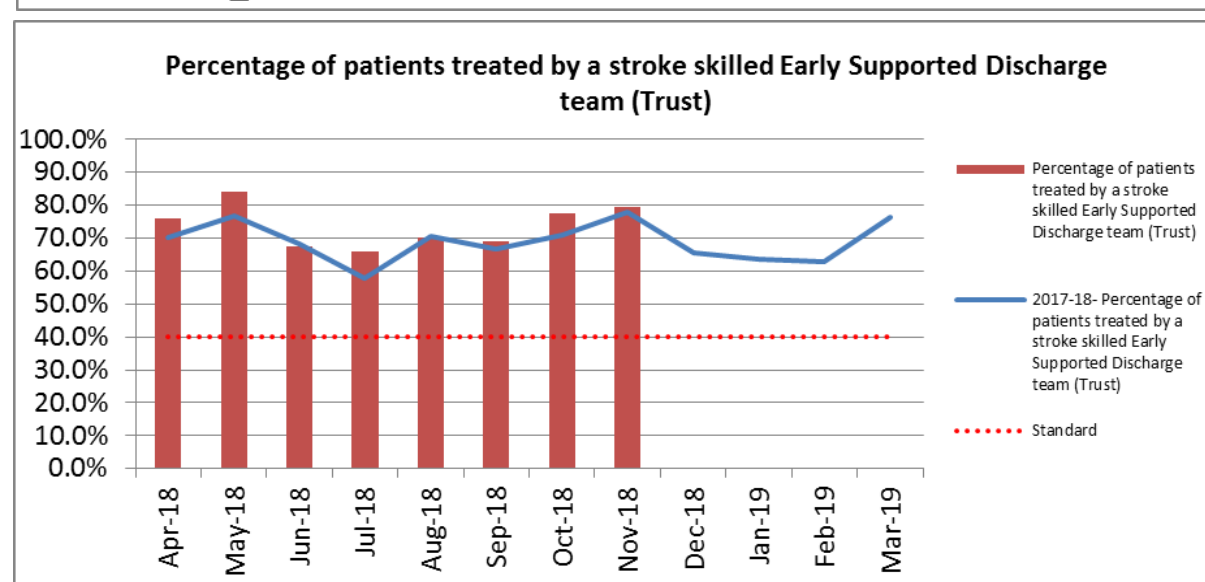
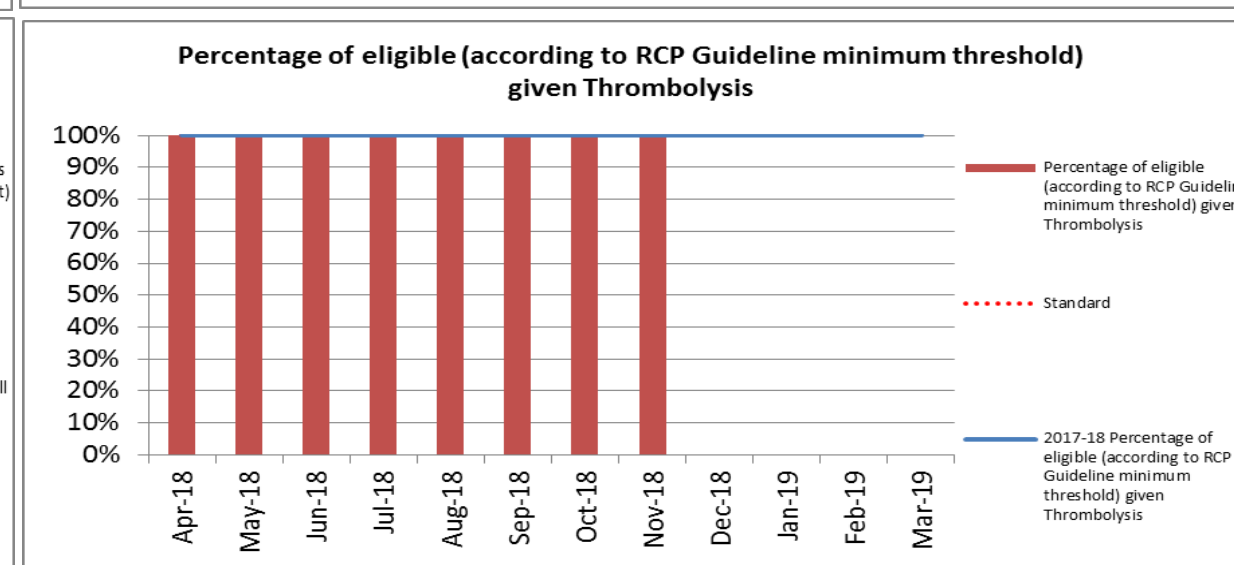
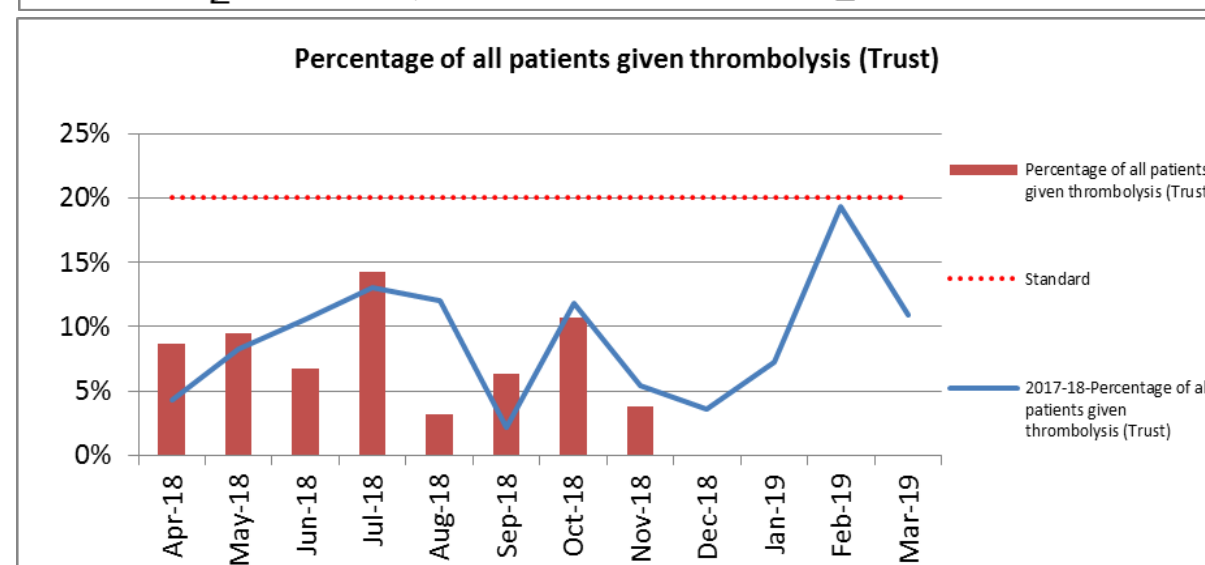
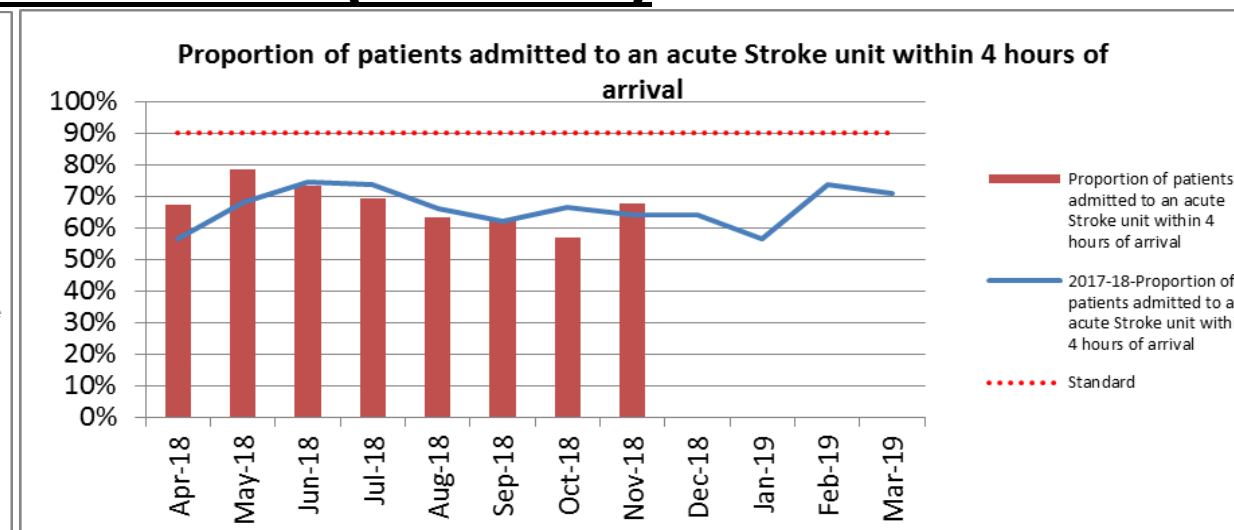
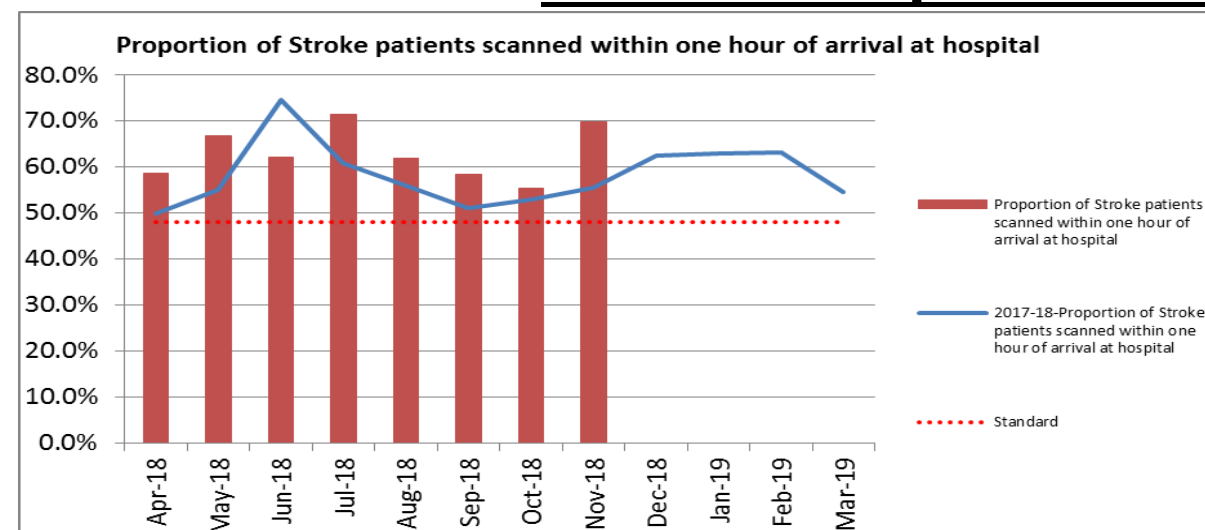
Monitor Compliance Framework: A&E - Graphs - January (Month 10)



Monitor Compliance Framework: 18 Weeks & January (Month 9)



Stroke - Graphs November 2018 (Month 8)





Executive Summary - Safety & Quality - January 2019 (Month 10)

HSMR: The Trust's rolling 12 months HSMR remains better than expected at 94.4. However, HSMR is on an upward trend and benchmarking confirms that this is due to a higher percentage of patients being coded on symptoms and signs rather than a definitive diagnosis. We are working to address this.

Fractured Neck of Femur: Achievement of BPT has improved, with marked improvement at DRI.

Serious Incidents: We have reported a minimal harm Never Event where spinal injections were placed on the left when they were meant to be placed on the right. This was recognised at the time and corrected. No patient acquired a pressure ulcer in hospital in the month

Executive Lead:
Mr S Singh

C-Diff The rate is below that of the same period last year, the year to date position and national trajectory

Fall resulting in significant harm: The rate is the same as in January 2018 and higher than the YTD position

Hospital Acquired Pressure Ulcers: The rate for December is higher than that of the same period last year and the YTD position.

Complaints and Concerns Complaints response performance has seen a reduction in January. Associate Directors of Nursing and Matrons have reported prioritising operational work to prevent patient harm over responding to complaints during January when ward areas have felt pressured. An improvement should be seen in February.

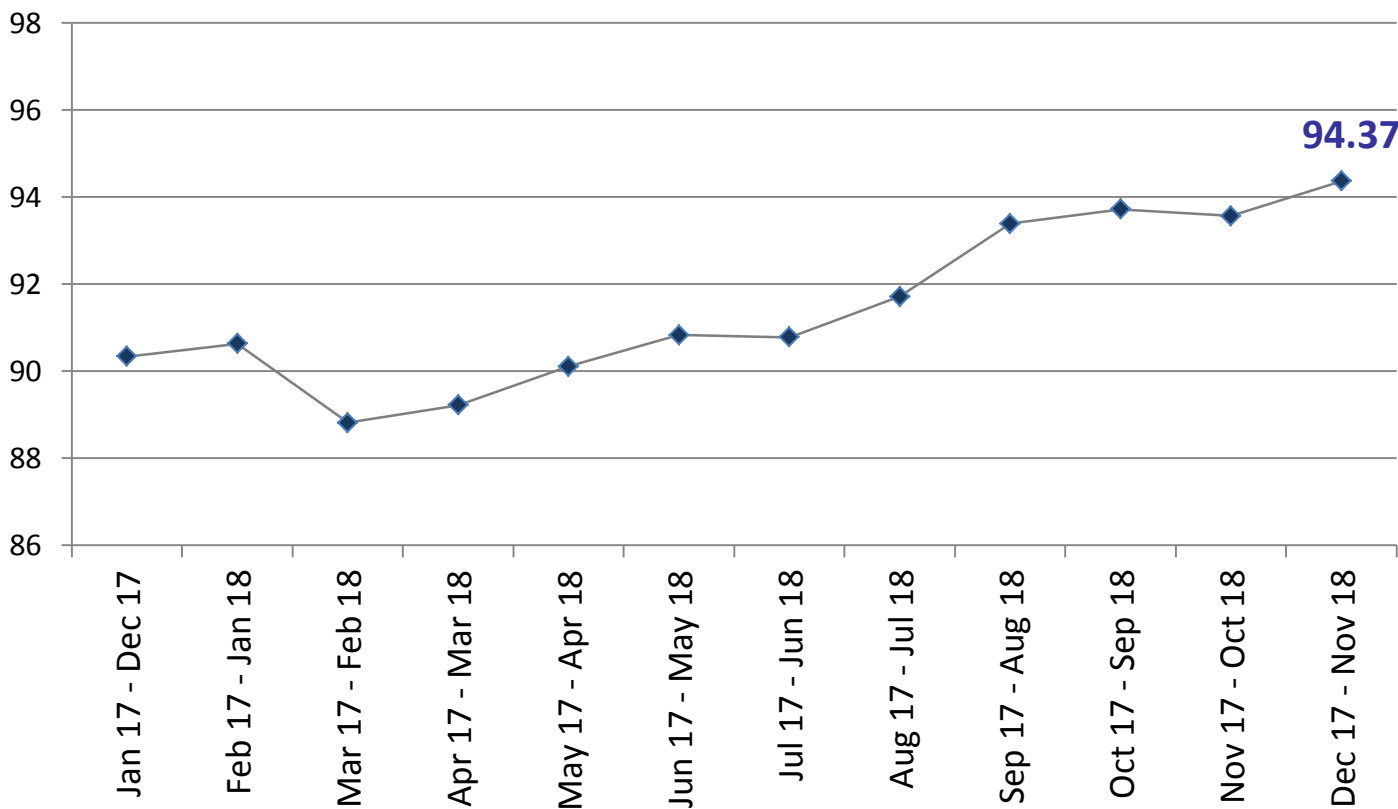
Friends & Family Test: Response rates for both ED and inpatient areas saw a further decrease in January, whilst positivity of responses remained above regional performance. Work is planned for the new financial year to review the process for collecting FFT data and providing feedback to staff.

Executive Lead:
Mrs M Hardy

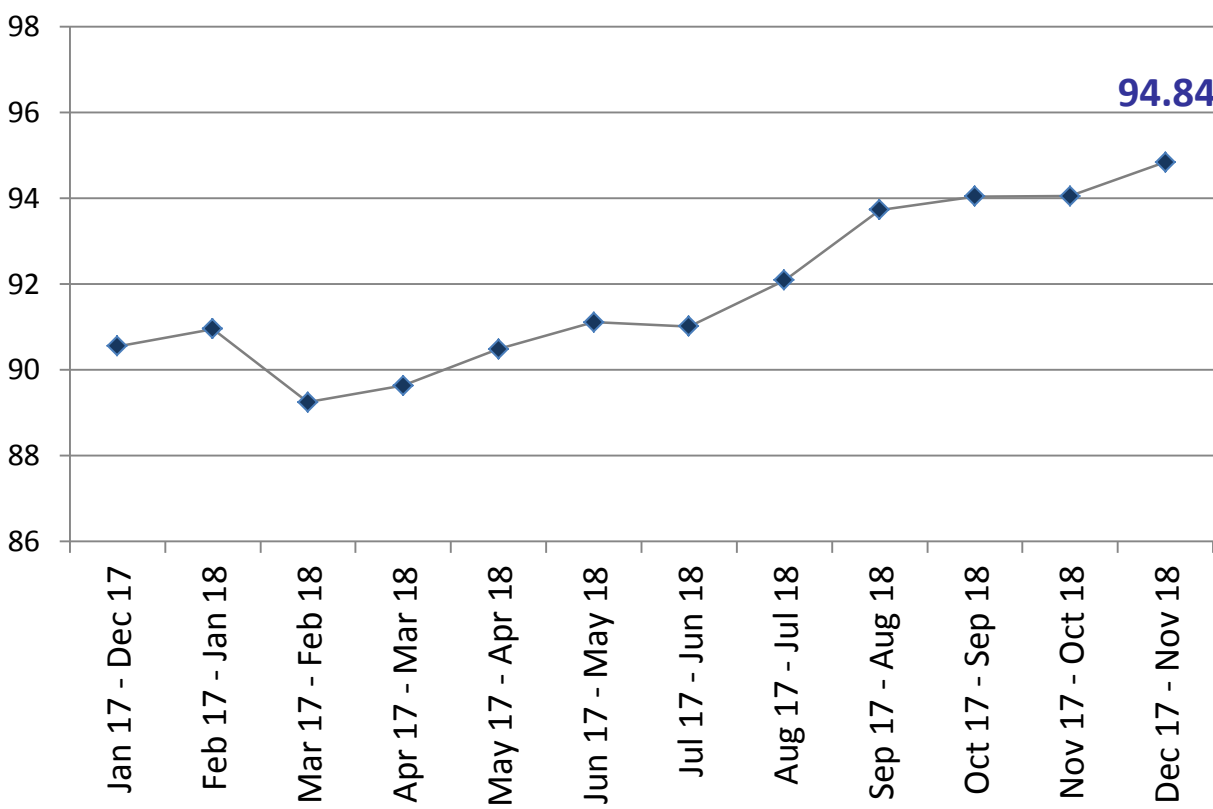
7 Day Services (7DS) - Board Assurance (Spring 2018)					
(Data accurate as at 20/02/2019)					
Site Name	Spring 2018 (overall)	Spring 2018 (Weekday)	Spring 2018 (Weekend)	Comments	
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission	94%	93%	96%	In the March 2018 94% of Emergency admissions achieved clinical standard 2 (93% weekday/96% weekend) this is an improvement on the performance reported in the March 2017 report which demonstrated 69% overall (70% weekday/65% weekend)	
Clinical Standard 5: Hospital inpatient must have scheduled 7-day access to diagnostic service, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy and microbiology. Consultant directed diagnostic tests and completed reporting will be available seven days a week: - within 1 hour for critical patients - within 12 hour for urgent patients - within 24 hour for non-urgent patients	91%	100%	82%		
Clinical Standard 6: Hospital inpatients must have timely 24 hour access 7 days a week to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements	100%	100%	100%		
Clinical Standard 8: Hospital inpatients must have timely 24 hour access 7 days a week to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements	91%	93%	86%	In the March 2018, 100% of patients requiring a twice daily review achieved this standard. Of those patients who only required once daily review, 91% of those patients achieved this standard (Weekday (93% weekday/85% weekend) Although the weekend performance failed to achieved the 90% target this performance is an improvement on the performance reported in the previous year which demonstrated 90% overall (98% weekday/71% weekend)	
7DS Clinical standards for continuous improvement (self assessment of performance against clinical standards 1,3,4,7,9 and 10) Standard 1: Patient Experience - Standard 3: MDT Review - Standard 4: Shift handovers - Standard 7: Mental Health - Standard 9: Transfer to community, primary and social Care - Standard 10: Quality Improvement -					
7DS and Urgent Network Clinical Services					
	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2					
Clinical Standard 5					
Clinical Standard 6					
Clinical Standard 8					

Hospital Standardised Mortality Ratio (HSMR) - Nov 2018 (Month 8)

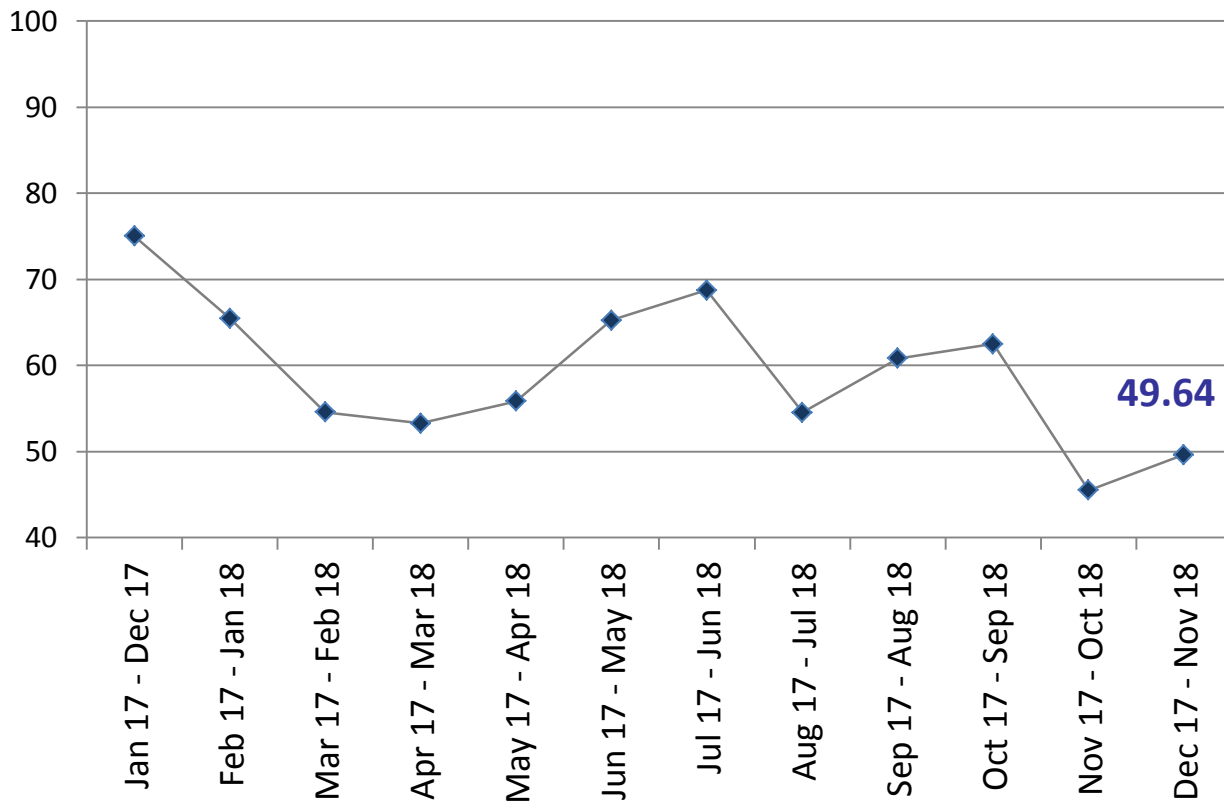
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

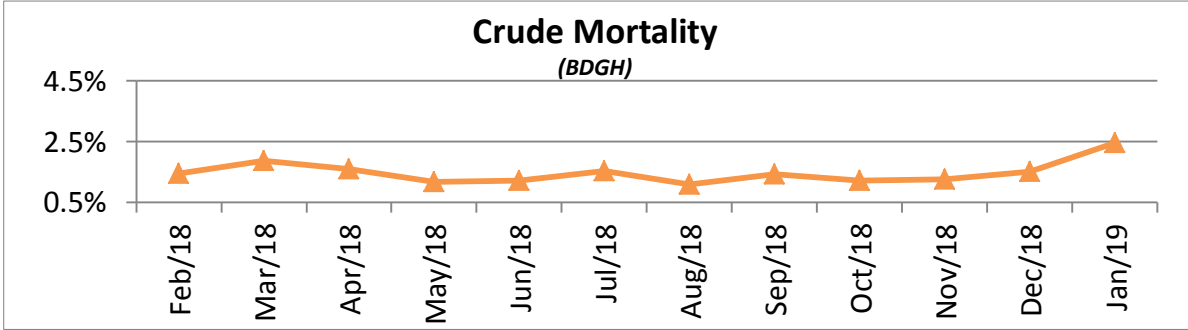
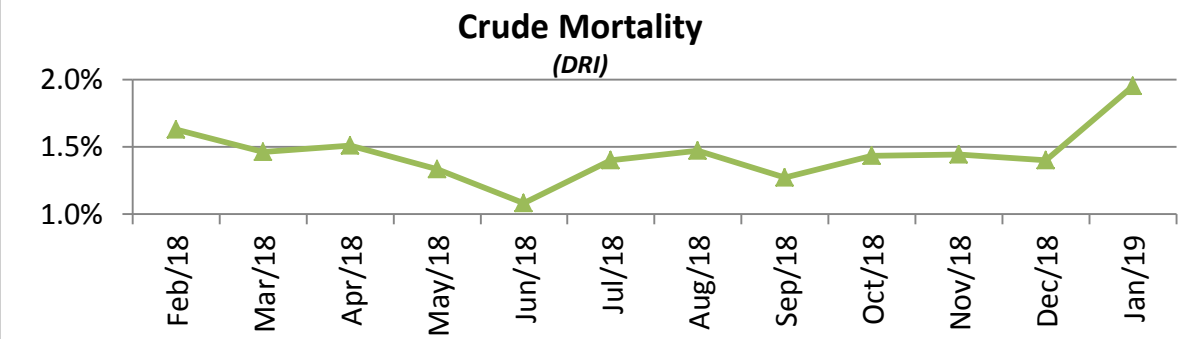
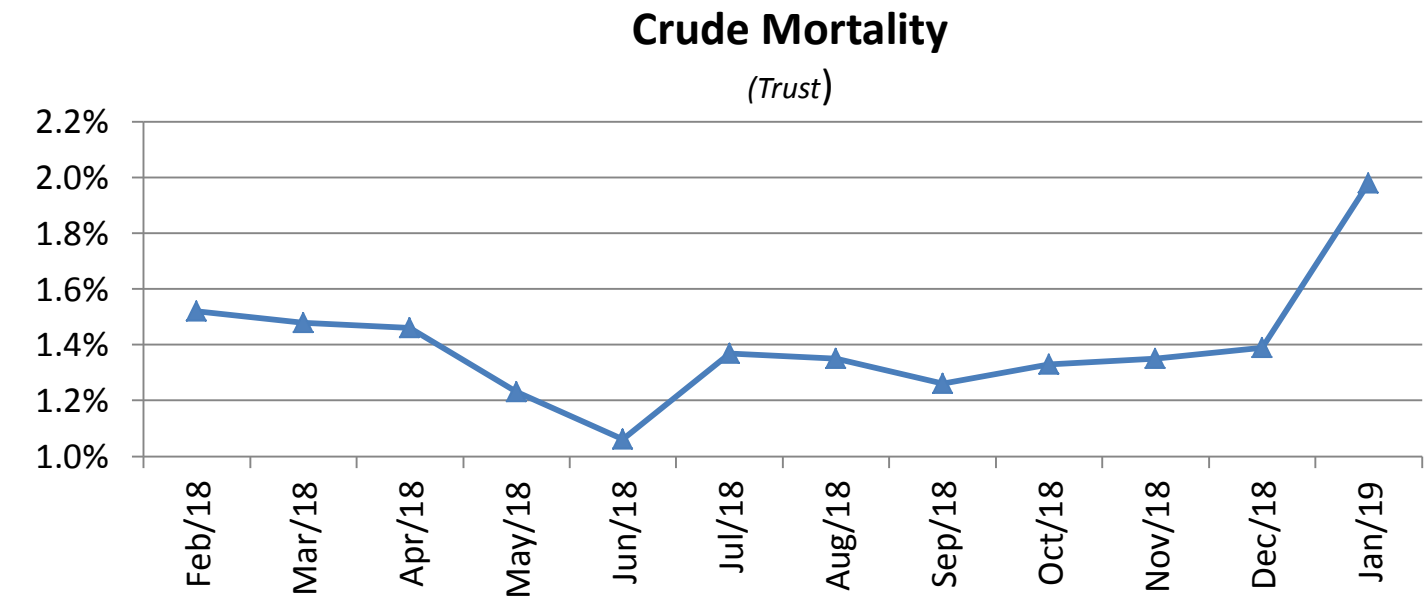


HSMR Trend (monthly)

	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	96.28
May	101.15	96.60	82.88	91.91
June	80.27	93.67	89.99	89.23
July	92.56	97.73	96.09	110.39
August	100.27	87.52	73.78	96.28
September	90.26	95.34	87.30	91.13
October	90.29	88.66	98.57	96.65
November	88.98	82.30	88.02	97.75
December	82.30	93.52	99.02	

Crude Mortality (monthly) - Dec 2018 (Month 9)

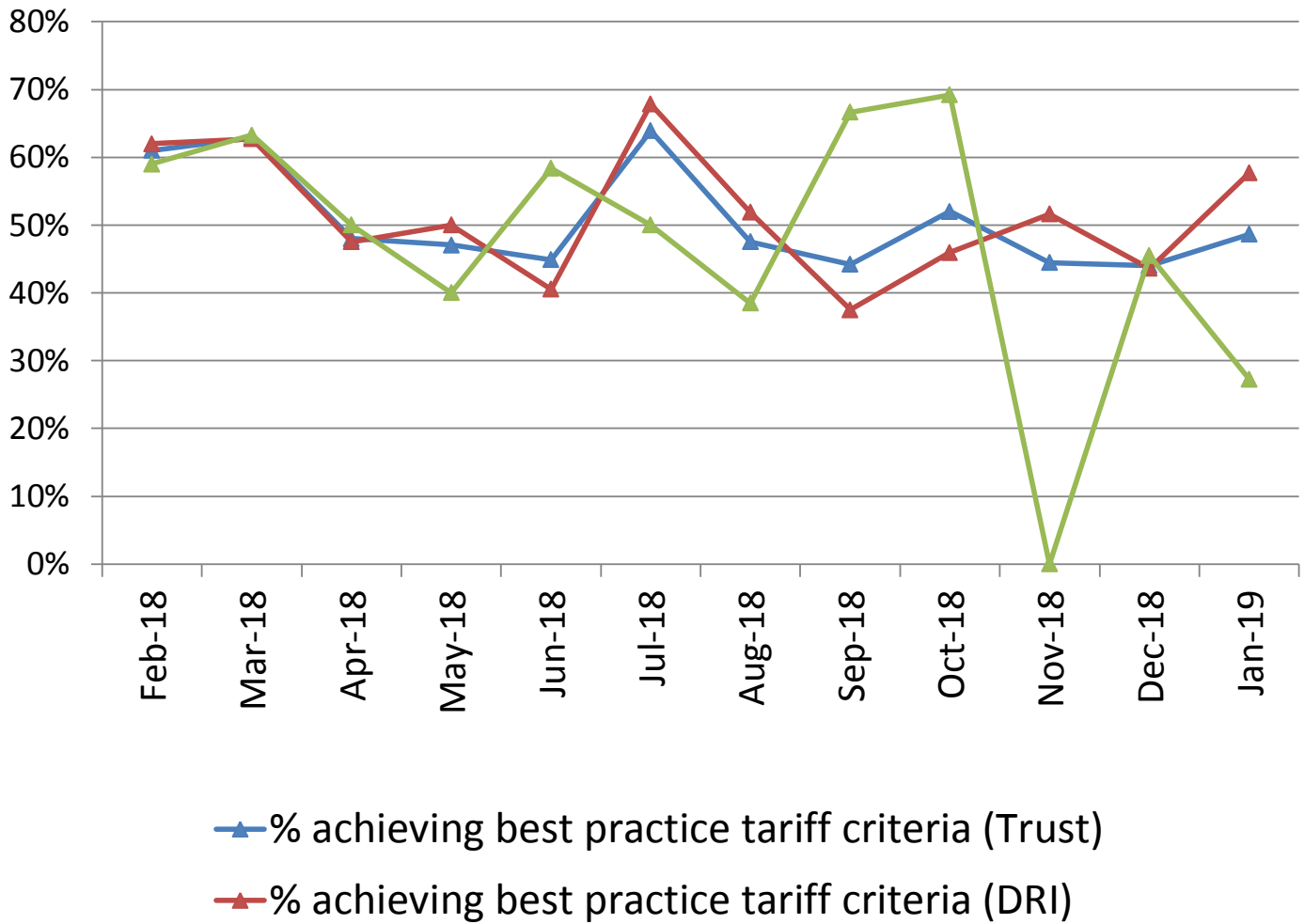
(number of deaths/number of patient discharged)



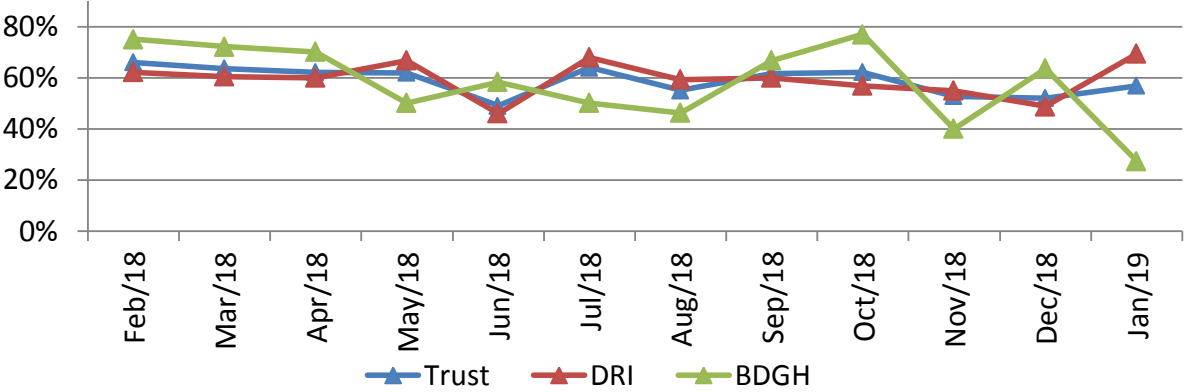
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Trust	1.52%	1.48%	1.46%	1.23%	1.06%	1.37%	1.35%	1.26%	1.33%	1.35%	1.36%	1.98%
Donc	1.63%	1.46%	1.51%	1.33%	1.08%	1.40%	1.47%	1.27%	1.43%	1.44%	1.45%	1.95%
Bass	1.45%	1.87%	1.60%	1.19%	1.23%	1.53%	1.10%	1.43%	1.23%	1.27%	1.26%	2.47%

NHFD Best Practice Pathway Performance -January 2019 (Month 10)

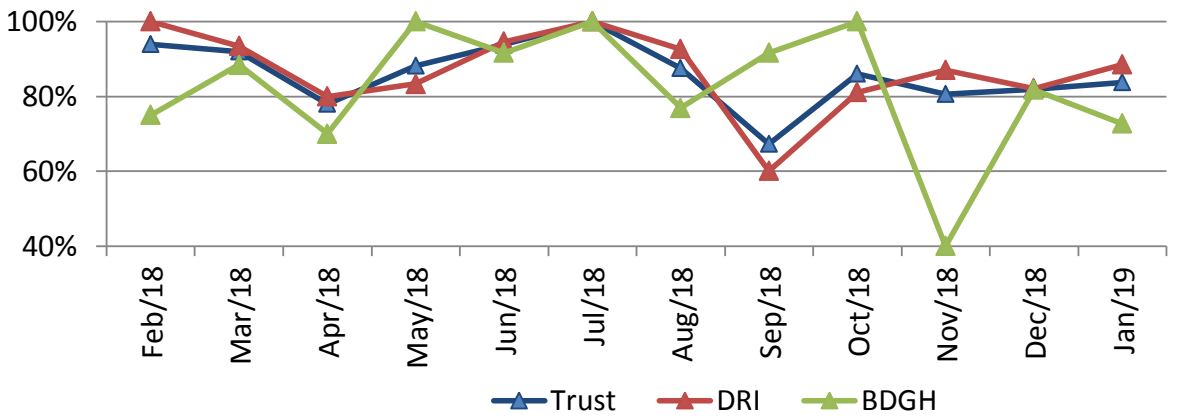
Best Practice Criteria Performance



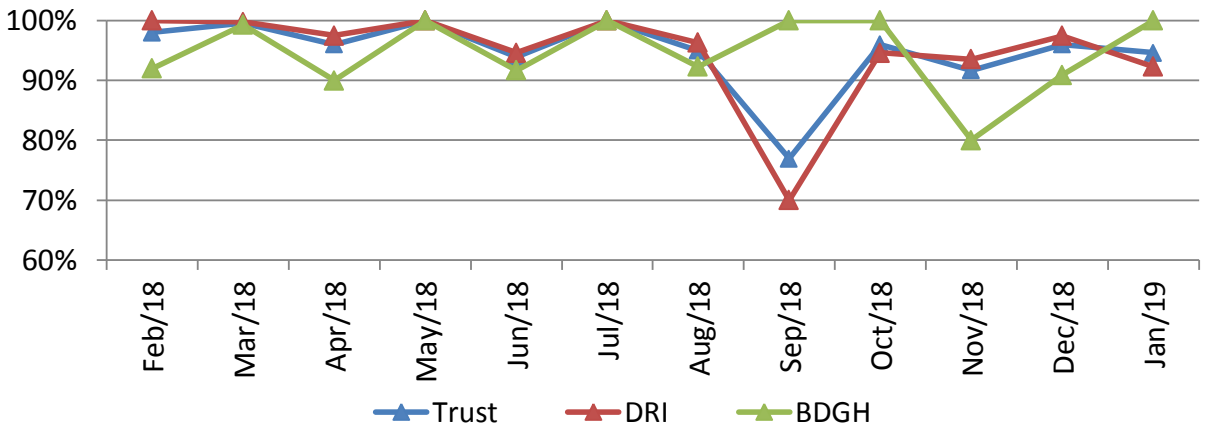
36 Hours to Surgery Performance



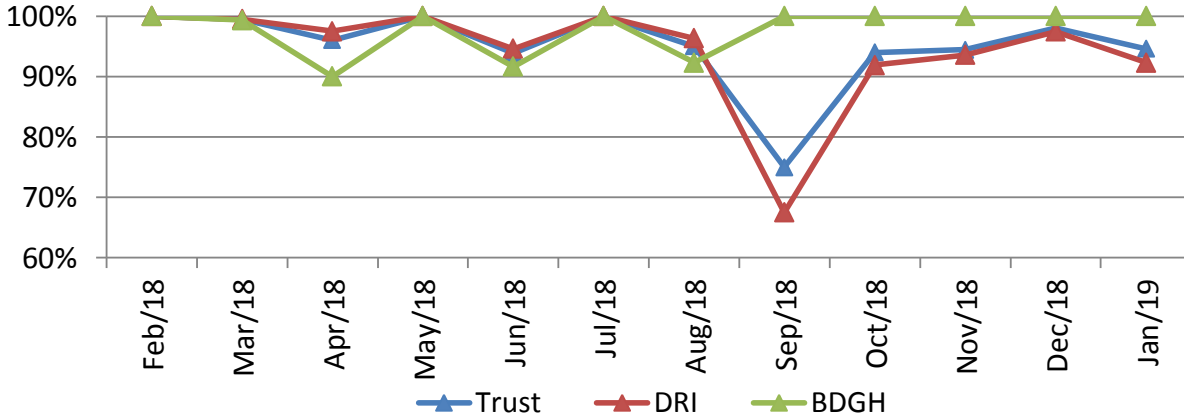
72 hours to Geriatrician Assessment Performance



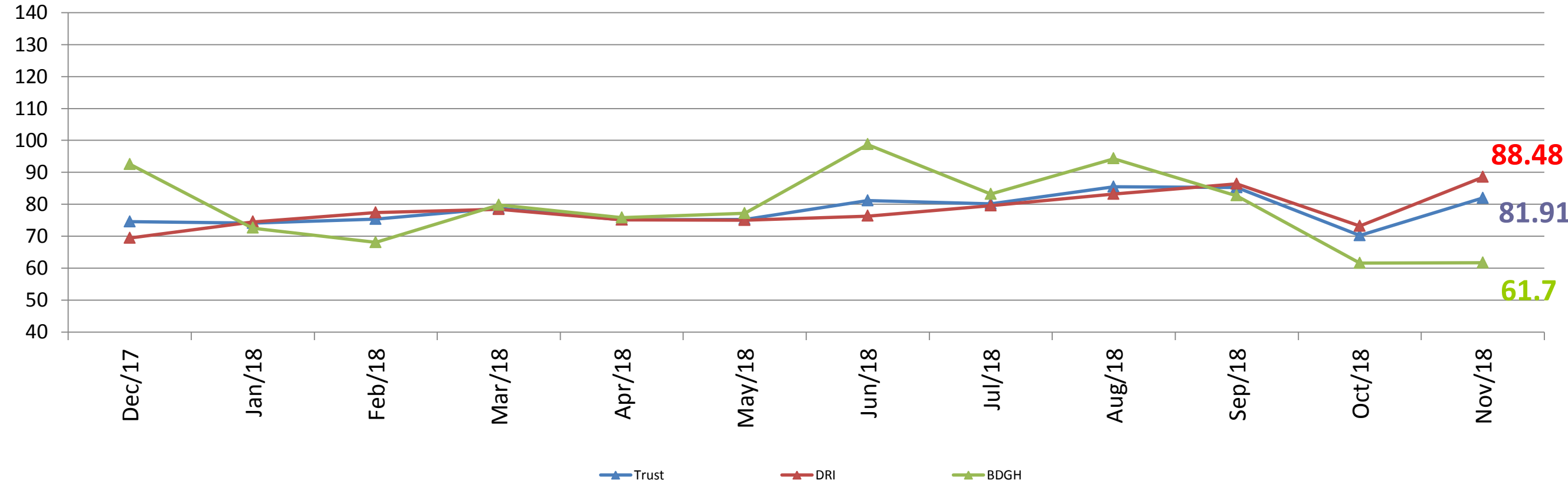
Bone Protection Medication Assessment



Falls Assessment Performance



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



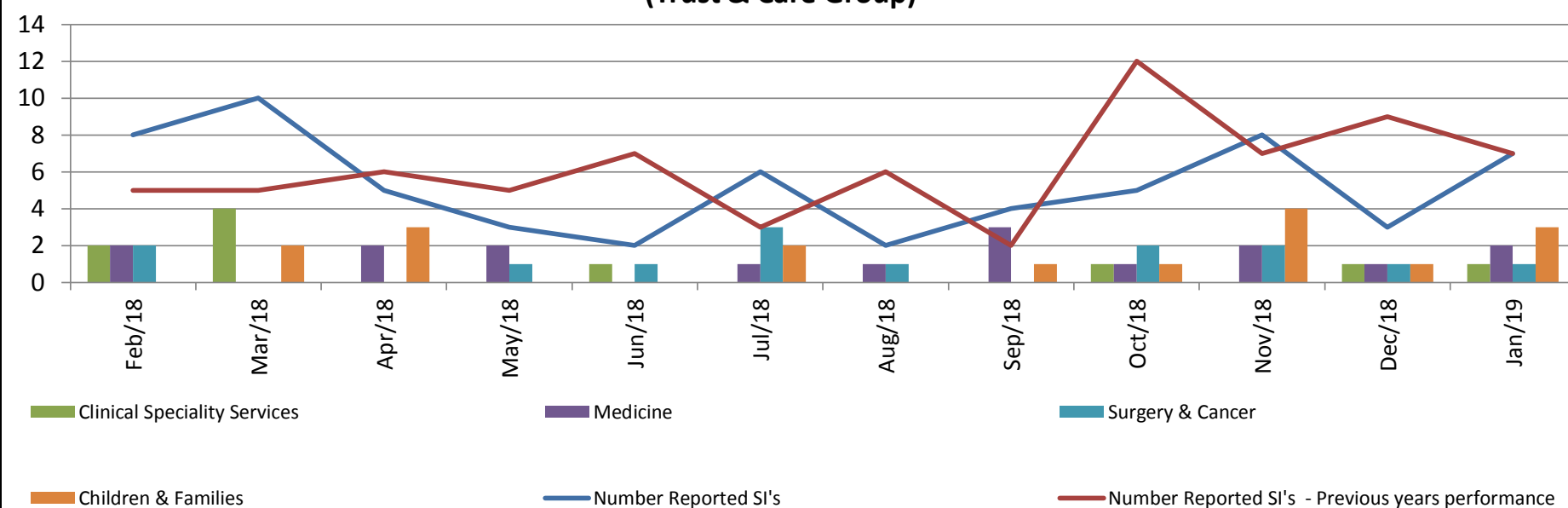
Serious Incidents - Jan 2019 (Month 10)

(Data accurate as at 14/01/2019)

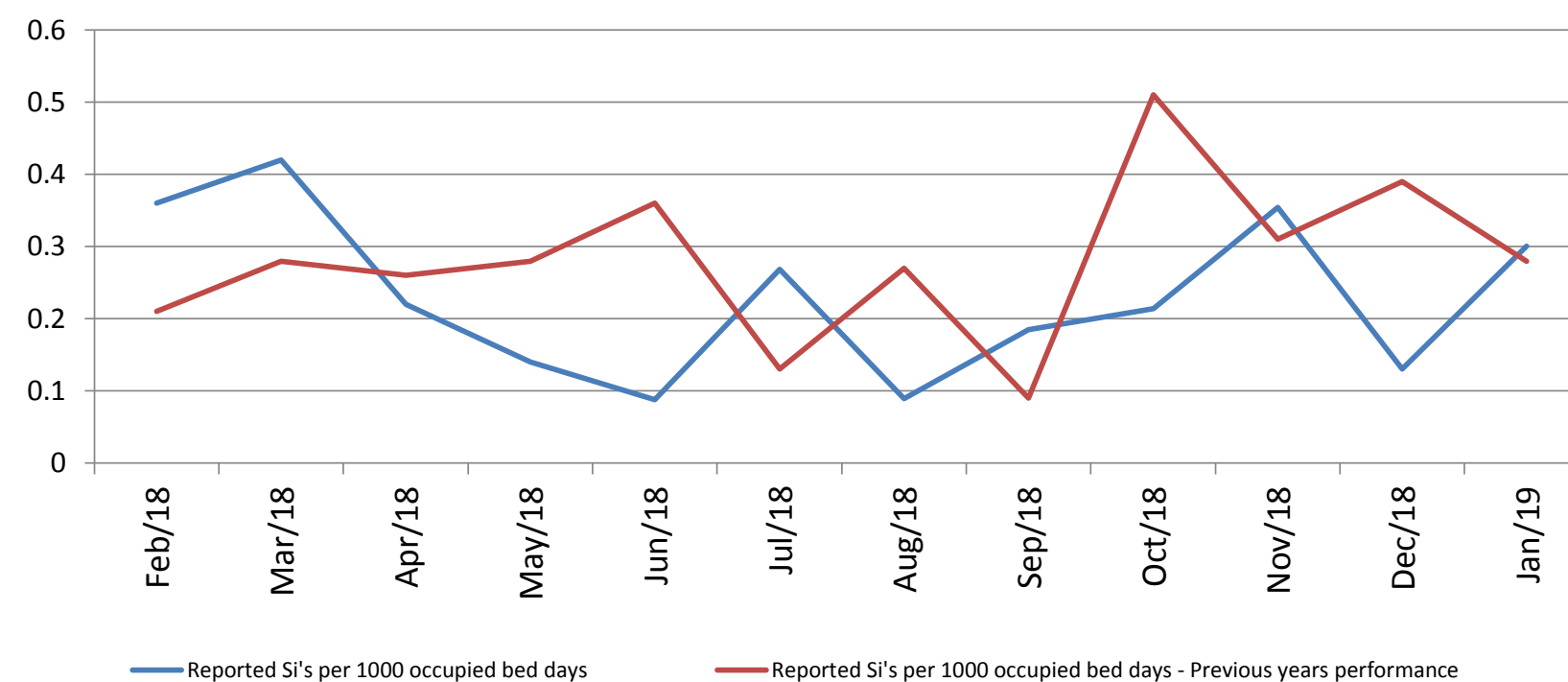
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

Number Serious Incidents Reported
(Trust & Care Group)



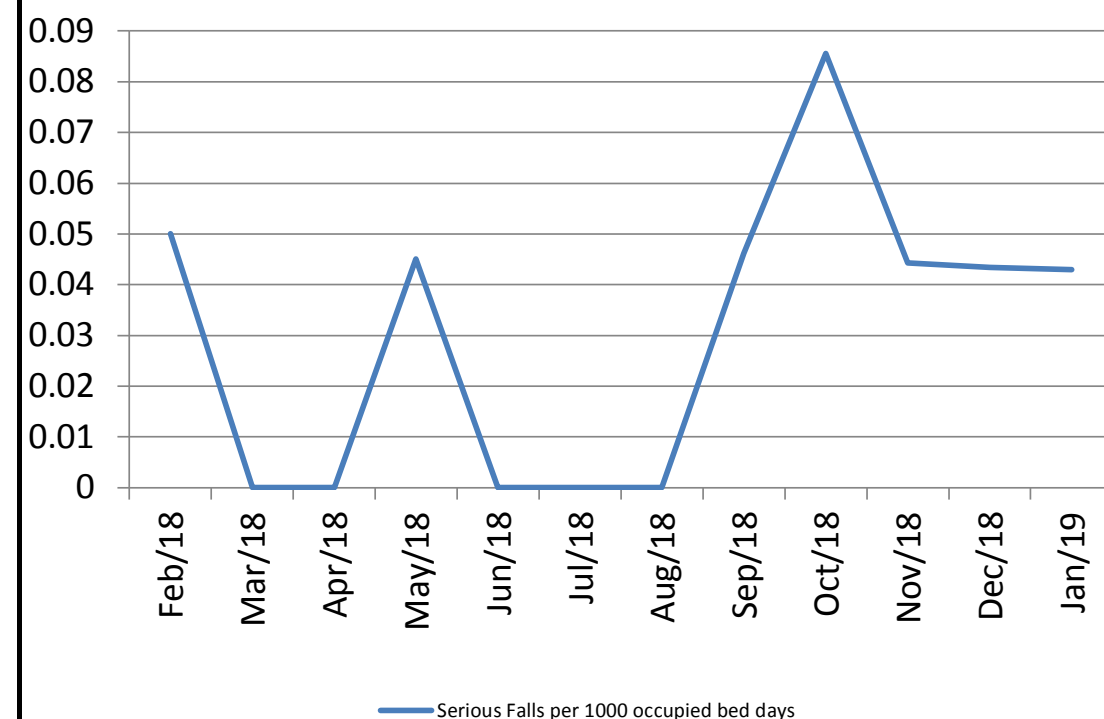
Serious Incidents per 1000 occupied bed days



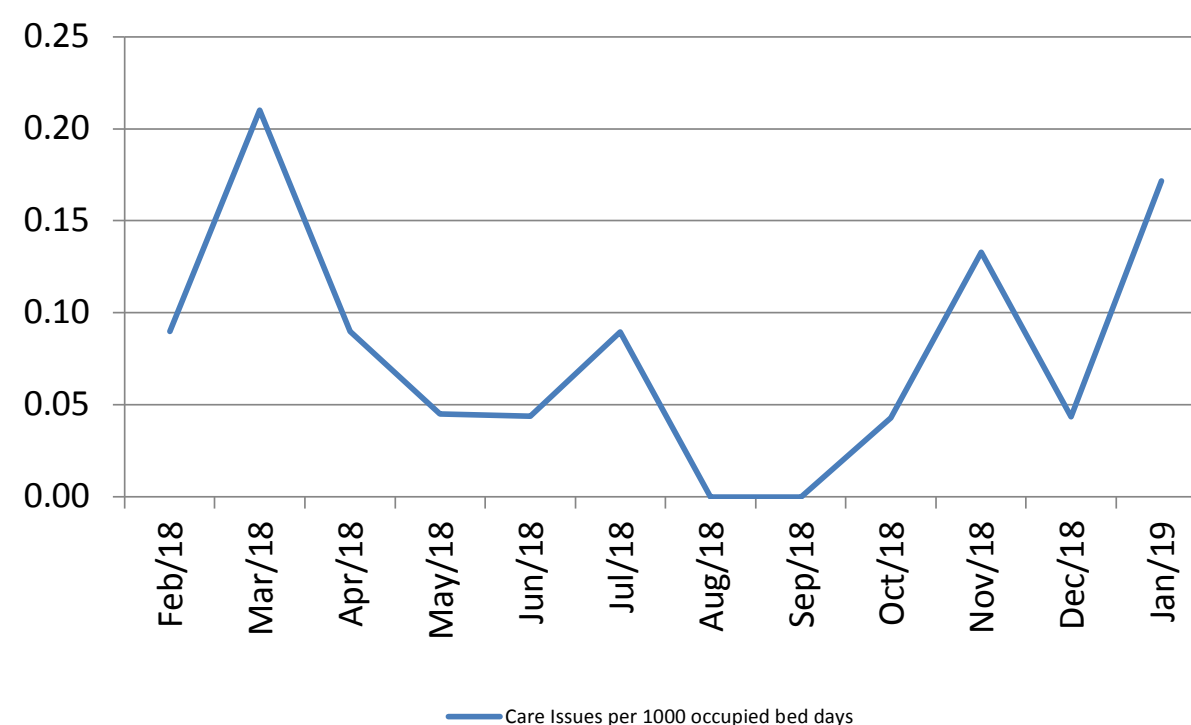
Current YTD reported SI's (April-Jan 19)	41	Number reported SI's (Apr-Jan 18)	32
Current YTD delogged SI's (April-Jan 19)	4	Number delogged SI's (Apr-Jan 18)	32

Themes

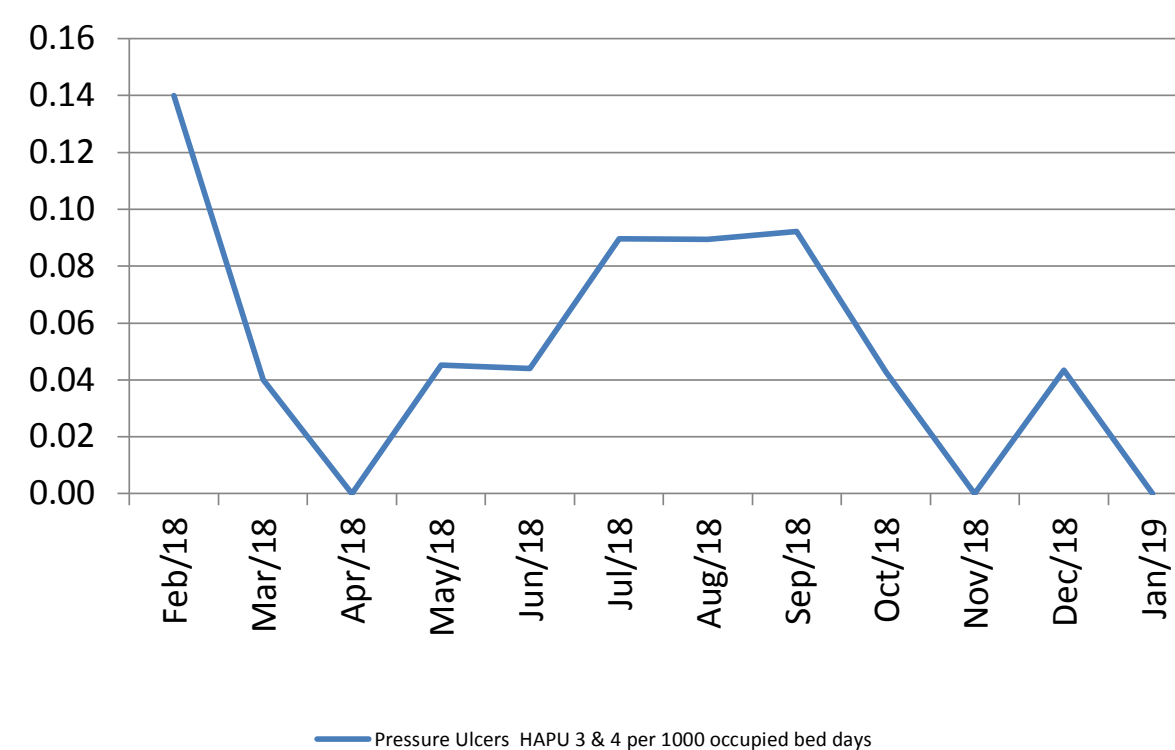
Serious Falls



Care Issues



Pressure Ulcers - Category 3 & 4 (HAPU)

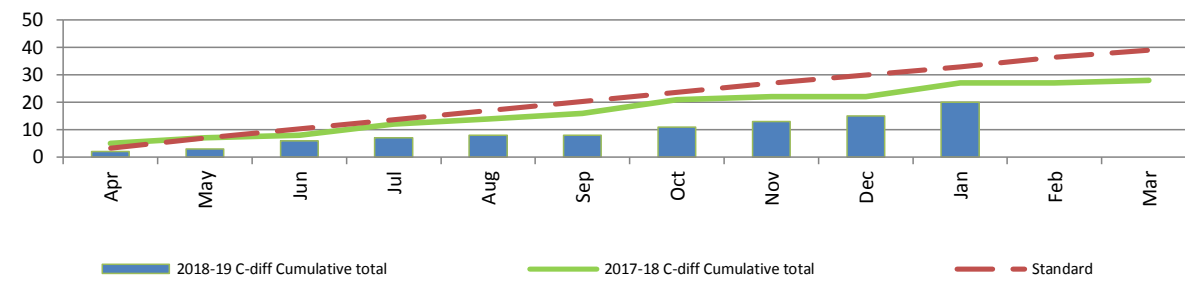


Monitor Compliance Framework: Infection Control C.Diff - Jan 2019 (Month 10)

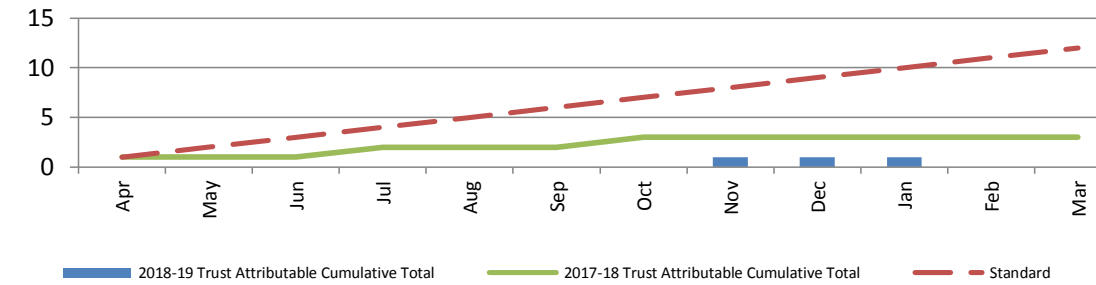
(Data accurate as at 14/02/2019)

	Standard	Q1	Q2	Q3	Jan	YTD
2018-19 Infection Control - C-diff	39 Full Year	6	2	7	5	20
2017-18 Infection Control - C-diff	40 Full Year	8	8	6	5	27
2018-19 Trust Attributable	12	0	0	1	0	1
2017-18 Trust Attributable	12	1	1	1	0	3

C-diff 2018-19



Trust Attributable C-diff 2018-19



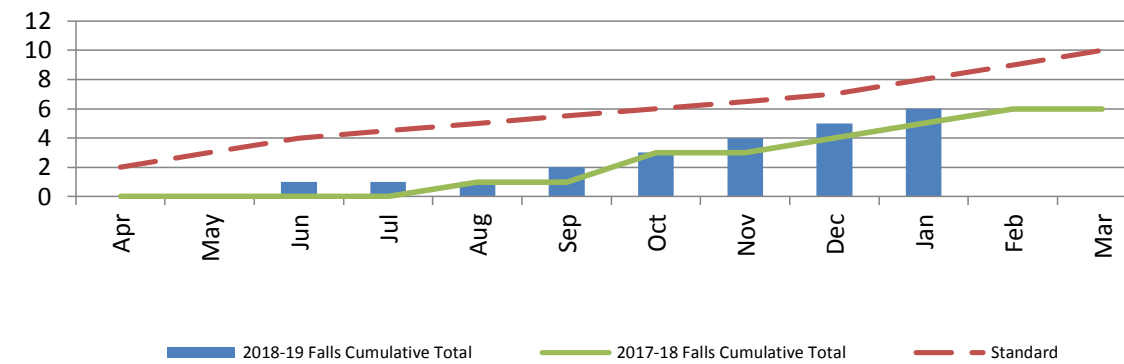
Pressure Ulcers & Falls that result in a serious fracture - Jan 2019 (Month 10)

(Data accurate as at 14/02/2019)

	Standard	Q1	Q2	Q3	Jan	YTD
2018-19 Serious Falls	10 Full Year	1	1	3	1	6
2017-18 Serious Falls	6 Full Year	0	1	2	1	4

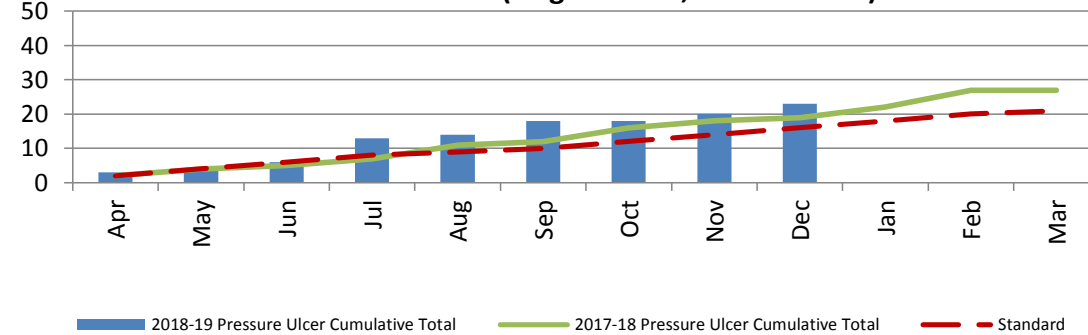
Please note: At the time of producing this report the number of serious falls reported are prior to the RCA process being completed.

Falls that result in a serious fracture

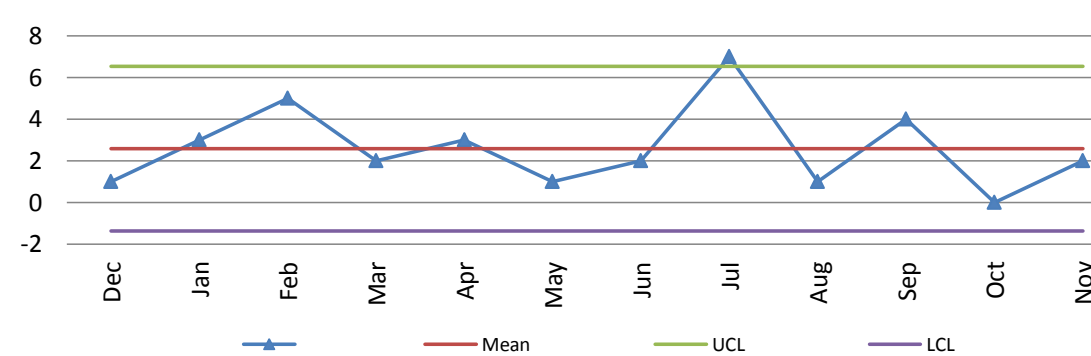


	Standard	Q1	Q2	Oct	Nov	Dec	YTD
2018-19 Pressure Ulcers	21 Full Year	6	12	0	2	3	23
2017-18 Pressure Ulcers	27 Full Year	5	7	4	2	1	19

Pressure Ulcers (Ungradeable, Cat 3 & Cat 4)



Pressure Ulcers (Ungradeable, Cat 3 & Cat 4)



Hard Truths - Jan 2019 (Month 10)

(Data accurate as at 14/02/2019)

				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	6.3	99%	0.5	3.0	0.0	1.5	5.0		
		B6	16	7.5	102%	4.5	0.0	1.5	2.0	8.0		
	AH	St Leger	35	6.6	89%	1.5	1.0	1.0	1.5	5.0		
	AH	1&3	23	8.4	99%	1.0	0.0	1.0	1.5	3.5		
		20	27	5.0	99%	3.5	1.5	4.0	1.0	10.0		
		21	27	4.9	99%	2.0	1.5	1.5	1.5	6.5		
		S10	20	5.1	97%	3.0	0.5	4.0	2.0	9.5		
		S11	19	5.6	100%	1.0	0.0	1.0	2.0	4.0		
		S12	20	5.5	107%	3.0	0.0	1.0	2.0	6.0		
		SAW	21	8.2	99%	2.5	0.5	2.0	1.5	6.5		
					98%							
Medicine	JC	A4	24	6.3	107%	1.5	1.0	1.5	1.5	5.5		
	JC	C1	16	5.6	98%	0.5	1.5	0.0	2.5	4.5		
	JC	CCU/C2	18	6.3	107%	2.5	1.5	2.0	3.0	9.0		
	JC	ATC	21	8.6	107%	2.5	1.0	0.0	2.0	5.5		
	SS	AMU	40	8.1	105%	4.5	2.5	2.0	1.0	10.0		
	MT	FAU	16	8.3	100%	1.5	3.5	1.0	2.0	8.0		
	AW	16	24	7.8	115%	2.0	0.5	1.5	1.5	5.5		
	AW	17	24	6.0	103%	2.0	3.0	0.5	3.5	9.0		
		18 Haem	12	7.2	101%	4.0	0.0	0.0	2.0	6.0		
		18 CCU	12	7.0	94%	2.0	0.0	2.0	2.5	6.5		
		24	24	5.9	105%	3.0	1.0	1.0	1.0	6.0		
		25	16	7.1	98%	2.0	1.0	0.0	2.0	5.0		
		Respiratory unit	56	6.8	114%	3.0	1.0	2.0	0.5	6.5		
		32	18	6.1	100%	3.0	3.0	1.0	3.0	10.0		
	MT	Mallard	16	8.4	102%	3.0	3.0	1.0	2.0	9.0		
	MT	Gresley	32	6.1	104%	0.5	1.0	3.0	1.5	6.0		
	MT	Rehab 2	19	5.1	100%	2.5	1.5	0.0	2.0	6.0		
	MT	Rehab 1	29	6.0	119%	2.0	2.0	0.0	2.0	6.0		
					105%							
Clinical Speciality Services		ITU DRI	20	26.3	93%	3.5	3.0	0.5	1.5	8.5		
		ITU BDGH	6	22.2	97%	0.5	3.0	1.0	0.5	5.0		
					94%							
Children and Families	AB	SCBU	8	18.8	100%	0.0	0.0	0.0	0.5	0.5		
	AB	NNU	18	12.9	98%	0.5	0.0	0.0	0.5	1.0		
	AB	CHW	18	9.2	94%	0.5	0.0	0.0	0.5	1.0		
	AB	COU	12	16.1	97%	0.0	0.0	0.0	0.5	0.5		
	TB	G5	24	6.3	96%	1.0	3.0	2.0	0.5	6.5		
	JH	M1	26	8.3	88%	0.0	3.0	2.5	1.0	6.5		
	JH	M2	18	8.6	86%	0.0	3.0	1.5	1.0	5.5		
	SR	CDS	14	26.8	91%	0.0	1.0	1.0	1.0	3.0		
	JH	A2	18	9.1	79%	0.0	3.0	0.0	0.5	3.5		
	KC	A2L	6	30.1	101%	0.0	2.0	3.0	1.0	6.0		
					93%							

The workforce data submitted to UNIFY provides the actual hours worked in January 2019 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 January 2019; slightly higher than December 2018. There are no wards flagging as red on quality.

The data for January 2019 demonstrates that the actual available hours compared to planned hours were:

24 wards (60%) within 5% of the planned staffing level, 2 less than last month

9 wards (22.5%) between 5-10% of planned staffing levels, 2 more than last month.

3 wards (7.5%) <10% higher than planned staffing level, 1 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 St Leger, M1, M2, and A2. St Leger had a high rate of unregistered sickness absence during January. Sickness rates have also affected Maternity areas, with resources pulled to labour ward areas as required. The maternity ward rosters also require a revision of the roster plan to optimise the use of staff resources.

The wards with greater than 10% of actual staffing over planned staffing are the Respiratory Unit, Stroke Unit and Rehab 1 all due to enhanced care needs.

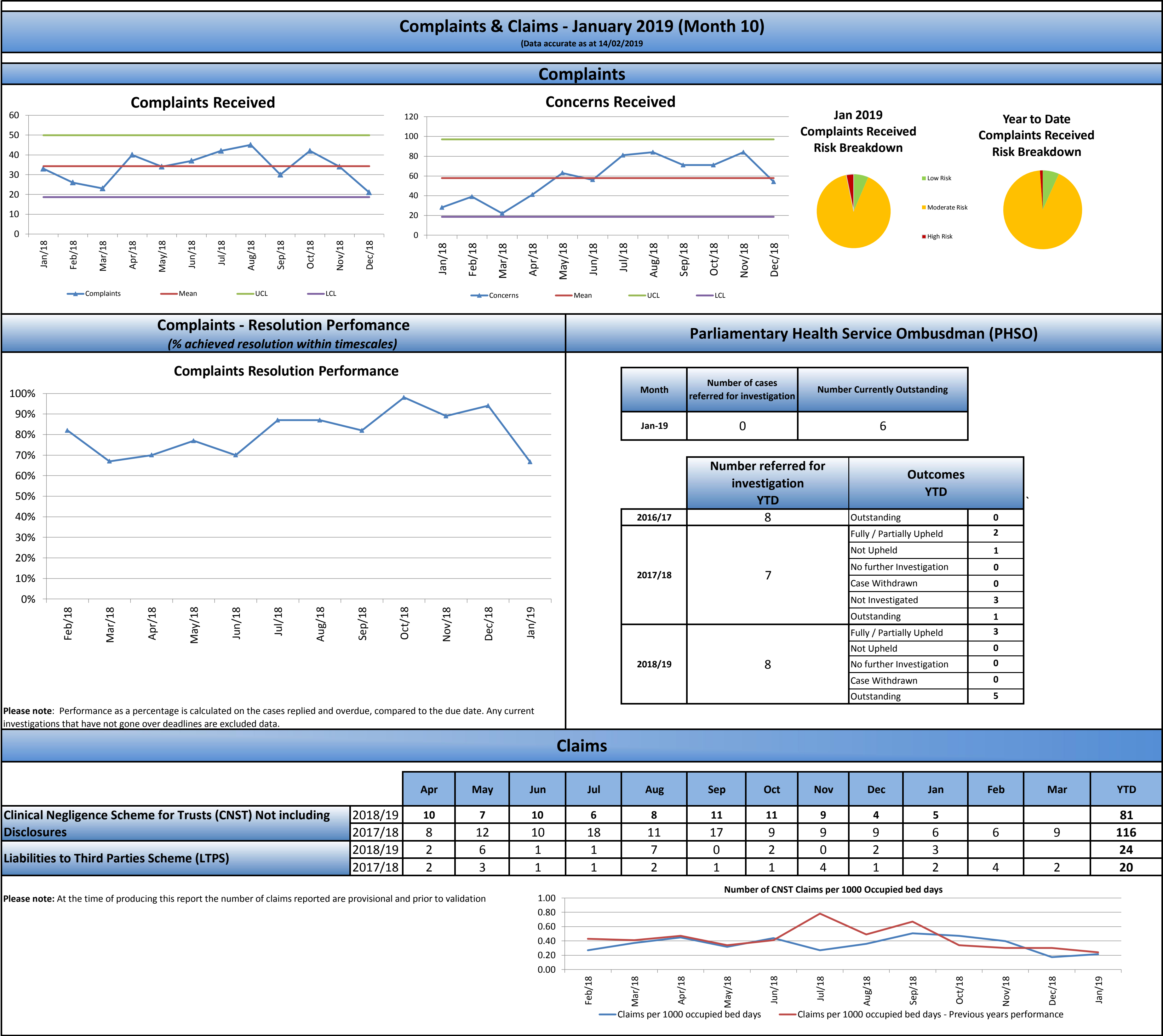
Care Hours Per Patient Day (CHPPD) - Jan 2019 (Month 10)

(Data accurate as at 14/02/2019)

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

Site Name	Registered midwives/ nurses	Care Staff	Overall
BASSETLAW HOSPITAL	4.61	3.37	7.98
DONCASTER ROYAL INFIRMARY	4.53	3.46	7.99
MONTAGU HOSPITAL	2.24	3.30	5.54
TRUST	4.41	3.43	7.84

The data for Januay 2019 shows slight reduction for Registered Nurses which affects the overall position, but is relatively similar to previous months.



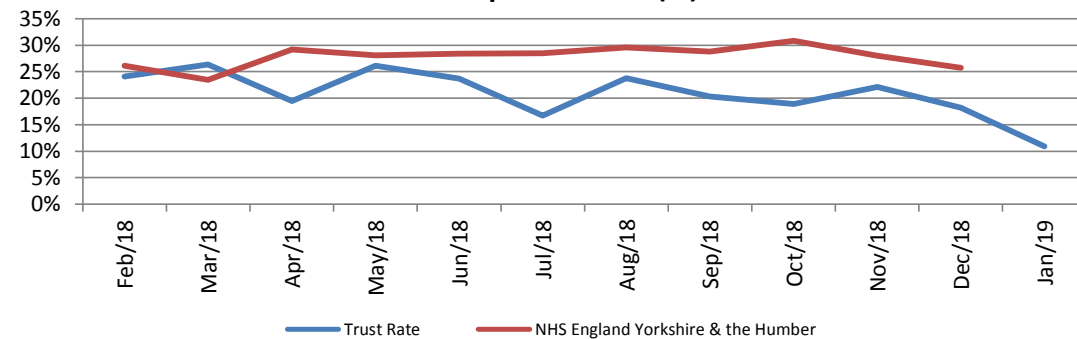
Friends & Family - January 2019 (Month 10)

(Data accurate as at 14/02/2019)

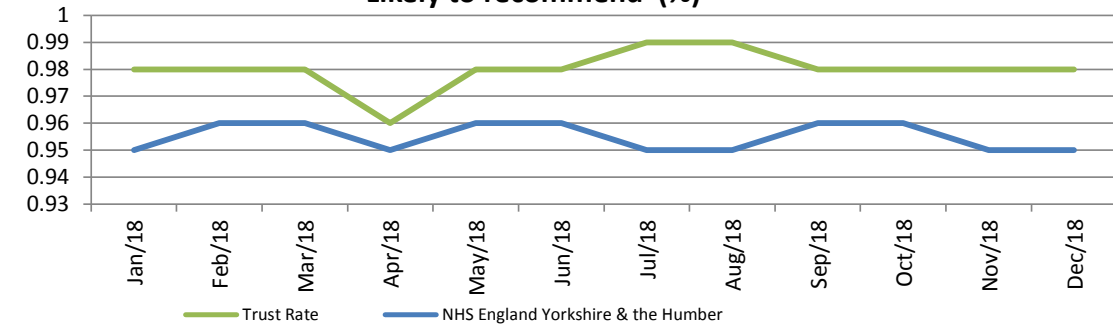
Inpatients

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

Response Rates (%)



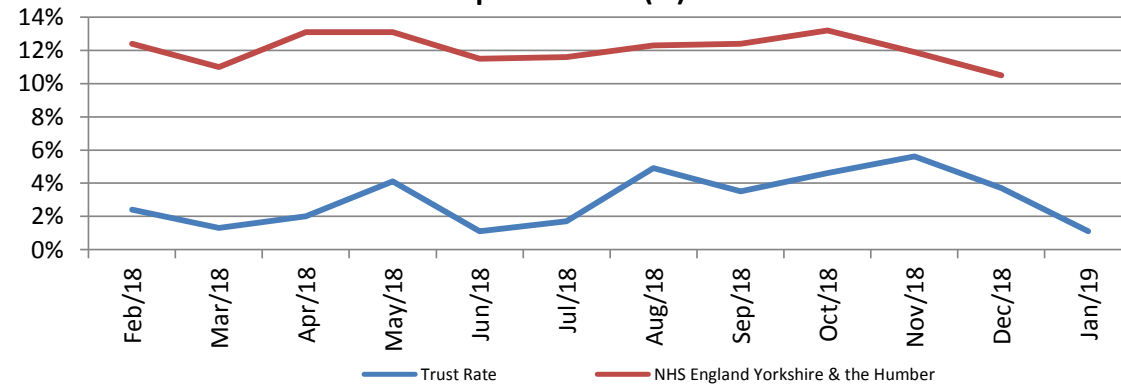
Likely to recommend (%)



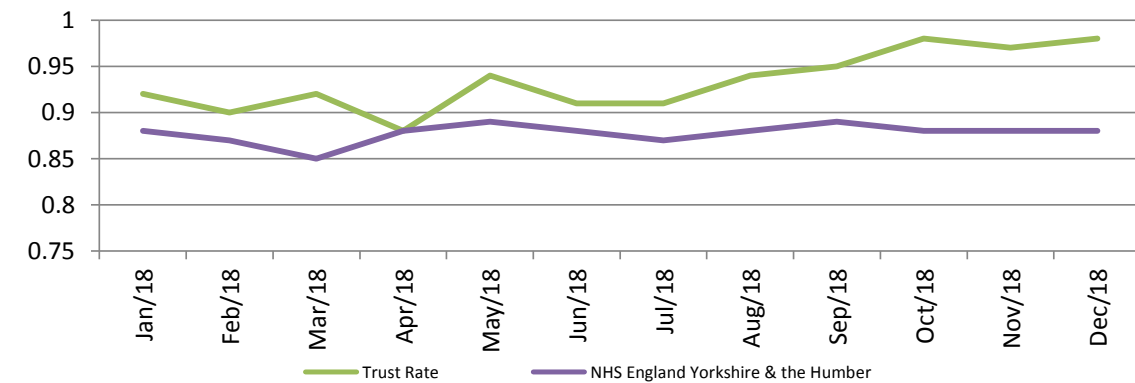
Accident & Emergency

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

Response Rates (%)



Likely to recommend (%)





Executive summary - Workforce - January 2019 (Month 10)

Sickness absence

January has seen an increase in sickness absence as typically occurs at this time of year (ref the previous year's data) with rates for January being 4.91% and the cumulative position being 4.42%. Whilst the overall long term absence rate has reduced slightly, there has been a rise in absences in excess of 6 months .

Appraisals

The Trusts appraisal completion rate on the attached has maintained at 78.85% as at the end of January 2019 following the end of the appraisal season. The Trust is currently planning for this year's appraisal season when there will also be a focus on ensuring staff have a quality appraisal.

SET

Disappointingly SET compliance continues to hover around 81% with rates being at 81.35% as at the end of January. 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.

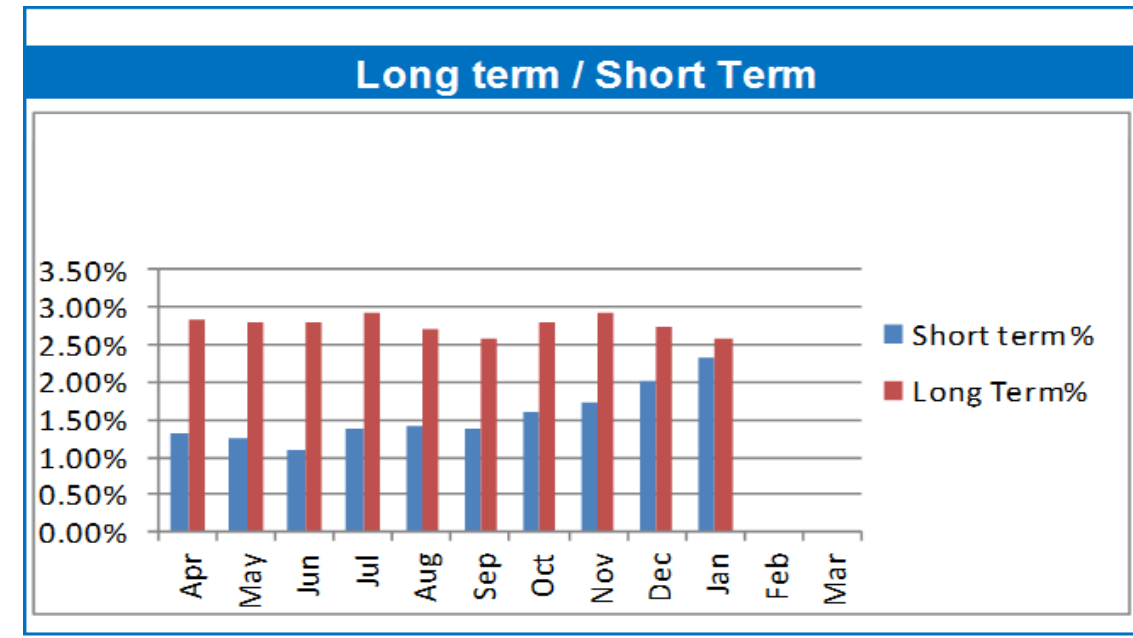
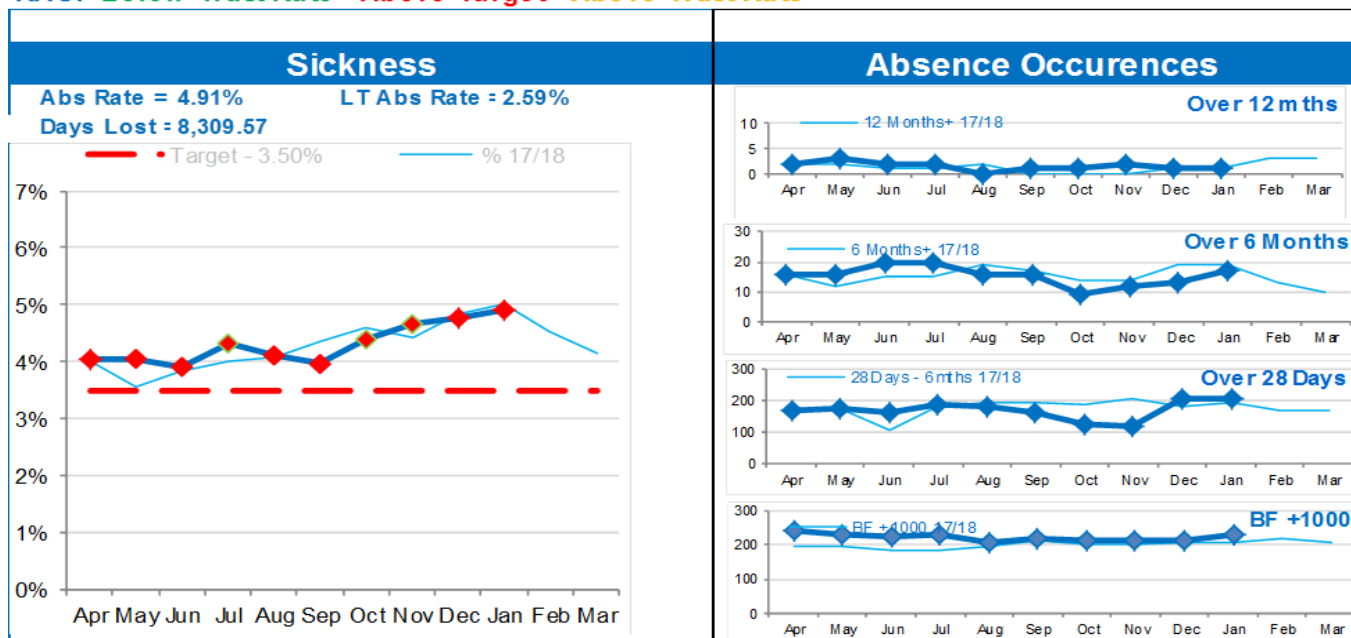
Staff in post

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 - January (Month 10)

CG & Directorate Sickness Absence - January 2019 (Q4)

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

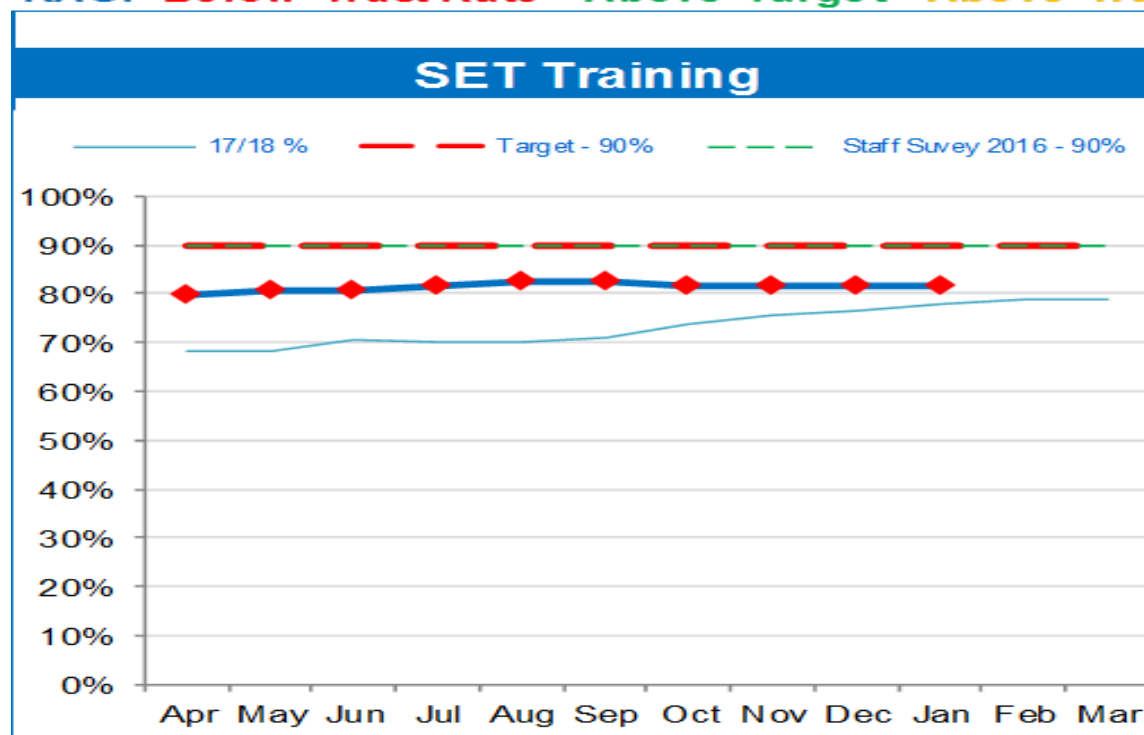


	Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18		Jan-19		Cumulative	
	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate
Doncaster & Bassetlaw 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%	7420.23	4.39%	7621.25	4.66%	8063.14	4.76%	8309.57	4.91%	73,483.79	4.42%
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%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	68.27	1.29%
Children & Families Division	840.01	4.65%	851.44	4.60%	608.47	3.43%	769.74	4.21%	843.46	4.62%	666.99	3.77%	867.01	4.71%	913.96	5.15%	1018.74	5.60%	1038.91	5.73%	8,673.07	4.79%
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%	2066.21	4.72%	2100.29	4.97%	2251.10	5.17%	2058.78	4.74%	19,502.67	4.52%
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%	0.00	0.00%	0.00	0.00%	2.00	0.62%	2.40	0.74%	7.40	0.44%
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%	939.14	6.53%	861.69	6.16%	1040.58	7.11%	1103.50	7.51%	8,800.71	6.10%
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	0.11%	30.60	1.13%	0.00	0.00%	6.00	0.21%	42.60	0.20%
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%	32.92	0.83%	29.48	0.76%	23.77	0.62%	48.69	1.20%	627.47	1.54%
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%	114.08	5.68%	102.44	5.24%	47.12	2.32%	90.71	4.41%	964.25	5.05%
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%	1.00	0.18%	13.45	2.43%	46.05	8.07%	32.71	5.73%	203.29	3.62%
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%	1924.36	4.28%	1994.65	4.60%	1902.06	4.24%	2111.32	4.70%	19,468.31	4.41%
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%	57.36	3.11%	107.31	5.76%	126.10	6.68%	146.10	7.67%	698.68	3.84%
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%	50.41	1.53%	61.48	1.89%	101.43	2.98%	73.20	2.18%	754.77	2.37%
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%	258.43	4.93%	270.65	5.31%	295.23	5.52%	248.01	4.62%	2,410.09	4.58%
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%	1106.31	4.08%	1135.25	4.31%	1208.96	4.45%	1349.25	4.96%	11,262.20	4.23%

Workforce: SET Training - January (Month 10)

CG & Directorate SET Training - January 2019 (Q4)

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

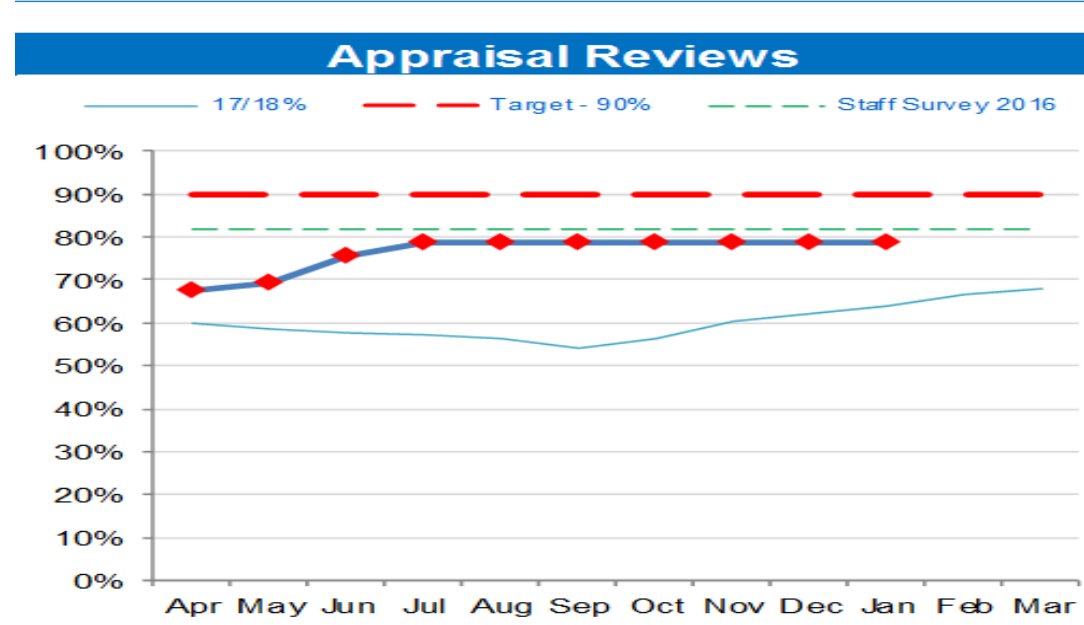


	% Compliance
Doncaster & Bassetlaw Teaching Hospitals NHS FT	81.35%
Chief Executive Directorate	80.00%
Children & Families Division	82.49%
Clinical Specialist Division	85.15%
Directorate Of Strategy & Improvement	95.54%
Estates & Facilities	71.51%
Finance & Healthcare Contracting Directorate	95.75%
IT Information & Telecoms Directorate	87.54%
Medical Director Directorate	89.67%
Medicine Division	79.09%
Nursing Services Directorate	92.48%
People & Organisational Directorate	96.83%
Performance Directorate	81.93%
Surgery & Cancer Division	79.05%

Workforce: Appraisals - January (Month 10)

CG & Directorate Appraisals - January 2019 (Q4)

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



Trust Total AFC & M&D

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	78.85
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 -January (Month 10)

	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	Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18		Jan-19	
Add Prof Scientific and Technic	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	175.49	191.00	175.23	193.00	175.23	193.00
Additional Clinical Services	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	1,165.06	1,409.00	1,166.15	1,417.00	1,166.15	1,417.00
Administrative and Clerical	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	1,033.15	1,258.00	1,048.69	1,329.00	1,048.74	1,276.00
Allied Health Professionals	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	323.81	375.00	323.76	387.00	325.26	377.00
Estates and Ancillary	492.83	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	478.66	682.00	481.56	690.00
Healthcare Scientists	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	123.72	140.00	123.03	139.00	123.03	139.00
Medical and Dental	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	561.04	639.00	559.44	591.00	557.81	590.00
Nursing and Midwifery Registered	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	1,599.93	1,863.00	1,581.97	1,873.00	1,578.21	1,845.00
Students	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	0.00	8.80	9.00	2.00	2.00	1.00	1.00	19.00	19.00	0.00	0.00
Grand Total	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	5,461.86	6,558.00	5,478.83	6,638.00	5,471.05	6,529.00



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

Title	Corporate Objectives 2018/19		
Report to	Board of Directors	Date	26 February 2019
Author	Richard Parker, Chief Executive Gareth Jones, Trust Board Secretary		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

Executive summary containing key messages and issues
The corporate objectives for 2018/19 were agreed at Board in June 2018 following the appraisals process. Progress for each objective in relation to Q3 is provided in the attached update, with a RAG rating on progress at the end of quarter 3..
Key questions posed by the report
Is the Board sufficiently assured by progress in relation to the objectives for each director?
How this report contributes to the delivery of the strategic objectives
This paper contributes to all strategic objectives.
How this report impacts on current risks or highlights new risks
Relevant risks are highlighted in the appendix.
Recommendation(s) and next steps
The Board is asked to note the paper for assurance.

OBJECTIVE	EXPECTED OUTCOME	Q1 & Q2 UPDATE	Q3 UPDATE	Q4 UPDATE	CURRENT RAG RATING
Chief Executive					
Establish a Trust wide vision, values and commitment to achieve a step change in performance across a range of key quality and performance metrics.	Across a range of measures agreed with the Board of Directors and Council of Governors. Demonstrate improved performance and outcomes including, but not exclusive to achieving a CQC Outstanding assessment by 2020/ 2021 and a Single Oversight Assessment of 1 by 2020/ 2021	Preliminary work in establishing vision and values through the NHSI improvement practice work has been undertaken. CQC outstanding action plan in progress.	Work on the development of the Single Oversight assessment and the performance assurance framework has continued with revised performance reports to be presented to Board Sub Committees in February and the Performance Assurance Framework (PAF) in place from 1/4/19. Planning for 2019/ 20 is being developed to include the Divisional Improvement metrics as part of the PAF.		
Ensure a Trust wide commitment to high quality services delivered through robust financial management. Leading the delivery of an improved financial position, ensuring improved statutory and regulatory compliance.	Achieve a break even, or better, financial position by 2020/ 2021	The cumulative position at Q2 is an £11.9m deficit, £1k favourable to plan. The Trust needs to achieve a £6.6m deficit to deliver the year end control total but is currently forecasting achieve a deficit of £9.5m. Actions are underway to rectify this situation.	The Trust achieved the financial plan for Q3 achieving the PSF payments as a result of stronger performance in October, November and December. Actions to achieve the financial plan at the end of Q4 are in place but the financial climate remains extremely challenging.		
Lead the delivery of the vision, values and benefits identified in the Trusts Strategic Direction.	Achieve the key milestones identified in the Trusts Strategic Direction	In Q2, 44 of the milestones were completed and seven were off track. Four remain off track from the previous quarter.	15 Q3 milestones completed, 9 off track, 16 off track from previous quarters. Work to integrate the NHSi improvement programme with the delivery of the Trusts Strategic Direction is underway and will be developed in Q4 as part of the 2019/20 planning and contracting process.		

Ensure that the Trust builds upon the quality Improvement and Innovation strategy to ensure Trust wide engagement and benefit from the NHSI Lean Programme. Removing all forms of 'waste' at every level of the Trust.	Following the visioning event ensure a Trust focus and engagement on the 'True North Statement', ensuring a detailed plan and expected outcomes for year 1.	Exec Team up to date on improvement practice training and positive VSA events held on 2ww and with trauma and orthopaedic pathways.	<p>There has been some slippage on practice training as a result in gaps within the NHSi team. This has now been addressed and additional support is being mobilised in Q4.</p> <p>Two further Rapid Improvement Events have now taken place and further events are planned in Q4.</p> <p>Progress reports continue to be provided to BOD on a bimonthly basis.</p>		
Maintain strong, open and honest relationships to maximise the Trusts influence within the Integrated Care System and Accountable Care Partnerships to achieve the maximum benefits for the Trust, Place and Integrated Care System.	Ensure appropriate representation at relevant ICS and ACP meetings and events, including where appropriate taking lead roles on behalf of the ICS and ACPs.	CEO commenced secondment within ICS on 1/10/2018. Members of Executive Team regularly attending system-wide meetings or sending deputies.	The Trust continues to actively support the development of the ICS and the delivery of the PLACE based plans		
Deputy Chief Executive & Chief Operating Officer					
Complete the Divisional management structures, strengthening the COO team and the Senior Management Teams to enable sustained improvements in key performance metrics.	Achieve trajectory, or national performance standards; Emergency Admissions, RTT (within the CCG contracted performance levels) Cancer services Diagnostic waits	Improvements in Cancer performance following restructure of the Cancer teams. RTT performance trajectory agreed with plans to address increases in waiting list size. 4hr access below trajectory partially due to overall 6.7% increase in attendances and staffing issues in ED.	Divisional restructure completed. 4hr access PSF achieved in Q3. RTT and activity plans in progress and in line with trajectories. Cancer team working effectively.		
In collaboration with the Director of People and Organisational Development support the leadership development and succession planning programme, leading the work to	Identify the learning and development needs of the Divisional Senior Management Teams establishing a sustainable leadership programme with	Divisional Directors have leadership development plans. Coaches agreed. Shadowing plans agreed. Awaiting confirmation of Shadow Board Programme from the Leadership Academy.	Plans in place for senior leadership teams. Reviewing process for talent management.		

develop the new Divisional Senior Management Teams.	measurable outcomes linked to improvements in the Trusts capacity and capabilities.				
Support the Trusts partnership working by taking lead responsibility for identified programmes of work.	Take a lead role within the two ACPs for agreed work programmes	Leading Urgent and Emergency Care for DCCG and BCCG. Working with SCH to improve Paediatric pathways. RDASH to review therapy and rehab pathways.	ICP plans progressing well.		
Lead and deliver the identified Effectiveness and Efficiency Programmes:	Deliver the identified E&E programmes within plans and timeframes. Identifying additional opportunities to deliver the Trusts 2018/ 2019 financial plans.	Length of Stay project slightly behind plan but with mitigation plans in place. Admin structures agreed, will have agreed plans with Care Groups by end of Q2 Strategy, Plans in place for joint work with RDASH. Elective work-stream changes agreed.	Admin review plan completed. LoS below target due to issues over the summer. RDASH strategic plans will be in place for next year.		
Leading by example, Support the successful implementation and delivery of the Trusts Transformation and Lean Programmes.	Actively participate in the Trusts Lean Programme. Demonstrating the required leadership and assuming lead responsibilities where required.	Personal A3 completed. VSA of 2 week wait completed. Launched VSA for T&O.	Fully engaged in the programme.		
Medical Director					
Sustain improvement in care quality as evidenced by a range of metrics	Deliver improvement in the quality of clinical care as evidenced by quality indicators agreed with the Quality and Effectiveness Committee, Clinical Governance Committee and Board of Governors.	On a range of metrics, care quality has been maintained. The digital quality dashboard has been populated and is being shared with all staff to facilitate quality improvement activity.	Care quality is being maintained as evidenced by a range of quality metrics. Focussed work has begun on quality improvement in maternity, T&O and collecting more helpful patient feedback. The quality dashboard is now available to all staff.		
Lead and deliver the identified Effectiveness and Efficiency Programmes: Theatre and pre assessment Medical Productivity	Deliver the identified E&E programmes within plans and timeframes. Identifying additional opportunities to deliver the Trusts 2018/ 2019 financial plans.	Most consultants' job plans are up to date. There remain one or two specialties where the process is ongoing. Revised pre-op process has gone live. We continue to work to optimise theatre utilisation.	The vast majority of consultant job plans including paediatrics have been reviewed and agreed. We have commenced work on SAS Dr job plans. Staff vacancies in the pre-op team have hampered progress in this work stream. Despite this, the process has been		

			implemented at BDGH.		
Complete the maternity services transformation and improvement programme	Deliver all of the outcomes on the Royal College of Obs and Gynae Review, CQC recommendations, strategic objectives and Hospital Services Review. Demonstrating Improvements in maternity staff survey feedback and maternity quality indicators.	The only outstanding actions from the RCOG action plan relate to improving staff morale and implementing cross-site working. Work is in train on the former and is planned for the latter.	The Rapid Improvement event covering antenatal care took place 23, 24 and 25 January 2019. With a very positive report out and 72 areas of waste identified.		
Leading by example, support the successful implementation and delivery of the Trusts Transformation and Lean Programmes.	Actively participate in the Trusts Lean Programme. Demonstrating the required leadership and assuming lead responsibilities where required.	The Trust's Quality Improvement programme will shortly be used to revise and augment our maternity service.	As above.		
In conjunction with the DNMAHP and Director of People and Organisational Development identify a plan to achieve CQC Outstanding by 2020/ 2021	Establish an appropriate plan to ensure that the Trust is able to demonstrate the standards required to achieve an Outstanding rating by 2020/ 2021.	Sessions are planned to map our path to achieving a CQC rating of outstanding.	Sessions have been held which are generating actions which will form the basis of an action plan to achieve CQC outstanding.		
Director of Nursing, Midwifery & Allied Health Professionals					
In conjunction with the Director of People and Organisational Development review governance arrangements in relation to education and research to oversee and support the development and implementation of academic directorate	Agree a structure for education and research by December 2018 to deliver a strategy for the development of academic Directorates as part of phase 2 of Teaching Hospital status.	Research now reporting into Workforce, Education and Research Committee. R&D strategy includes development of academic directorates.	Work to expand commercial study portfolio well established. Review of R&D underway to identify how it supports progression of phase 2 teaching hospital status and maximises academic opportunities.		
Review and implement recruitment and retention strategies to minimise registered and non-registered vacancies across the organisation. Identifying strategies to implement new and changing roles.	Ensure that the Trust has a Nursing, Midwifery and Allied Health Professionals workforce plan which reduces workforce gaps to minimise the use of temporary workforce.	Workforce plan in development. Meeting planned with ICS CN's/HEE 26 Oct to focus on ICS workforce. Agency HCA discontinued with only NHSP providing temp non-registered staff.	As an ICS have joined cohort 4 of the NHS I retention programme. tNA programme commenced and plans to expand to Paediatric areas in summer 2019 Apprenticeship models for Nursing being explored with Sunderland University.		
Implement improvements in patient	Implement the patient experience	PE&E Strategy due to update at December	PE&E strategy update		

experience and engagement	and engagement strategy in line with agreed milestones, which improves the Trusts patient survey and friends and family results.	Management Board and QEC.	presented to QEC in December. Patient engagement in NHS I Improving Practice VSA for T&O. Plans to include patients in Maternity RI events. Divisional template is identifying how widely patient experience is captured.		
Lead on the public health agenda in relation to smoking cessation and enforce a smoke free site by October 18 and achievement of the CQUIN by March 19.	Implementation of a revised strategy to establish a smoke free site and improved compliance with CQUIN requirements	CQUIN in relation to tobacco control on target to deliver. Main entrance work delayed to December 2018.	Main entrance work still not complete. PH48 self-assessment audit completed. Active partner in QUIT programme across ICS and with Notts Partial CQUIN payment achieved for one element in Q2.		
Lead and deliver the identified Effectiveness and Efficiency Programmes:	Deliver the identified E&E programmes within plans and timeframes. Identifying additional opportunities to deliver the Trusts 2018/ 2019 financial plans.	Plans on track.	Plans on track.		
In conjunction with the MD and Director of People and Organisational Development identify a plan to achieve CQC Outstanding by 2020/ 2021	Establish an appropriate plan to ensure that the Trust is able to demonstrate the standards required to achieve an Outstanding rating by 2020/ 2021.	Plan to deliver outstanding in progress. Meeting with Divisions and corporate departments planned 19 October 2018.	Meeting held in October with each Division represented. Divisions working on plans for improvement.		
Leading by example, Support the successful implementation and delivery of the Trusts Transformation and Lean Programmes.	Actively participate in the Trusts Lean Programme. Demonstrating the required leadership and assuming lead responsibilities where required.	A3 for patient supporting cell completed. Patients contributed to first VSA. Personal A3 in development.	Process mapping event with PET held. Patient attendance at T&O VSA in October.		
Director of Finance					
Complete the production of the	The 2017-2018 annual accounts are approved by internal and external	Delivered on time with a clear audit report.			COMPLETED

accounts 2017/18	audit and accepted at the 2018 Annual General Meeting.				
Complete the restructuring of information services producing a ward to Board information scorecard to support assurance and a revised performance management framework.	Complete the restructuring of information services to deliver an enhanced service and a new ward to Board information scorecard and performance management framework.	Passed to DoF In Q2. Work started with a review of current reporting and the initial performance reporting to Board/F&P to be completed in Q2.	Outline PAF drawn up. Work on an information strategy to be completed by end of March including full audit of staffing and outputs from the department. New Performance Report designed for F&P.		
Manage and maximise the Capital allocation and bids Processes	Improved management of the 2018/2019 capital programme to maximise benefits.	Capital Budgets signed off by Trust Board before year start. Capital Governance paper agreed at Management Board and Trust Board. All meetings and groups meeting and working to agreed processes. Minutes being shared at F&P. Capital Budget being monitored routinely at F&P. Cash and Capital Cash Forecast being reviewed monthly at cash committee.	Capital budgets due to deliver full spend this year. Work ongoing to identify other sources for capital funds for future years including introducing bids for emergency capital to NHSi.		
Set Annual Financial Plans, monitor and recommend actions to ensure delivery	Delivery of the Trusts financial plan	Forecast shared with F&P and Board. Recovery plan being produced by executive.	Forecast shared with F&P and Board. Recovery plan being produced by executives.		
Develop the PMO to support the delivery of the 2018/ 2019 Effectiveness and Efficiency programmes and progress towards a break even or better financial position in 2020/ 2021	Actively support the delivery of the Trusts 2018/ 2019 Effectiveness and Efficiency programme and plans for 2019/ 2020.	Permanent Efficiency Director appointed and audit report giving significant assurance on Governance processes achieved. Initial total outline CIP identified however a number of schemes will require mitigation to deliver the full plan.	PMO restructured and substantive efficiency director appointed and now in post, along with lead consultant for clinical schemes.		
Lead and deliver the identified Effectiveness and Efficiency Programmes:	Deliver the identified E&E programmes within plans and timeframes. Identifying additional opportunities to deliver the Trusts 2018/ 2019 financial plans.	Effectiveness and Efficiency Committees taking place. Accountability architecture in place. Regular reports to F&P and Board on CIP delivery.	Effectiveness and Efficiency Committees taking place. Accountability architecture in place. Regular reports to F&P and Board on CIP delivery.		
Leading by example, Support the successful implementation and delivery of the Trusts Transformation and Lean	Actively participate in the Trusts Lean Programme. Demonstrating the required leadership and	Working through lean programme accreditation with other Executives.	Finance self-developed.		

Programmes.	assuming lead responsibilities where required.				
Director of People and Organisational Development					
Implement a Trust Leadership Development framework including our approach to coaching, talent management and succession planning. Delivering improved training and development across the Trust.	Implementation of a Trust wide framework to deliver coaching, talent management and succession planning, including establishing a robust Board development programme with a combination of knowledge acquisition and team building.	Coaching proposition refreshed. Head of Leadership & OD commenced September. Refresh of management skills passport underway. Board development programme identified, and a number of sessions undertaken.	Leadership development framework launched. This includes coaching offering, management and leadership development programmes at varying levels and introduction of master classes		
Implement systems and processes to ensure all areas of the Trust maximise workforce productivity. Including strategies to maximise the opportunities created by improved partnership working and the application of family friendly policies and flexible working.	Ensure the maximum use of e-roster systems, model hospital portal, grip and control processes and use of workforce information and technology to maximise workforce productivity.	Grip and control meetings in place. Internal audit review undertaken – action plan identified. Interface between NHSP and Allocate being implemented along with Safecare which will enable greater visibility of staffing requirements. ESR self-service introduced for employees including access to on line payslip.	Engagement with NHSI's Retention programme which includes access to support in best practice regarding flexible rostering. Resource approved to implement medical e-rostering.		
Establish and implement a robust and reliable workforce plan. Identifying robust recruitment and retention strategies and maximising the use of new and emerging roles.	All areas of the Trust will have effective workforce plans to ensure safe and sustainable staffing levels which reflect the changing needs of the Trust and minimising the use of temporary workforce.	Care group workforce plans developed as part of business planning process. Reviewed as part of internal audit plan. Profession specific templates being completed by Divisions.	Cohort of trainee assistant practitioners has graduated; new cohort of trainee nursing associates recruited and commenced. ACP role to support Bassetlaw@ developed. Workforce planning template continues to be piloted with the intention of using it for 2019/20 business planning process.		
Establish and implement a Trust staff involvement and engagement plan to deliver improved staff survey results.	Re-launch of Trust's values to demonstrate the importance placed on staff by the leadership teams of the Trust.	Action plan in place; link in with Sharing how we care bulletin and health and wellbeing initiatives. Regular articles in Buzz. Included within management skills passport.	Progress report on action plan received by Board in December 2018. Improved response rate for 2018 survey. Refresh of approach to staff engagement underway.		
In conjunction with the Director of Nursing , Midwifery and Allied Health	Agree a structure for education and	R&D now forms part of the Workforce, Education & Research Committee to ensure	Work to expand commercial study portfolio		

Professionals review governance arrangements in relation to education and research to oversee and support the development and implementation of academic directorate	research by December 2018 to deliver a strategy for the development of academic Directorates as part of phase 2 of Teaching Hospital status.	appropriate governance and alignment of R&D with Education.	well established. Review of R&D underway to identify how it supports progression of phase 2 teaching hospital status and maximises academic opportunities		
Lead and deliver the identified Effectiveness and Efficiency Programmes:	Deliver the identified E&E programmes within plans and timeframes. Identifying additional opportunities to deliver the Trusts 2018/ 2019 financial plans.	Management & corporate workstream on plan.	Management & corporate workstream on plan.		
In conjunction with the MD and DNMAHP identify a plan to achieve CQC Outstanding by 2020/ 2021	Establish an appropriate plan to ensure that the Trust is able to demonstrate the standards required to achieve an Outstanding rating by 2020/ 2021.	P&OD representatives will be attending clinical governance workshop. Discussions scheduled with P&OD senior leadership team.	P&OD strategy implementation plan being refreshed for 2019 onwards in line with aim for the Trust to be CQC Outstanding		
Leading by example, Support the successful implementation and delivery of the Trusts Transformation and Lean Programmes.	Actively participate in the Trusts Lean Programme. Demonstrating the required leadership and assuming lead responsibilities where required.	Attended Executive team training modules. Commenced personal A3 coaching. Reviewing the process for conducting investigations. P&OD cell being developed.	P&OD cell developed. HR and TED cells developed to support T&O VSA/ Continue to attend executive team sessions. Process mapping for personal improvement practice ongoing.		
Director of Strategy and Improvement					
Lead on co-ordinating visioning event with the Executive Team to develop "True North" statement and ensure alignment of strategic priorities with further development of processes for monitoring implementation and assurance.	Working with NHSI, organise and lead the visioning event, identifying the Trusts 'True North Statement'. Developing a detailed year one plan to identify and secure the expected outcomes1.	Preliminary work in establishing vision and values through the NHSI improvement practice work has been undertaken. CQC outstanding action plan in progress. Purpose pyramid developed and shared with stakeholders. First Value Stream Analysis undertaken.	Vision and values incorporated into divisional and corporate planning documentation ready for 19/20 round. Work commenced with NHSI on policy deployment		
Develop the innovation and horizon scanning elements of Strategy &	Ensure that the Trusts Strategic Direction reflects new and	Ongoing – horizon scanning in areas affected by VSA – feedback from Expo	Continues – with focus on lean methodology and Kata		

Transformation Team to inform strategic direction.	emerging policies, procedures and practices and remains fit for purpose.	obtained			
Actively contribute to the NHSI lean Improvement Programme and lead the successful implementation in DBTH. Have measurable evidence of improvements as a result of this within the first year.	Identified detailed outcomes for the programme in year one with draft work programmes for years two and three.	Contributed to workshops to develop NHSI Improvement practice model. Implementing as agreed with NHSI National Director of Lean Transformation. First VSA undertaken – improvement work commenced in Trauma & Orthopaedics and plan developed for 2018/19.	Further Rapid Improvement events (RIEs) including Emergency Department and Inpatient trauma. Supporting implementation of trauma management board and congoing coaching. Maternity QI event – planning commenced for RIE in Jan 19.		
Work with partners to support joint working where there are quality and financial benefits and support projects when “commissioned” by Executive colleagues Lead and deliver the identified Effectiveness and Efficiency Programmes:	Enhanced collaboration and partnership working to support quality improvements in patient pathways and improved productivity, efficiency and effectiveness.	Developed Strategic Change Manager role for Urgent & Emergency Care, hosted by DBTH, to support all stakeholders in Doncaster ACP. Commenced work with RDASH on Neuro Rehab and OPMH.	Strategy development for UEC in Doncaster developed. Work on prevention and self-care with partners commenced and mapping of existing services. Work with RDASH ongoing as Q3.		
Director of Estates and Facilities					
Deliver the 2018/ 2019 capital and revenue budgets spend within agreed financial limits by end of March 2019	Improved management of revenue and capital budgets to maximise the benefits to the Trust.	Budgets circa £200k over YTD, underspend on pay, revenue overspends contained to uncontrolled central costs such as utilities. Capital programme delayed start due to need for NHSi confirmation of treatment of £3m. Programme now catching up and looking to deliver in year.	18/19 budget at month 8 just 0.4% over budget at £49k against a £28m annual budget. Capital projection agreed in January		
Develop Site Strategies with the aim of divesting of poor estate with high levels of backlog.	Renewal or upgrade of existing estate; accessing ICS funding, identifying and developing commercial and public sector partnerships, and via internally generated Capital.	Disposals achieved 5 Highland Grove and MMH Nurses Home Plot. £130m bid submitted June to ICS Inc. partnership with DMBC	Offer agreed for Chequer Road of £470k, services to relocate to CCH buildings at no greater cost than current circa £55k pa.		

		<p>Working with CCG on relocation of service form Chequer Rd. Accommodation identified for 2 of 3 service form Chequer Rd at Devonshire House. Need to agree costs neutral rental with CCG and for 200m2 for Audiology</p> <p>Master planning BDGH delayed due to complexity of financial model – report due to Exec Q3</p>	<p>Master planning at BDGH finalised, due to share with Exec Team end Jan early Feb.</p> <p>£137m capital bid rejected, now exploring emergency capital loan for Fire and Theatres work, alongside looking at JV opportunities for other elements of the bid</p>		
Increase Statutory Compliance by building upon improved performance against NHS Premises Assurance Model (PAM) 17/18	Enhancing the profile and actions of the Trusts Health & Safety Committee to ensure improved compliance and resilience of key services.	<p>H&S Committee developing KPI's.</p> <p>Second 6 monthly H&S report to ANCR in September. Feedback to expand to cover more risks and include EFM Risk Register.</p> <p>Review of EFM risk register complete and to be circulated to Exec team in October ahead of next ANCR meeting.</p> <p>Estates staff training was agreed as £20k cost pressure – training for CP/AP's in progress.</p>	<p>Risk Register review completed, although monthly reviews are ongoing</p> <p>ANCR reporting of H&S now embedded, Trust H&S meeting attended by Chair of ANCR as an observer</p> <p>New PAM/H&S electronic Visual Management Board containing H&S KPI's being trialled, demonstration requested by Chair of ANCR, and possibly for Board</p> <p>H&S training CP/AP training underway</p>		
Increase Staff Engagement	Building upon improved Staff Survey scores 2017/18 to improve scores to the Trust average, in addition to increasing uptake. Staff Survey action plan reviewed monthly at the Estates and Facilities Committee (DoEFM Chair).	<p>Staff Survey Action Plan in progress.</p> <p>Trust-wide Director Drop-ins continue.</p> <p>PADR levels maintained above 90%.</p> <p>Staff Surveys for 18/19 will be available as paper based to increase uptake.</p>	<p>Staff Survey uptake doubled for 17/18</p> <p>Results to be evaluated and action plan developed</p> <p>PADR 94%</p> <p>Director Drop-ins continue</p>		
Lead and deliver the identified Effectiveness and Efficiency	Deliver the identified E&E programmes within plans and	On track and exceeded in some areas, list being developed for 19/20.	List being developed further for 19/20		

Programmes:	timeframes. Identifying additional opportunities to deliver the Trusts 2018/ 2019 financial plans.		£43k short of target CIP £493k, hoping to close gap		
Leading by example, Support the successful implementation and delivery of the Trusts Transformation and Lean Programmes.	Actively participate in the Trusts Lean Programme. Demonstrating the required leadership and assuming lead responsibilities where required.	<p>Director attended NHSi LEAN training as part of Exec Team learning and development.</p> <p>NHSi LEAN combined within Leadership/Culture training undertaken by senior EFM team. EFM have become early adopter of NHSi LEAN with Visual management Boards in Place, 5 Wastes, SIPOC, and A3's for three workstreams</p> <p>SI/NHSi keeping track on work.</p> <p>T&O will visit Estates to see tools being used.</p> <p>NHSi Productivity Team to utilise DoEFM for Best practice films.</p>	<p>Early adopter Continuous Improvement/NHSi LEAN continuing, and now becoming embedded in other departments within EFM</p> <p>Business Case being developed for further Culture/OD training</p>		
Chief Information Officer					
Deliver the 2018/ 2019 capital and revenue budgets spend within agreed financial limits by end of March 2019	Improved management of revenue and capital budgets to maximise the benefits to the Trust	Official M5 figures show £220k overspend on revenue. Changes anticipated to M6 to include CIG approved revenue and budget transfers for staff. Expect M6 and rest of year to deliver on track. Capital on track.	Capital and revenue on track as at M9.		
Deliver the 2018/19 activities defined in the IT Digital strategy	Ensure projects stay within capital limits and deliver to a satisfactory level of quality within the allocated resources.	Approved and funded projects on track. Bed management at Bassetlaw live October 2018. Portal live with 1200+ users. Further planned rollout activities for portal in rest of FY.	EPR business case developed and NHSE funding requested. Portal continuing to be developed and for external integrated care.		
Deliver a satisfactory IT service for existing infrastructure and software demonstrating at least 99.9% availability.	Develop additional balanced scorecard and KPI's to demonstrate upper quartile performance against the rest of the Trust departments and, if feasible, against other Trusts	Service availability at 99.9%+. Outages subject to Root Cause analysis and feedback to operational procedures and vendors. Friendly Fridays introduced to support clinical directorates IT needs.	Service at 99.99%. challenges with second line support and increasing backlog of service requests due to staff shortages and long term sickness		

	within the ICS.				
Deliver GDPR readiness by May 2018. Continue to monitor effective information, data governance and cyber security controls	Ensure that the Trust achieves a Significant Assurance rating within the new DSP framework (replaces IG toolkit) by March 2019	GDPR Complete. DSP artefacts being delivered. Full DSP not yet defined so status is AMBER until this is known and workload understood.	DSP audit preparations underway for internal audit by KPMG in January.		
A significant contribution to the development of technology at ACP, ICS or internally within the Trust that supports the transformation of the wider organisation.	Ensure appropriate representation at relevant ICS and ACP meetings and events, including where appropriate taking lead roles on behalf of the ICS and ACPs.	CIO is deputy ICS CIO and part of regional panels for funding. Fully supporting iDCR at Doncaster CCG and including activities and requirements for Bassetlaw CCG in portal in support of social and community care. DBTH a significant influencer at both ICS and ACP level.	CIO is now 2 days per week at CCG to deliver IT strategy et al for integrated care partnership board. Linkages into Bassetlaw CCG continue.		
Lead and deliver the identified Effectiveness and Efficiency Programmes:	Deliver the identified E&E programmes within plans and timeframes. Identifying additional opportunities to deliver the Trusts 2018/ 2019 financial plans.	Departmental CIP's largely on track. Supported iFIT changes to contracts and functionality in support of ED. All developments have benefits that aim to increase overall trust efficiencies.	CIP's delivered for 18/19. Challenges with telephony performance being addressed in Q4		
Leading by example, Support the successful implementation and delivery of the Trusts Transformation and Lean Programmes.	Actively participate in the Trusts Lean Programme. Demonstrating the required leadership and assuming lead responsibilities where required.	Active participation.	Active participation. Service desk improvement model being developed.		

Title	Staff Engagement update		
Report to	Board of Directors	Date	February 2019
Author	Karen Barnard, Director of People & OD		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	✓	
	Information		

Executive summary containing key messages and issues

Our Due North statement states that we aim to be in the top 10% of Trusts for staff satisfaction in the next 5 years. In order to determine how we might improve our staff survey results I have reviewed the CQC reports of a number of Trusts rated as outstanding, in particular the well led domains. The national staff survey benchmark report will be published on the morning of the 26 February 2019. The reports format will be different to previous years with each theme being scored out of ten. Trend data across the themes and comparison between best, worst and average scores will be available in order that an assessment can be made as to the themes to focus most on. Divisions and directorates will also be able to see how they compare with the Trust figure. The themes are equality, diversity & inclusion, health & wellbeing, immediate managers, morale, quality of appraisals, quality of care, safe environment – bullying & harassment, safe environment – violence, safety culture and staff engagement. The paper considers what we should do differently this year in order to make improvements in the results – the suggested areas are:

- Living our Values
- Involvement
- Health and Wellbeing into Action
- Leading to Outstanding
- Accountability

In addition a draft plan on a page is appended which will be developed once the results are published.

Key questions posed by the report

Does the Board agreed with the suggested areas for attention and the plan on a page. If so these will be developed into a more detailed plan.

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

How this report impacts on current risks or highlights new risks

Staff morale – the actions contained within the report look to provide assurance that the Trust is taking steps to improve staff morale.

Recommendation(s) and next steps

Board members are asked to note this report and provide feedback.

Approach to improving staff survey results

Our Due North statement states that we aim to be in the top 10% of Trusts for staff satisfaction in the next 5 years. In order to determine how we might improve our staff survey results I have reviewed the CQC reports of a number of Trusts rated as outstanding, in particular the well led domains. In addition I have reviewed the components of the Times top 100 companies assessment process (appendix 1) together with the approach taken by the Investors in People assessment (appendix 2). Members will note the similarity with both these and the question areas of the NHS national staff survey.

Some key messages from those various CQC reports

- The Trust and service managed financial pressures so that they do not compromise the quality of care. Staff understood candour, openness, honesty, and transparency and challenged poor practice. The service had mechanisms to support staff and promote their positive wellbeing. Behaviour and performance inconsistent with the values were found and dealt with swiftly and effectively, regardless of seniority.
- There was a culture of quality improvement within the hospital. There was evidence of quality improvement projects and staff had received training in the quality improvement methodology within the trust and were supported to identify areas for improvement themselves. Staff were given time as a team to explore quality improvement work and there was evidence of measurable improvements.
- The trust had a very clear strategy, vision and values which underpinned an exceptional culture which placed patients at the heart of all they did, in all areas of the trust. Staff knew the strategy, vision and values. Recruitment was values led. Staff education was values led. Succession planning meant staff stayed within the organisation and grew within the values framework. It permeated all areas and was reflected in all the work we saw.
- The Trust's quality improvement programme, which had been developed through work with the Virginia Mason Institute, had empowered staff by equipping them with the lean tools, methods and a structured process which had very successfully built a culture of continuous improvement across the whole trust. Investment in improvement and training had been a priority and this had resulted in a culture where staff at all grades and from all disciplines felt involved and enthused by the workstreams and the idea that they could make a real difference to patient safety and the patient experience.
- Role modelling and explicit behavioural expectations set by the executive directors devolved down through the senior leaders to leaders working in front line services. There was no tolerance of mediocracy in service delivery; a strong education and staff development programme enabled staff to gain the skill and competency to do their jobs well. Good practice was encouraged and rewarded. The Chiefs of Service (divisional leads) could recount many examples of where staff had exceeded expectations in care delivery. This included stories of 'going the extra mile' by staff in pathology, the mortuary, porters, healthcare assistants and junior doctors, as well as leaders and consultant colleagues. The board, non-voting directors and senior leaders were exceptionally proud of their staff; they felt a strong sense of ownership of their services and built on positive care provision and positive patient experience by recognising teams and individuals who had worked outside their remit for the good of their fellow staff or the patients.

- Patient safety and the patient experience were the dominant thread running through the trust strategy and planning. They were also the focus of the monitoring and governance work of the trust. Each member of staff we spoke to from the senior executives and other board members, to the facilities, portering and catering staff understood the specific impact their work and how they carried it out had on patient safety and the patient experience. Staff showed us their work with pride that mirrored the pride the senior leaders had in them.
- There was a formal programme of board visits to services. More than this, the staff reported the executive leaders as being highly visible and approachable. The focus on quality had tangible results; including improved performance in several quality metrics and changing the public perception of the trust to a positive one. The trust values resonated with all staff members we spoke to and many commented on the open and honest culture.
- The dynamic we observed between board members throughout the inspection visits was supportive, inclusive and challenging. The relationships between the executives and the chiefs of services (and amongst the chiefs of services as a group) was also very strong with warmth and respect. They clearly knew and understood each other well and felt comfortable challenging.
- The board operated in a unitary manner, with both non-executive and executive directors providing scrutiny and detailed questioning across all areas of financial, operational and quality performance.
- The responsibilities and accountability across the trust was clear. Divisions operated a triumvirate leadership structure with a chief of service, associate director and a divisional nurse, this ensured divisions were clinically led with operational and quality representation. Each division had a monthly divisional board and a monthly performance review which was attended by executive directors. These meetings enabled strong oversight of performance.
- The quality of performance reporting at trust and division level was high. The use of data to drive performance improvements was exceptional. A clear framework set out the structure of ward/service team, division and senior trust meetings. Managers used meetings to share essential information such as learning from incidents and complaints and to act as needed.
- There was a comprehensive talent identification programme in place and a number of leadership programmes, individually tailored to meet the needs of leaders at different levels of the organisation. Leadership programmes were open to leaders at different levels of the organisation and not just those traditionally seen as senior leaders.
- Senior leaders were visible and approachable. All the staff we spoke with told us that the executive team were approachable with an open door policy. Staff felt well supported by the senior team who addressed concerns and enabled them to make positive changes to service delivery locally. Members of the senior team visited areas of the trust regularly.
- Staff we spoke with were overwhelmingly positive about the trust and leadership and committed to the values and direction of the organisation. All of the executive and non-executive directors we spoke with articulated a clear vision and strategy.
- The level of 'buy in' from all staff to the trust vision and value base was exceptional. We were flooded with requests from staff wanting to tell us about specific pieces of work they were doing, how much they liked working for the trust and how supportive the trust

executive team were of innovative ideas and further learning as a tool for improvements in patient care.

Key messages which we should take from these extracts are:

Qi must be embedded into our Trust – many reports made reference to continuous improvement and transformation; encouraging innovation

Culture of openness and transparency to demonstrate the Trust values

Clear systems of control and governance and performance assurance

Visibility of the executive and divisional leadership teams, staff recognising that their leaders understand and own the challenges the staff face

Leadership development programmes

Shared focus and purpose around patient care

Team focus around Team DBTH – make more of Develop Belong Thrive Here

The Trust's staff survey results have been received under embargo and will be published on the morning of 26 February 2019. This year's report will look different to previous years – the themes for the results are: Equality, diversity & inclusion, health & wellbeing, immediate managers, morale, quality of appraisals, quality of care, safe environment – bullying & harassment, safe environment – violence, safety culture and staff engagement. The indication is that our results will not have changed significantly. I believe there are some key areas of focus for us:

Living our Values – when our strategy was refreshed last year we reconfirmed with staff that our values should not be changed. However it is clear from feedback we receive that staff feel we are not demonstrating those values across the Trust. To that end our induction programme is being revamped to ensure that all new starters understand our values and our expectations (and what they receive in turn from us as leaders). In addition values based recruitment will be extended across the Trust and the appraisal process will incorporate demonstration of behaviours associated with our values.

Involvement – through the Quality Improvement programme front line staff will be empowered to propose and make changes to how services are delivered. This will be either through the large scale change programmes or through small scale initiatives. Organisational change resulting from efficiency and effectiveness workstreams will be required to explicitly involve staff and stakeholders to ensure that those change programmes can be robustly and effectively implemented. This will be governed through the PMO.

Leading to Outstanding – as already detailed within the Trust's new Leadership and Organisational Development framework Qi, and inclusive and compassionate leadership will form key components of the new leadership programmes – Develop, Belong and Thrive. In order to ensure senior leaders

across the Trust understand Qi and can support their teams a bespoke programme entitled Leading to Outstanding will commence in May 2019 – this will be co-produced in discussion with leaders. In addition regular masterclasses will be held on a quarterly basis – the first being on 12 March 2019. A shadow board development programme will commence in the new financial year and a bespoke development programme for BAME staff will be introduced.

Visibility of leaders – Divisional and Executive leadership teams are expected to ensure they regularly visit their teams and be visible on a regular basis. Executive and Non-Executive Director buddies will undertake a programme of visits to their Divisional areas. Feedback will be provided through to the staff experience group detailed below and to Management Board. A weekly blog will be provided by Richard Parker, our Chief Executive. A review of the staff brief arrangements will be undertaken to ensure that key messages reach the many rather than the few. Our programme of STAR awards will be extended to include divisional awards and the opportunity to extend our thanks to staff who go above and beyond.

Wellbeing into action – despite the Trust having achieved Nottinghamshire County Council's platinum award for health and wellbeing, indications are that does not translate into reality for front line staff. Access to the health and wellbeing fund will be re-launched following the recent success of the Charitable Development Funds committee in receiving bids.

Accountability – in order to ensure that progress is maintained it is proposed that each Division and corporate areas establish staff experience groups, representation from which would come together as a Trust-wide staff experience group to be chaired by the Chief Executive. In addition agreed KPIs will be monitored through the performance assurance framework and visual management boards. Regular feedback will be provided to Management Board and be an item of discussion at the Senior Leadership Forum. A root and branch review of communications from our committee structure will be undertaken to ensure that key messages are disseminated to Team DBTH. KPIs will include softer measure to be obtained through the quarterly staff friends and family test but also through progress to fill vacancies, reduce sickness absence and improved retention and turnover rates.

At appendix 3 I detail a draft plan on a page as a visual representation of the work programme. This will be worked up into more detail once the details of the staff survey results are known and specific actions detailed.

Appendix 1

Top 100 companies to work for

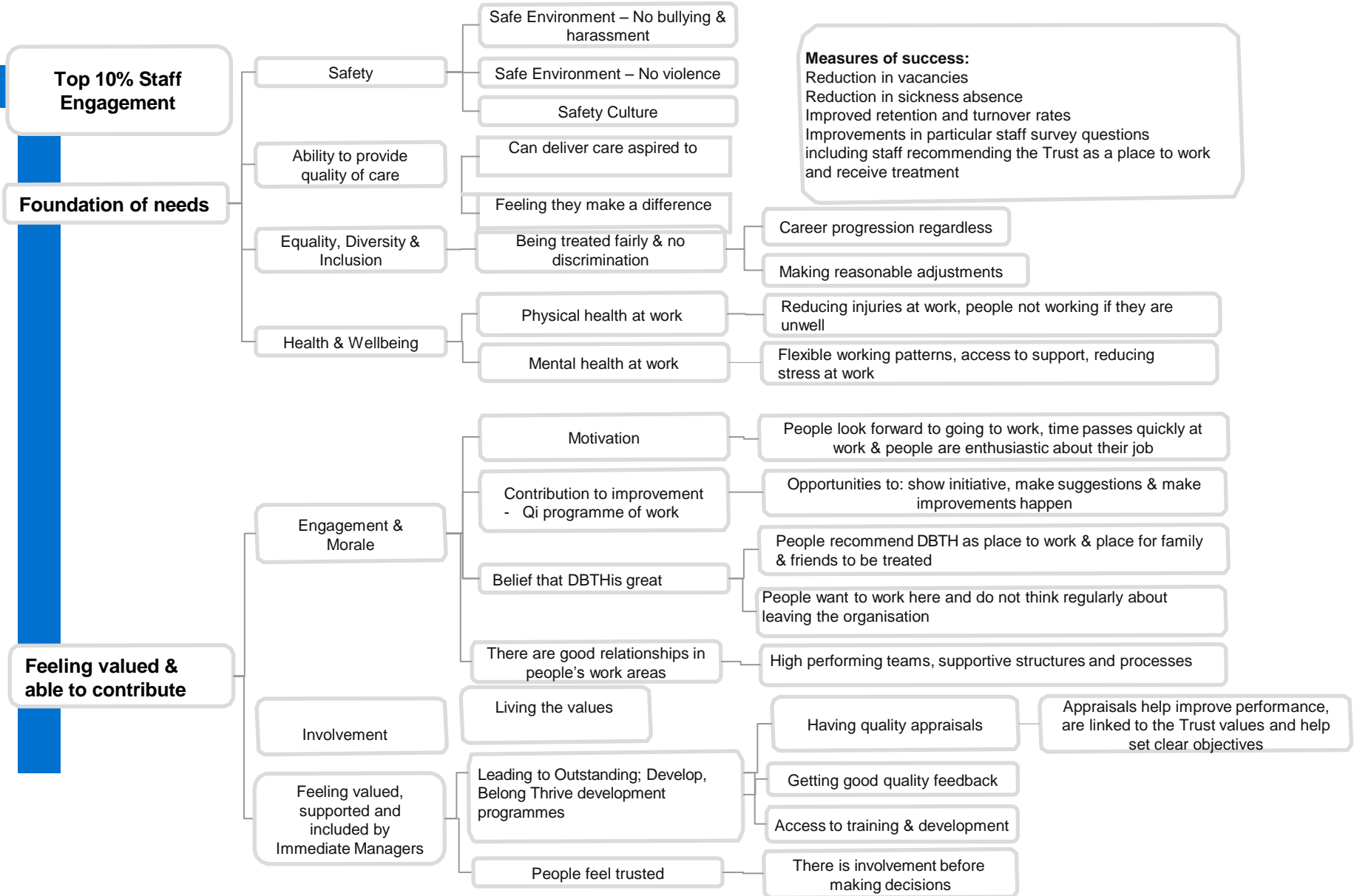


Appendix 2

Investors in People



Appendix 3 Driver Diagram: Top 10% Staff Engagement





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

Title	Report from the Guardian for Safe Working		
Report to	Board of Directors	Date	February 2019
Author	Dr Jayant Dugar, Guardian for Safe Working		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	✓	
	Information	✓	

Executive summary containing key messages and issues
<p>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.</p> <p>The 2016 contract continues to be implemented with 137 junior doctors employed by this Trust on the 2016 contract as at the time of this report. 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. For this quarter, exception reports have been submitted by individuals across Surgical and Medicine Divisions. A total of 29 exception reports have been raised within this quarter of which one has been related to Education. 25 out of 26 reports in ENT relate to a single trainee- this was acted upon by the Clinical supervisor advising the trainee. There have been 2 reports in Medicine and 1 in general surgery.</p> <p>The Guardian is required to provide the Board of Directors with quarterly reports including an annual report. No gross safety issues have been raised with the Guardian by any trainee.</p> <p>The Guardian for Safe Working advises that that the trainees have safe working practice as designed by the 2016 contract.</p>

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"> 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 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.
How this report impacts on current risks or highlights new risks
<ul style="list-style-type: none"> Workforce. By having a safe workforce we remain an attractive employer to current trainees and to help future recruitment.
Recommendation(s) and next steps
<p>The Board of Directors are asked to note the annual update together with the update from third quarter of 2018/19 and be assured that trainee doctors have a safe working practice as envisaged by the 2016 contract.</p>

ANNUAL GUARDIAN REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING

Executive summary

This annual report for 2018 summarizes the quarterly reports previously submitted. The exception reporting in DBTH is lower than comparable organisations in the region.

There was a concern regarding workload issues in Medicine trainee doctors detailed in the last report, this has been addressed with good results.

There needs to be collection of data for rota gaps and locum and bank usage to monitor the safe working.

Monitoring for trainee doctors on old contract needs to be repeated.

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 January 2018 – December 2018 .

High level data

	Jan-march	Apr-Jun	July-Dec
Number of posts contracted by DBH	161	161	204
Number of posts contracted by other Organisations	129	129	163
Number of doctors / dentists in training on 2016 TCS	112	112	137
Total number of training posts based in DBTH	236	290	367

Lead unit with DBTH holding contracts

Doncaster GP VTS	49
North Notts GPVTS	17
Ophthalmology	13
ENT	12
General surgery	34
Total	125

Annual Vacancies in training grade

VACANCIES	January	February	March	April	May	June	July	August	September	October	November	December
Medicine	3	3	4	5	5	5	5	6	9	8	2	11
Anaesthetics	2	1	1	2	1	1	1	3.7	3.2	2.7	5	5
Emergency medicine	6	5	5	5	5	5	5	1	1.4	5.4	3.4	2
Obstetrics & Gynaecology	7	8	8	10	10	10	10	12.4	12.4	10.6	9	9
Paediatrics	1	6	6	8	7	7	7	1.9	1.4	2	1	1
GU Medicine	0	1	1	0	0	0	0	0	0	0	0	0
Elderly Medicine	1	1	1	1	1	1	1	1.2	0.2	0.2	4	4
Radiology	2	2	1	0	0	0	0	0	0	0	0	0
General Surgery	1	0	0	5	5	6	6	1.5	1.5	2	2	2
Trauma & Orthopaedics	1	1	1	1	1	1	1	1	0	0	0.2	0.2
ENT	0	0	0	0	0	0	0	1	0	0	1	1
ICT	1	1	1					1	1	0	0	0
Total	25	29	29	37	35	36	36	30.7	30.1	30.9	27.6	35.2

*Total gaps,number of shifts uncovered over the year,average no. of shifts uncovered per week information was not collected.This information will be collected prospectively .

Annual exception reporting summary

Nature of exception	Number
Education	12
Hours & Rest	165

	Qtr1	Qtr2	Qtr3	Qtr4	Total
Medicine	28	20	5	2	55
Surgery	23	24	19	2	68
ENT	0	0	1	25	26
Paediatrics	0	0	1	0	1
A&E	5	1	0	0	6
Breast	9	0	0	0	9

	Qtr1	Qtr2	Qtr3	Qtr4	Total
Education	8	2	1	1	12

This data is not presented by grade as the software system changed in August not allowing the data to be merged. This has been a national issue between the two software suppliers. Going forwards this is being addressed by the software provider.

The data for locum and bank usage is not collated as the formats are different and its not possible to analyze it.

Issues arising & Actions taken to resolve issues

The gaps in the rota are quite variable and dependent on the HEE. GP trainees vacancies have improved and this year's intake is oversubscribed but there are gaps in senior years. This year the gaps have have about average. Some divisions are in process of filling this gaps with international training schemes (MTI).

The exception reporting and workplan review in medicine has resulted in a safer workschedule with reduced exception reports in Medicine from August. The exception reporting software from Allocate software was rolled out in August and has been accepted well by trainees and supervisors.

Monitoring exercise for doctors on old contract showed some issues in ENT registrar rota and General surgery – these have been addressed

In response to the national drive to improve junior doctors morale a group has been meeting under chairmanship of Mr.Khetan, Deputy Director (medical education). This requires further engagement from estates and IT to address the issues.

Summary and recommendations

I am assured that all trainee rotas are legal under 2016 contract.This is also borne out by exception reporting.

I would strongly urge implementing rostering system to allow safe rostering and identify gaps on a realtime basis. This has been purchased but awaiting implementation.

I would like to assure the Board of Directors that the junior doctors have a safe working and learning environment.

October 2018 – December 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 1st October 2018 to 31st December 2018.

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

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

October 2018

Specialty	No. exceptions raised	No. exceptions outstanding	No. exceptions resolved	No. exceptions unresolved
Acute Medicine	1	0	1	0
General Surgery	1	0	1	0
ENT	14	0	14	0
Total	16	0	16	0

November 2018

Specialty	No. exceptions raised	No. exceptions outstanding	No. exceptions resolved	No. exceptions unresolved
General Surgery	1	0	1	0
ENT	11	0	11	0
Total	12	0	12	0

December 2018

Specialty	No. exceptions raised	No. exceptions outstanding	No. exceptions resolved	No. exceptions unresolved
Acute Medicine	1	0	1	0
Total	1	0	1	0

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

For this quarter, exception reports have been submitted by individuals across Surgical and Medicine Care Groups. A total of 29 exception reports have been raised within this quarter of which one has been related to Education. 25 out of 26 reports in ENT relate to a single trainee- this was acted upon by the Clinical supervisor advising trainee. There have been 2 reports in Medicine and 1 in general surgery.

I am unsure of the reasons for low number of exception reports and hence have written to trainee representatives. I will also be attending the various trainee fora to ascertain the validity of the reported data.

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	November	December
Medicine	3	3	4	5	5	5	5	6	9	8	2	11
Anaesthetics	2	1	1	2	1	1	1	3.7	3.2	2.7	5	5
Emergency medicine	6	5	5	5	5	5	5	1	1.4	5.4	3.4	2
Obstetrics & Gynaecology	7	8	8	10	10	10	10	12.4	12.4	10.6	9	9
Paediatrics	1	6	6	8	7	7	7	1.9	1.4	2	1	1
GU Medicine	0	1	1	0	0	0	0	0	0	0	0	0
Elderly Medicine	1	1	1	1	1	1	1	1.2	0.2	0.2	4	4
Radiology	2	2	1	0	0	0	0	0	0	0	0	0
General Surgery	1	0	0	5	5	6	6	1.5	1.5	2	2	2
Trauma & Orthopaedics	1	1	1	1	1	1	1	1	0	0	0.2	0.2
ENT	0	0	0	0	0	0	0	1	0	0	1	1
ICT	1	1	1					1	1	0	0	0
Total	25	29	29	37	35	36	36	30.7	30.1	30.9	27.6	35.2

6. Locum and bank usage

The data below details bank and agency shifts covered by training grade doctors.

Reason for shift (INTERNAL)			
	Oct-18	Nov-18	Dec-18
Additional Session & Admin	2		
Additional Session (Clinical)	36	59	66
Additional session to meet both contract activity and RTT performance	20	21	
Additional session to meet contracted activity	8	2	
Additional session to meet RTT performance	6	6	
Annual Leave	33	44	32
Compassionate/Special leave	1	1	6
Exempt from On Call	4	1	2
Extra Cover	243	279	224
Restricted Duties		1	3
None given			26
Seasonal Pressures		3	9
Sick	39	30	45
Study Leave	6	6	3
Vacancy	392	404	439
Grand Total	790	857	855

Internal - Shifts			
	Oct-18	Nov-18	Dec-18
Acute Medicine	65	75	57
Anaesthetics	172	133	136
Cardiology		9	4
Care of the Elderly	27	27	29
Dermatology	33	30	24
Emergency Medicine	134	174	190

Endocrinology and Diabetes			6
Endoscopy - Medicine	42	43	45
Endoscopy - Surgical	73	80	66
ENT	2	13	15
Gastroenterology	47	46	27
General Medicine			2
General Surgery	17	35	31
Genitourinary Medicine	4	8	9
Haematology	3	2	1
Obstetrics and Gynaecology	28	47	47
Ophthalmology	30	25	20
Orthodontics		4	
Orthopaedic and Trauma Surgery	36	36	47
Paediatrics and Neonates	31	26	43
Pathology	1	4	1
Radiology	8	14	15
Renal Medicine			1
Respiratory Medicine	18	22	19
Rheumatology	8	2	10
Stroke Medicine			1
Urology	10	2	4
Vascular Surgery	1		3
Grand Total	790	857	855

Internal - Costs			
	Oct-18	Nov-18	Dec-18
Acute Medicine	£43,902	£49,992	£43,396
Anaesthetics	£145,233	£116,674	£125,383
Anaesthetics and Theatres	£650		
Cardiology		£1,350	
Care of the Elderly	£10,729	£10,732	£11,409
Dermatology	£12,993	£12,680	£10,230
Emergency Medicine	£93,550	£127,574	£144,723
Endocrinology and Diabetes			£1,350
Endoscopy - Medicine	£18,400	£19,240	£18,850
Endoscopy - Surgical	£32,180	£33,950	£29,770
ENT	£900	£2,588	£3,510
ENT Theater		£900	£5,447

Gastroenterology	£28,879	£28,193	£12,419
General Surgery	£6,131	£23,560	£14,229
Genitourinary Medicine	£913	£1,741	£2,391
Haematology	£1,031	£2,400	£394
Obstetrics and Gynaecology	£13,241	£19,389	£24,536
Ophthalmology	£9,981	£9,639	£6,576
Ophthalmology Theatre	£1,125	£1,125	£563
Oral and Maxillofacial Surgery		£1,041	£23,344
Orthopaedic and Trauma Surgery	£22,698	£22,928	£19,480
Paediatrics and Neonates	£23,194	£17,360	
Pathology	£6,888	£11,668	£5,178
Radiology	£36,501	£39,656	£48,183
Renal Medicine			£450
Respiratory Medicine	£7,019	£8,550	£7,020
Rheumatology		£450	£2,250
Urology	£3,150	£800	£2,100
Vascular Surgery	£450		£900
Grand Total	£519,736	£564,178	£564,078

7. Fines

No fines have been levied in this quarter. £139.84 is cumulative fine this year was spent on food for junior doctors during Christmas holiday period as agreed by the Junior Doctors Forum at Doncaster and Bassetlaw sites.

8. Qualitative information

It is reassuring that no instance of immediate safety concern (ISC) has been brought to my notice by junior doctors on 2002 or the 2016 contract. 9 reports in ENT were marked as ISC but clinical supervisor and trainee agreed it was not so.

Trainees in Paediatrics had 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 to map the problem. No exception reports have subsequently come through this.

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

9. Engagement

I attended the national guardian forum in November 2018. Good practice of exception reporting improving training and safe working was shared.

The fifth meeting of junior doctor's forum was held on 9th October 2018 which was open to all trainee Junior Doctors and representatives. This was well attended by junior doctors and management. I have also attended 3 trainee induction meetings and 2 management trainee forum meetings to engage with the junior doctors.

10. Software System

Trust has invested in a new Erostering and exception reporting system from Allocate software. The roll out of erostering is slow. Once this is in place the assurance for safe and efficient rostering will increase.

11. Issues arising & Actions

1. The hours monitoring exercise for trainees on old contract is due and needs repeating as mentioned previously to assess the impact of changes to ENT and general surgery work plans. This also needs to include Paediatrics and Obstetrics & Gynaecology trainees on old contract
2. The increase in trainees and new system may require a review of administrative support to monitor and analyze exception reporting.
3. The data from exception reporting needs to be drilled down and fed back to clinical units and divisions to improve safer working for trainees.

12. Recommendation

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

DBTH Board 26.2.19

DBTH Quality & Effectiveness Committee (QEC) 20.2.19 - Chair's report

OVERVIEW

Welcome: to Stephen from NHSI who observed part of the meeting, Nick Mallaband, Divisional Director of Medicine, and Divisional Associate Director of Nursing Kate Carville.

Escalation: No new escalations to QEC or from QEC to the Board. Linn outlined the agreement reached around C&YP issues raised by Governors in relation to QEC and other governance bodies. Governors will have a briefing 9.4.19 (Linn attending), and this should clarify which bodies - eg Children and Families Board - should be reviewing what information. QEC Members, including Governors, will have opportunity at June QEC to raise assurance issues around Children and Families, including Maternity, when the relevant Divisional Director will be presenting.

Appreciation: for the hard work that goes into producing excellent papers – also, nearly all had very clear cover sheets, enabling the Committee to focus on key issues and areas of more limited assurance.

Strategy

QEC discussed the first presentation from a Divisional Director – Nick Mallaband – on his **Vision for Quality**. Discussion focussed particularly on areas where QEC could support the Division's drive for quality, such as concerns about transport and Estates. Nick clarified his concerns about long waits for inter-hospital transport in acute Medical patients requiring emergency transfer from Bassetlaw, and added that similar issues were also being experienced in paediatrics). He felt that transport issues would likely become more acute with the move to greater sub-regional integration and hub working. It was agreed to draw this to the attention of the Trust Chair and CEx, in their roles on regional bodies, and noted that issues around transport would be discussed at the next Management Board (MB).

Regarding concerns about “smaller” estates and facilities problems being unsatisfactorily resolved, and the impact on staff morale, this was helpful “anecdotal” information which would be further probed at April QEC. The QEC Planning Group to give consideration to how anecdotal information can be incorporated.

Further DD presentations are scheduled for April, June and August QECs.

Enabling strategies: QEC reviewed the Clinical Site Strategy, and Research & Development Strategy, for assurance on progress against milestones. In relation to the first, Sheena asked about key challenges and how these related to risks. In relation to the second, Sheena expressed concern about the loss of research opportunities due to the lack of a clinical area, Pat raised our original concern about measures, and Linn sought assurance that we had formally adopted a target that all staff should feel able to participate in research. Noting that research partnerships may be fruitful in resolving the accommodation issues, it was agreed to draw this to the attention of the Trust Chair and CEx, in their roles on partnership bodies.

ASSURANCES

QEC probed Assurance reports, including its standing items, on:

- Patient experience of the discharge process, and was assured on many good practices including working with families and maximizing morning discharge after surgery / treatment. Linn asked for further information on our relatively low rates of satisfaction with timeliness of discharge (see our Maternity Survey).
- Cancelled operations (mini “deep dive”, delegated to QEC by the Board). QEC was assured that current performance was close to target, and that efforts are made to pre-alert patients where there is a risk of cancellation so as to minimise actual on-day cancellations. David assured QEC on how we are minimising cancellations within a range of wider considerations, and that we are actively pursuing improvement actions most within our grasp i.e. equipment and staffing.
- Workforce and Education Assurance Report: Karen noted that the new Staff Survey would be released into the public domain next Tuesday and agreed to a more detailed discussion on this at next QEC, to include key themes, and what we are learning from other Trusts to enable moving to (CQC) “outstanding”. Sheena emphasised the need to focus on a limited number of areas to improve in relation to the anticipated response to the staff survey results. QEC will discuss key themes for action in the Staff Survey results, as well as The Future Workforce, in April.
- Quality Assurance Report (Quality Dashboard; Nursing Workforce Quality Metrics Assurance Report (Hard Truths), and Clinical Governance Report): QEC probed particularly how we are assured that staff are really using the Quality Dashboard, and whether it is improving quality outcomes. There was limited assurance at this early stage on impact. Sewa emphasised the critical importance of developing a systematic approach to collecting and using “soft” feedback from patients, and narrative on patient experience. We are uncertain how soft feedback can be built into the Quality Dashboard. Pat reminded us of the need for patients to influence strategic planning of services as well as commenting on own care. Linn commented on the positive staff response to agreeing tough but achievable targets at QEC around reviewing deaths (Mortality Monitoring) and closing older open incidents, noting that this had clearly been helpful, and sometimes, “what gets measured gets done”.
- The committee received the safer staffing reviews relating to adult inpatient wards, ED, Paediatrics and Maternity on behalf of the Board of Directors. It was noted that there is further work to be undertaken by the Divisional Associate Directors of Nursing/Heads of Nursing/Midwifery as part of their workforce plans.
- Pat raised questions on SIs and Incidents, which had been included in the Information for Assurance section.
- A patient story (Michael: aftermath of knee surgery) and learning therefrom.

RISK & GOVERNANCE

- BAF and Corporate RR. Two new risks arising from CQC inspection were allocated to QEC. The Medical Director gave feedback on his risk review rationalisation meeting held 21/12/18. Linn proposed a wider discussion on risk at the next QEC, to include new risk processes going to CGC and MB in March, assurance on approach to “corporate risks” < score 15, IA report on risk escalation processes, assurance on staff use of risk registers, and potentially a further deep dive. Pat asked again that the cover sheet for all papers, “How this report impacts on current risks or highlights new risks”, be better populated, especially in relation to the BAF. Linn asked for a definition of when and how we decide an action (eg Action Plans) is closed, giving examples of why she was seeking this assurance.
- New standing item: Progress with IA recommendations in reports referred to QEC from ARC: none yet overdue.
- Workplan: meetings between Karen H and Kate S, including Linn, had created a process to align work of QEC and CGC, and agree report frequencies
- New standing item on relevant National Reports: consultation on national Patient Safety Strategy.

INFORMATION FOR ASSURANCE items

- PEEC, noting that this had now been helpfully restructured around the 4 quadrants of the PEE Strategy, and metrics and areas of soft feedback were being mapped to the 4 quadrants, which would enable a measure of quality improvement to be devised. The potential role of volunteers in capturing feedback was highlighted, including for the Friends and Family Test.
- Enabling Strategies exception report
- Update on Action Plans re CQC Dec 17 and Nov 18 inspections
- Progress with Inpatient Survey 2017 Action Plan
- Bi-annual survey of SIs – lessons learnt: Linn pointed out that this included data rather than lessons learnt and asked for this to revert to future QEC
- CGC Risk management report on incidents
- In future, a copy of new IA reports referred to QEC will be included in this section.

Governor questions

Clive Tattley raised Trust responsibility for issues arising from treatment referred to a private hospital. Peter Abell commented on data on Care Hours Per Patient. Governors also commented on changes to the Risk Register.

Meeting reflections - What was good? Involvement of DD and Associate Director of Nursing, and hearing from the front line; patient story; ideas on soft measures; Medical Director’s work on improving clinical risk approach, agreeing targets for death reviews and closing old incidents; cover papers are good – assurance-focussed.

What to improve: more time on DD presentation; still not much feedback from QEC to daughter Committees; consider giving non-members of QEC 2 mins to present; sometimes ppt slides could be more self-explanatory; late papers to be added to papers set at end or kept as free-standing documents.

Linn Phipps

Chair, Quality & Effectiveness Committee

22 2 19

Appendix 1 – Our 6 Assurance Questions guide

The core scope and structure of Assurance Reports and data reports is:

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

Source: QEC meeting 22.8.17, minutes, Appendix 1.



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

Title	Chair's and NEDs' Report		
Report to	Board of Directors	Date	26 February 2019
Author	Suzy Brain England, Chair of the Board		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	x	

Executive summary containing key messages and issues
The report covers the Chair and NEDs' work in January and February 2019
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
The report relates to all of the strategic objectives.
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
That the report be noted.

Chair's and NEDs' Report – February 2019

Garry Swann's Investiture Ceremony



I was delighted to be invited to Garry Swann's investiture ceremony on 31 January. Garry was awarded the British Empire Medal (BEM) for his services to the NHS in the Queen's Birthday Honours list of Summer 2018. The ceremony took place at the Mansion House, Andrew Coombe, HM Lord-Lieutenant of South Yorkshire presented the award and the Civic Mayor, Councillor Majid Khan was in attendance.

Garry joined the Trust in 1966, to set up the Department of Medical Illustration and over the years has been responsible for the education and training of many clinical photographers. Since his retirement he has taken up the post of Trust Archivist, managing the archive of photographs and other memorabilia. He writes a regular column in the Trust magazine and has recently published 'Good Health – A Pictorial Celebration of Doncaster and Bassetlaw Teaching Hospitals'.

Both Richard and I are enormously proud that Garry's contribution has been recognised in this way and it was a privilege to share this special moment with him and his family.

Meeting of Partner Governors

The six monthly partner governor meeting took place at the end of January, the meeting was well attended and I was joined by Gareth Jones, Trust Board Secretary. The partners governors offered to support the promotion of the trusts current governor election process as they all work with members of the public who have a keen interest in healthcare. We discussed how governor observers disseminate learning from committee meetings and a template to share was proposed. Each updated the others on activity in their own organisation. The CCG and DMBC governors said they had increased the emphasis on self-help

for patients and we agreed to look at combining promotion of this with the Trust's Prevention agenda.

Governor Brief

At February's Governor Brief presentations were received from Ken Anderson, Head of IT Programmes & Development on the Electronic Patient Record (EPR) and from Roy Underwood, staff governor and Head of Information Governance on the Data Protection Act 2018.

The presentation delivered by Roy Underwood provided the Governors with a brief overview of the training, guidance and good practice provided to all staff across the Trust and spoke of the SET e-learning or booklets. The compliance of 95% is to be achieved on training for the Trust.

Governors received a presentation from Ken Anderson outlining how the Electronic Patient Record will work across the Trust in terms of task management, bed management, e-Observations, clinical noting and fax de-commissioning that is to be operable by 2024.

Doncaster Integrated Care Partnership - Chairs Meeting

This month I welcomed the Place level Chairs to the Trust for the second meeting of this recently formed group. Councillor Rachel Blake, Portfolio Holder for Adult Social Care and Chair of the Health & Wellbeing Board provided an overview of the H&WB Board's role and functions. Cath Doman, Director of Health and Social Care Transformation at Doncaster Clinical Commissioning Group gave an update from the local Partnership Boards; and finally, we discussed the Chairs ability to influence partnership governance arrangements and how we could increase engagement across the organisations.

Other meetings & events

Earlier this month I had the opportunity to meet with Jochen Seidel, Divisional Director of Clinical Specialties. I also had an overdue catch up with our Director of Education and Consultant Anaesthetist, Dr Alasdair Strachan, to hear firsthand of his visit to Nepal last year and of the potential opportunities that may arise for the Trust from this visit. The relationship with Nepal is bringing much-needed doctors in training to our ED department.

On behalf of the Trust I have also joined the Board of the Doncaster Chamber of Commerce which involves me in meetings each month. The Chamber is at the forefront of a co-ordinated response to meet the skills needs of the town. As one of its biggest employers the Trust is playing an active part in the Careers Hub, the Skills Academy and the proposed University Technical College to name a few of their initiatives.

I chaired the recruitment panel for the Consultant in Diabetes and Endocrinology, where we were successful in appointing the candidate.

NED Reports

Alan Chan

Along with NED colleagues, Sheena and Kath, Alan has met with Matt Gleadall, Head of Operational Estates and his team to learn about their use of visual management boards for continuous improvement and the adoption of LEAN principles within facilities management. He was impressed by the processes adopted by the team to manage the work more efficiently and to hear of the improvements made in reducing the outstanding workload.

Alan meets with Richard Somerset, Acting Head of Procurement on a quarterly basis, at this latest update discussion topics included; the latest developments for Supply Chain category towers, Brexit plans for suppliers, ICS procurement projects and central procurement hubs and how these may provide operational and financial opportunities and/or challenges.



Alan attended the ground breaking ceremony to mark the start of the build for the new CT scanner.

Kath Smart

Kath has attended 1:1 meetings with Jon Sargeant and Kirsty Edmondson-Jones this month. She also chaired the

recent Charitable Funds Committee to sign off the Accounts for 2017/18.

Along with other Audit Committee Chairs in South Yorkshire, Kath has attended two ICS meetings with the Governance group to provide input and feedback into the developing ICS governance arrangements

Following up from a previous presentation at Board, Kath attended the 'Missed Appointments Project Group' and had the opportunity to hear about progress, innovation and partnerships all aimed at reducing the Trusts DNA rate.

Kath also took Kirsty up on her offer to view Estates and Facilities progress using LEAN with a visit to the Operational Estates team. This visit gave the Estates team an opportunity to showcase their process improvements, and demonstrate how their focus on reducing waste and improving safety has delivered improvements in their KPIs.

Linn Phipps

Linn has met with three of the Trust's Clinical Governance Leads to discuss quality issues, she has also met with Cindy Storer, Deputy Director of Quality and Governance and Catrina Drury to discuss how quality improvements are measured and how to link this with the Quality Dashboard, the Patient Experience and Engagement Strategy goals, and the measures in the Quality Account.

Linn participated in a very good Webinar on spreading innovation & improvement in the NHS, run by the Health Foundation; she also attended a Trust Qii event for Pre-Maternity staff.

Linn sang for the Trust's first Burns event, on Mallard Ward, and with Governor Roy Underwood is planning a musical fundraising event next month on 22nd March at 6pm, as mentioned in Buzz – please come along to support the event!

Sheena McDonnell

Along with her NED colleagues Sheena attended a Board development session in January, the focus of which was to understand strengths and areas for development to ensure effective and efficient team working.

She has worked alongside Karen Barnard, Director of People and Organisational Development and Sam Debbage, Deputy Director of Education to explore the opportunities around the apprenticeship levy.

As mentioned in Alan's feedback Sheena has taken the opportunity to observe the visual management board in action as part of the Estates department daily huddle. She was interested to see lean principles being translated into action, particularly in areas where the transformation programme has yet to feature.

This month Sheena attended the Quality & Effectiveness Committee pre-meet, as an observer, this has allowed her to understand how the agenda is constructed and prioritised ahead of and in preparation of the committee meeting.

Neil Rhodes

Since the last update Neil has met with Antonia Durham-Hall, Divisional Director of Surgery and Cancer. He has continued his involvement in the Prisoner Pathway Project dialing into a conference call with Fiona Littlewood, Senior Programme Manager. Discussed the Electronic Patient Record business case with Simon Marsh, Chief Information Officer and Ken Anderson.

In support of his role as Chair of the Finance and Performance Committee he has joined the Finance & Performance planning meeting and met with the Director of Finance on a one-to one basis.

In February Neil has toured the Clinical Specialties Division, supported by Lesley Barnett, Associate Director of Nursing and met with the clinical lead for Audiology.

Chief Executive's Report

26 February 2019



Thanking staff after a particularly busy period for the NHS

I wish to place on record my thanks to all of our team members who have worked tremendously hard through the Xmas and New Year period and into 2019.

Winter always brings challenges with increasing patient demand and a rise in seasonal illness, such as coughs and colds. The opening months of this year have been very busy at the Trust, and despite a spike in attendance, particularly within our Emergency Departments, colleagues have managed these pressures extremely well.

While winter is by no means over, I want to thank every member of Team DBTH for their hard work and dedication. Only by pulling together can we ensure that patients continue to receive the best quality care and I am very pleased by the example shown by colleagues throughout the past number of weeks.



Finance Team Scoop Yorkshire and Humber Award

I am proud to share the news that our Finance Team was awarded the Healthcare Financial Management Association's 'Finance Team of the Year Award' at the Yorkshire and Humber Branch Conference 2019.

The award recognises the contribution that an organisation's finance team has made in the last 12 months, promoting and improving teamwork, innovation, collaboration, transformation and governance. As a Trust, we have worked hard to refresh, and renew our financial services since 2016.

The Chair and I feel this award is very well deserved. In a fairly short period of time, the Trust's finance department have reorganised, adopted new ways of working and, importantly, enforced better financial control and monitoring throughout the organisation. The team continues to work hard at delivering their targets for the 2018/19 financial year.



Garry Swann honoured at investiture ceremony for services to the NHS

It gave the Chair and me great pleasure to accompany Garry Swann, former Medical Photographer at the Trust and current Archivist, as he was honoured for his services to the NHS at a recent investiture.

The ceremony, performed by HM Lord-Lieutenant of South Yorkshire Andrew Coombe Esq. took place at the Mansion House in Doncaster and was attended by Garry's close friends and family, along with the Civic Mayor of Doncaster, Majid Khan.

Garry was named in the Queen's Birthday Honours list last summer and awarded the British Empire Medal (BEM).

Since his retirement, Garry has remained a very active member of Doncaster and Bassetlaw Teaching Hospitals. He expertly manages the Trust's archive of photographs and other memorabilia, preserving and sharing the Trust's long and illustrious history in his books and writing a regular column in the Trust magazine.

Garry has recently produced a book to celebrate in pictures the history of Doncaster and Bassetlaw Teaching Hospitals. The book was published to coincide with the 70th anniversary of the foundation of the NHS on 5 July 1948 and is on sale to raise funds for the Trust's charity.



New CT scanning suite to be built at Doncaster Royal Infirmary

I am delighted to announce that a project to build a new Computed Tomography (CT) scanner suite at Doncaster Royal Infirmary has now commenced, starting with a ground-breaking ceremony which took place on Friday 15th February 2019.

This development is a result of Doncaster and Bassetlaw Teaching Hospitals (DBTH) receiving £4.9 million from the Department of Health and Social Care to build the brand new facility at its Doncaster site, as well as receiving additional support from the Doncaster Cancer Detection Trust to purchase an additional scanner to replace the existing machine at the hospital, meaning that patients will be able to benefit from this increased scanning capacity.

This bid was placed with the Government on behalf of the Trust by the South Yorkshire and Bassetlaw Integrated Care System (ICS).



Appointment to the Efficiency Director

In January, the Trust appointed Paul Mapley as the Efficiency Director. Working with Jon Sargeant, Director of Finance, Paul will help support the Trust to improve the productivity of our organisation, supporting efficiencies which will help us to further invest and improve our services and patient care.



Making Mealtimes Matter

Clinicians at the Trust are looking to better structure meal times for patients by introducing a series of improvements on wards and in departments.

Ensuring patients eat well and have enough to drink is extremely important. Good nutrition and hydration helps individuals to recover from illness and injury, usually resulting in a shorter length of time spent in hospital.

Despite the best efforts of Team DBTH, patient meal times can be interrupted due to a number of reasons, as wards and inpatient departments are often very busy places with competing priorities and treatments. To address this and also complement recently increased visiting times at the Trust, staff will be moving away from 'Protected Mealtimes' and are instead working towards 'Making Mealtimes Matter'.

This means that non-essential activity will stop during mealtimes and activities will shift from clinical work to the meal service. All staff will be encouraged to help and nutrition-related patient care such as topping-up drinks, creating social dining spaces and assisting patients who need help to eat. Carers and families who wish to support their loved ones to 'Make Mealtimes Matter' will also be welcomed onto the ward area at this time.

It is hoped that by making these simple changes that mealtimes will become better structured and enjoyable for patients, while also creating a much more social environment. It's also important that

relatives and carers are welcomed onto wards to help their loved ones if they wish and as such all mealtimes will be displayed upon entry to wards, clear for all visitors to see.



Appointment of Head of Midwifery

In February, the Trust appointed Lois Mellor as our new Head of Midwifery. Lois will be working alongside Mr Eki Emovon in the Children's and Families Division.

Lois has an extensive background working for the NHS and is passionate about providing excellent care for women and their families. In her role, the new Head of Midwifery intends to make use of the maternity transformation programme and to implement "better births", so that services can be redesigned to ensure the best experience for local parents.

On behalf of everyone at the Trust, I want to extend the warmest of welcomes to Lois.



Trust successful in specialist weight management bid

I am pleased to announce that the Trust has been successful in a procurement exercise to continue to deliver 'Tier 3 Weight Management Services' (T3WMS) in Doncaster.

This service is only available for people with severe or complex obesity who are considering bariatric (weight loss) surgery. To qualify for T3WMS, individuals must have a body mass index (BMI) of above 35, with the presence of diabetes or other significant conditions, or instead a BMI of over 40, without health-related conditions.

A multi-disciplinary team (MDT) at DBTH, led by dietitians and including cognitive behaviour psychotherapist, physiotherapist and clinical therapy assistants, worked very hard to secure delivery of the service, supported by other colleagues including the Trust's Strategy and Transformation team.

Funded and commissioned by Doncaster Council, service requirements state that the successful bid would have to demonstrate a model of care based upon a diverse, varied and appropriately trained MDT, capable of delivering the following for patients:

- An initial assessment consultation with the service user
- Development of a 12-month package of tailored and group-based interventions
- Service-user education and advice on nutrition, healthy lifestyles and bariatric surgery
- Ensuring service-users have access to: Psychological, physical activity and physiotherapy services, in addition to assessment, treatment and optimisation of obesity-related conditions and illnesses (such as type two diabetes).

Working within the Trust's Quality Improvement (Qi) methodology, the team collating the bid worked together to understand the service model requirements and came up with ideas on how enhancements could be implemented in a timely manner to meet the new specification.

All this information was pulled into a submission which was submitted at the start of December. Just before Christmas the Trust was notified by commissioners that it had been successful and will continue to provide the T3WMS service for a further two years.



Bassetlaw Integrated Care Partnership: Bulletin

ISSUE 4

FEBRUARY 2019

SPECIAL POINTS OF INTEREST

- 'Miles in May'
- Better in Bassetlaw Place Plan launched
- Transport engagement
- Acronym quiz

INSIDE THIS ISSUE

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Better in Bassetlaw: 'Miles in May'

'The 'Miles in May' is a cross-Bassetlaw Integrated Care Partnership (ICP) project involving the NHS, local authorities, voluntary sector, schools and business to encourage as many local people, teams and organisations to complete 26 miles – the equivalent of a marathon – throughout the month of May. Linked to Mental Health

Week, which this year has a focus on body image, the initiative seeks to promote the benefits of physical activity for wellbeing, mental and physical health.

Bassetlaw benefits from fantastic resources, from parks, trails and village walks, to a range of sporting and physical activity groups for all abilities and needs. 'Miles in May' will encourage people to enjoy all that Bassetlaw has to offer.

The scheme will launch at the end of February—please promote with your teams and service users so we can get Bassetlaw moving more together. Look out for the initiative and visit www.betterinbassetlaw.co.uk



Bassetlaw's Place Plan is launched

The Integrated Care Partnership's 'Better in Bassetlaw: Place Plan 2019-2021' sets out how partners will work together to **deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated,**

responsive and well understood services.

The plan describes the priorities for health and wellbeing including:

- Integrated support for the wellbeing of Bassetlaw citizens,
- Providing the right support at the right time
- Joined-up communications and engagement
- Joint Transport strategy

- Sustainable and effective services.

To view or print the plan, visit www.betterinbassetlaw.co.uk



Social care and community health in Primary Care Networks

Nottinghamshire County Council's adult social care workers and Nottinghamshire Healthcare's community health teams are now aligned to the primary care network/ home footprints. Increased co-location and joint working mean

that local services are more integrated than ever before.

From November 2018 to January 2019, the teams have been enjoying coffee and cake introduction sessions in Newgate, Larwood and Retford and Villages so that the teams get to know each other better.



Notts Healthcare have a new manager for community services in Bassetlaw—Michael Harrison will be an Integrated Neighbourhood Team manager, contactable on Michael.harrison@nottshc.nhs.uk



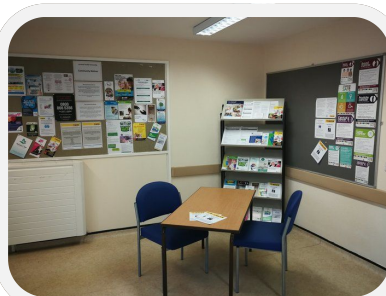
Primary Care Networks

'Increased co-location and joint working mean that local services are more integrated than ever before.'

Larwood and Bawtry

Larwood and Bawtry Primary Care Home hosted Lord Prior, chair of NHS England, in January as part of the South Yorkshire and Bassetlaw Integrated Care Systems showcasing the team approach for better care in communities.

A BCVS Community Advisor is available at



Larwood's new Community Hub. This is in addition to the drop clinic in at Langold surgery on a Wednesday morning.

Newgate

Newgate Primary Care Network's triage pilot has improved access to routine appointments, and created capacity. Therefore this has improved patient experience by reducing the number of patients being advised that there were no appointments left.

Building work at Newgate to commence shortly, creating better facilities and a wellbeing space

Retford and Villages

As part of a population health management approach, Retford and Villages are using data about their local population to inform prevention and early interventions, through screening, in addition to plans for a new pain management approach, working with the Staying Well programme.

The 5 practices which make up Retford and Villages have formed a new executive team to drive forward improvements and developments within the Primary Care Network. They have also elected a new chair—Oliver Lord from Tuxford practice.

#betterinbassetlaw



The ICP's Transport work stream has prioritised engaging communities where transport and isolation may be an issue to better understand the relationship between transport and health and wellbeing.

Nottinghamshire County Council, Nottinghamshire Healthcare and other ICP partners have undertaken community engagement in Mattersey Thorpe and Tuxford, resulting in a range of insights.

Despite its rurality, Bassetlaw is well served by public transport—almost half of the County Council's transport budget is spent in Bassetlaw. We have learned that communities are resourceful, and that small changes to public transport can make a big difference. Partners are now responding to the feedback by reviewing routes and bus stops. Furthermore, volunteer driver schemes provide an opportunity for communities to access social and health appointments, plus the chance to obtain the many benefits of being a volunteer.

The most important change which local people identified was the

need for more information about transport options and routes, including on buses and through other schemes provided by the NHS, councils and voluntary sector. Partners are now identifying how this can be achieved.

To view the full report visit www.betterinbassetlaw.co.uk



ICP Acronym Quiz

Health and wellbeing organisations use many acronyms, some of which have been used for years, some are locally specific, and some are more recent.

Test your knowledge of these widely used acronyms from across the Bassetlaw Integrated Care Partnership.

Answers are on the back page.

1. DST
2. MCA
3. FFT
4. IAPT
5. UEC
6. LDD
7. DTOC
8. CHC
9. CDRP
10. BCF
11. DNA
12. ICS
13. MDT
14. PAM
15. OOH
16. PHB
17. HwC
18. START
19. RTT
20. SPA

Consultation on the Bassetlaw Plan

Bassetlaw District Council is holding a public consultation is being held to engage with interested parties about the future growth of Bassetlaw district. The Council has produced a consultation document (the [Draft Bassetlaw Local Plan](#)) which includes proposed strategic policies for the period 2018 to 2035. The Council is now inviting interested parties to consider the document and give their views on the proposals and policies in the Plan. **The consultation commences on 14th January 2019 and ends on 10th March 2019.**

<https://tinyurl.com/yascjhvc>

Draft Bassetlaw Plan

Part 1: Strategic Plan



January 2019

Bassetlaw
DISTRICT COUNCIL
North Nottinghamshire

Other Bassetlaw News

The **excellent Bassetlaw performance by the Integrated Discharge Team** (partnership between Nottinghamshire County Council, Doncaster and Bassetlaw Hospitals and Notts Healthcare) with 0 delayed transfers of care (DTOC) resulted in Nottinghamshire being ranked 1st of 151 Councils in November 2018.

Richard Parker, the Chief Executive of Doncaster and Bassetlaw Hospitals Trust and member of the Bassetlaw ICP Board has been awarded **the OBE for services to health and care**. Congratulations Richard!

An **interoperability project** between Nottinghamshire County Council and Doncaster and Bassetlaw Hospitals has been launched, so staff in A and E at Bassetlaw Hospital can now view patient's social care records, to inform decisions about admissions.

Bassetlaw partners will be working together on another **'system perfect' week** at Bassetlaw Hospital later in the spring. The theme will be mental health.

'Focus on Young People in Bassetlaw' host their annual 10k fun run walk at the Welbeck Estate on 12th May. Join in as part of Bassetlaw's 'Miles in May' at <https://www.foypib.org.uk/events>

Building Better Opportunities (BBO) is jointly funded by the Big Lottery Fund and the D2N2 European Social Fund (ESF). BBO aims to promote social inclusion, challenge long-term unemployment and empower socially excluded people; through three distinctive projects <https://tinyurl.com/y9garenu>.

Aurora are now providing nutrition services, a new colorectal service, and have a psychosexual therapist working with the organisation. Visit <https://tinyurl.com/y9jy4ezw> or call **03000 111202**

Bassetlaw Integrated Care Partnership: Programme Office

Retford Hospital, North Road Retford, DN22 7HF

#betterinbassetlaw

email: joel.johnston@nhs.net
call: 01777 863294

We are now live online and on social media:

8 [website](#) | [facebook](#) | [twitter](#)

ICP Board Update

The Board approved the 'Better in Bassetlaw Place Plan 2019-2021', and the 'Better in Bassetlaw Miles in May initiative'.

A new outcomes framework for the partnership was explored., and the Board received a presentation on the evaluation of a project between Nottinghamshire County Council and Bassetlaw Hospital to enable sharing of care records. An update on workforce developments was also received.

Research into the contribution of small and medium charities to Bassetlaw - 'The Value of Small' - was also shared with the Board, who acknowledged the significant contribution of the third sector in Bassetlaw.

The Board are interested in taking a Bassetlaw-wide position on vaping, and whether it should be permitted on public sector sites. They welcome the view of partners—share your insights or feedback please use the following link: <https://www.surveymonkey.co.uk/r/BassetlawVaping>

Quiz p 3 —answers

1. Decision support tool
2. Mental Capacity Act
3. Friends and family test
4. Improving access to psychological therapies
5. Urgent and emergency care
6. Learning difficulties and disabilities
7. Delayed transfer of care
8. Continuing health care
9. Crime and Disorder Reduction Partnership
10. Better Care Fund
11. Did not attend
12. Integrated Care System
13. Multi—disciplinary team
14. Patient activation measure
15. Out of hours
16. Personal health budget
17. Housing with Care (formerly Extracare)
18. Short term assessment and rehab team
19. Referral to treatment
20. Single point of access

How many did you get right?

- 14+ - Outstandingly integrated place-based champion
8-13 - Requires improvement
Less than 8— Special measures



Minutes of the Meeting of the Management Board
of
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
on
Monday 14 January 2019 at 2:00pm
in the Boardroom, DRI

Present:

Richard Parker (Chair)	Chief Executive
David Purdue	Deputy Chief Executive & Chief Operating Officer
Karen Barnard	Director of People & Organisational Development
Antonia Durham Hall	Divisional Director – Surgery & Cancer
Eki Emovon	Divisional Director - Children and Families
Moirra Hardy	Director of Nursing, Midwifery and Allied Health Professionals
Nick Mallaband	Divisional Director – Medicine
Jon Sargeant	Director of Finance
Jochen Seidel	Divisional Director – Clinical Specialities

In attendance:

Kirsty Edmondson-Jones	Director of Estates & Facilities
Gareth Jones	Trust Board Secretary
Sarah L with Gill	Attain - Associate Director
Simon Marsh	Chief Information Officer
Gillian Payne	Deputy Medical Director Efficiency & Effectiveness
Willy Pillay	Deputy Medical Director (For Sewa Singh) (<i>Part</i>)
Marie Purdue	Director of Strategy & Improvement
Kate Sullivan	Corporate Governance Officer

Apologies:

Sewa Singh	Medical Director
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Action

Apologies

MB/19/1/1 Apologies as recorded above were noted.

Actions last meeting

MB/19/1/2 MB/18/12/9 – Performance Assurance Framework (PAF) – Feedback from Management Board had been shared. This would be incorporated in to the PAF and brought to a future meeting.



Reducing Follow Ups

- MB/19/1/3** Management Board received a presentation from Gill Payne and Sarah Lever (included in the paper at Enclosure B). It outlined work on a clinically led and patient centred approach to better understand the clinical appropriateness of follow up appointments and look at the potential to reduce unnecessary follow ups. The work included development of clinical guidelines and protocols to support follow up reductions and make recommendations for alternatives as well as exploration of technical solutions to support change and inform contract negotiations with commissioners for 2019/20. This work had focussed on 10 specialities with 18 week pressures. The Director of Finance enquired about the financial model noting that the Trust was currently doing around £1.5m of work each year that it was not being paid for. It had been agreed that if work was not clinically appropriate it would cease and that if it was appropriate that the Trust should be paid for it; It was clarified that at this stage the focus of the project was on making recommendations about clinical appropriateness to feed in to plans.
- MB/19/1/4** An update on work to date at speciality level was provided. Divisional Directors were asked for their support to develop recommendations on clinical appropriateness and with the development of guidelines/protocols for follow up care. Other support needed from Divisional Directors included: clinical leadership to support change, consideration of alternatives to support development of recommendations, communication of guidelines at specialty business meetings clinical governance groups and Implementation in agreed timescales.
- MB/19/1/5** Management Board shared some examples of issues at speciality level and these were discussed. Further information would be shared on deadlines, finalisation of plans, and group meetings.
- MB/19/1/6** The Reducing Follow-ups Presentation was NOTED.

STRATEGY

Clinical Site Strategy

- MB/19/1/7** The Chief Operating Officer / Deputy Chief presented the update and provided details of work being undertaken to deliver the Strategy and key milestones. A detailed update on activities so far was provided along with an overview of key challenges, interdependencies, opportunities, benefits realisation, achievements and next steps. It was noted that the scope of the strategy had been narrowed to ensure delivery of key milestones. An update on the Urgent & Emergency Care (U&EC) front door model at Bassetlaw Hospital was provided; a joint proposal had been submitted with Nottinghamshire Healthcare and this was discussed; details of meetings with partners were shared. The outcome of the bid was awaited. The DoF noted



that the Trust must ensure the work was linked to financial plans.

MB/19/1/8 The update was NOTED.

Patient Experience & Engagement Strategy Update

MB/19/1/9 The Director of Nursing, Midwifery & Allied Health Professionals presented the update and provided details of work being undertaken to deliver the Strategy and key milestones. A detailed update on activities so far was provided along with an overview of key challenges, interdependencies, opportunities, benefits realisation, achievements and next steps.

MB/19/1/10 Management Board discussed the complaints process; an Internal Audit Review was to be undertaken and the Trust would take learning from this. Divisional Directors raised the point that sometimes when complaints were made it had also been the case that patients or relatives had acted in such a way as to cause emotional distress to Doctors and Nurses. They queried what should happen in these situations and whether staff were being encouraged to raise complaints about this. The Trust had a clear policy about behaviour towards staff and abuse of staff would not be tolerated. At the same time there was sometimes an element about staff training in how to deal with conflict and difficult situations so that matters did not escalate. It was noted that when it came to light though the investigation of a complaint that staff had been treated badly this was pointed out in response letters. It was clarified that the police should be contact if an assault of a member of staff had taken place.

MB/19/1/11 The update was NOTED.

ICS Update

MB/19/1/12 The Chief Executive provided an update on recent ICS meetings. There was a focus on ICS wide performance as certain performance targets needed to be achieved as an ICS in order to access additional funding, speciality level meetings were being convened to discuss this. The CE reminded colleagues of a proposal which would reward those Trusts and Commissioners that achieved a surplus in 2018/19; he update Management Board on discussions with those colleagues who had taken advantage of this in the context of how they could support the Trusts financial position. The CE reflected on the NHS Long term plan in the context of ICSs noting that the plan stated all organisations would be part of an ICS by 2023 and the need for each ICS to have a Non-executive Director (NED) Chairman.

MB/19/1/13 The update was NOTED.



EPR Business Case

- MB/19/1/14** Management Board considered a detailed Business Case presented by the Chief Information Officer which set out the case for investing in a portfolio of clinical functionality including E-Observations (E-Obs), Bed Management, Task Management (Hospital@), Clinical Noting and sepsis alerting, to be used by clinicians to support the delivery of more effective patient care. It was noted that those components of the solution which had been adopted in Bassetlaw had already received positive feedback in terms of ease of use and efficiency gains within the Trust. The Business Case included the list of options considered, identification of preferred the option, the management case, commercial case, risk analysis, quality impact assessment, equality impact assessment, internal implications, an outline implementation plan, benefits realisation and post project evaluation plans.
- MB/19/1/15** Commercial Case - The preferred option proposed a £1.926m capital investment over 3 years. Recurrent and a Return on Investment (ROI) would see a payback period of 9 years. The proposal was consistent with the Government's commitment to make all patient records digital, real-time and interoperable by 2020. It was also consistent with the ICS objective of Trusts achieving the recognised international standard for health records set by HIMMS at level 5. The business case adhered to the Trusts Standing Financial Instructions (SFIs) and procurement rules. Via the ICS, the Trust had applied for Public Dividend Capital (PDC) as part of the Health System-Led Investment (HSLI) transformation fund for this project. £0.73m has been requested for 2018/19 and £1.191m during 2019/20 and 2020/21. Currently no guarantees are provided for any year PDC funding. The DBTH case, along with other providers within the SYB ICS, has been agreed by a regional NHSE panel. These would go to a national panel for approval. Approvals were expected at the latest by the end of February 2019 for 2018/19 funding (£0.73m). The process for this funding was briefly discussed.
- MB/19/1/16** Management considered the case and discussed which specialities the systems would be implemented in first. In response to a query about whether the Trust planned to retrospectively scan notes it was noted that this had been considered in detail and the decision had been taken not retrospectively scan notes; should they be required paper notes would still be available.
- MB/19/1/17** Management Board considered the case in detail and SUPPORTED the direction of travel and the progression of the case for Board approval.
- MB/19/1/18** The update was NOTED.

CQC Action Plan Update

- MB/19/1/19** Management Board considered the report of the Director of Nursing,



Midwifery & Allied Health Professionals (DNM&AHPs) which provided an update on progress with action plans following the Care Quality Commission's unannounced inspection of the Emergency Departments at Doncaster Royal Infirmary and Bassetlaw District General Hospital in November 2018. The report included details of concerns raised by the CQC in a letter to the Trust in December 2018 and an update on subsequent meetings and communications with the CQC. It was noted that the CQC had acknowledged the work which had been undertaken and changes that had been implemented since their last inspection and they spoke positively of staff who they described as being open and honest with them. The DNM&AHPs gave a detailed update on actions taken to respond to these concerns; this was also set out in an action plan (appendix A) in greater detail. The action plan included the development of a suite of key performance indicators that would be monitored and the various committees where the KPIs would be presented and discussed to ensure achievement. Governance arrangements to describe the reporting arrangements and assurance processes were set out in appendix B.

MB/19/1/20 There was a brief discussion about concerns raised with the CQC by staff at the time of the inspection about the Emergency Department streaming model; The Trust had been speaking to staff about the concerns raised and some workshops were being set up to better understand the concerns and why they hadn't been raised previously; going forward there needed to be a focus on ensuring mechanisms were in place for staff to feedback to the organisation on changes to ways of working.

MB/19/1/21 The update was NOTED.

Finance Report

MB/19/1/22 The Trust's surplus for month 8 (November 2018) was £295k, which was a small adverse variance against plan of £86k; however, this was a favourable variance against forecast (realistic case) of £779k in month. The cumulative position to the end of month 8 was an £11.6m deficit, which was £1.5m adverse to plan, but £811k favourable against forecast. The Trust needed to achieve a £6.6m deficit to deliver the year end control total, and therefore needed to achieve a better than break even position for the rest of the year. The DoF provided an overview of the capital and cash positions; the Trust was now relatively confident capital plans would be achieved with the exception of plans for CT which were yet to be confirmed.

MB/19/1/23 An update on the December position was also provided; At the previous F&P Committee and Board meetings a forecast position was presented based on the Month 6 financial position. That forecast presented a range of year end scenarios including a best, realistic and worst case year-end financial position. However since this was presented two significant issues (which



were previously reported in the worst case scenario) had crystallised which impact on this position; the WOS (£3.2m) and depreciation (£3.9m); details of how the depreciation issue arose and the agreed financial treatment of the depreciation were shared. This currently showed that the Trust's financial position before mitigations (and PSF) would be £10.4m away from delivering its control total. After mitigations had been deployed this reduced the gap to £7.1m in the realistic case. Therefore if the Trust was to change its forecast position at Month 9, as per NHSi protocol, the Trust would need to show a £7.1m adverse variance to the control total. The Trust continued to review and look for mitigations to improve this position and a detailed update on discussions with the ICS and Commissioners to provide funding to support this were provided and discussed.

MB/19/1/24 The key message for Management Board was that Divisions needed to maintain good financial management and continue with the performance achieved in November and December 2018. Management Board discussed the Trusts financial position in the context of the financial position of Commissioners which were achieving a surplus.

MB/19/1/25 Management Board NOTED:

- The Trust's surplus for month 8 (November 2018) was £295k, which is an adverse variance against plan in month of £86k. The cumulative position to the end of month 8 is a £11.6m deficit, which is £1.5m adverse to plan and c. £811k favourable to forecast (realistic case).
- The progress in closing the gap on the Cost Improvement Programme.
- The forecast scenarios presented including the risks set out in this paper.

Planning Guidance

MB/19/1/26 Management Board received a presentation from the Director of Finance (DoF) and the Director of Strategy & Transformation (S&T) on business planning requirements for 2019/20 which included an overview of national and local planning requirements, the DBTH planning process, timeframes and requirements. The aim of the presentation was to identify any areas of support required. It was noted that the full suite of NHS Planning Documents had not yet been provided. A detailed update on planning headlines and tariff proposals was provided. In terms of efficiency targets the national expectations was 1.1% with a focus on the Carter requirements: listed in the report.

MB/19/1/27 DBTH Planning Guidance - Management Board noted the submission deadline for the Trusts Final 2019/20 organisation operational plan was 4 April 2019. In terms of Divisional Plans it was clarified that the coordination of plans was the responsibility of the Deputy COOs and General Managers.



MB/19/1/28 Details of budget setting principals and work required to inform plans were set out. Local planning timetables had been confirmed and were provided; there were also plans for a planning workshop and there would be individual divisional meetings. Board sign off of the organisational operational plan would be 26 March 2019. Management Board discussed expectations around activity growth and examples of recent levels of growth in some specialities were shared and discussed in detail; It was important to be realistic about expectations and this needed to be reflected in demand and capacity planning. It was important Divisional Directors let the Trust know if they felt activity and growth did not reflect their expectations so this could be adjusted. Jochen Seidel noted that activity increases often had an impact on his Division, for example radiology and anaesthetics, and this needed to be reflected in plans. The plans would be brought back to Management Board in March 2019 with some methodology for peer review.

MB/19/1/29 An overview of support available from finance, P&OD, the strategy team and operations was provided along with the following links:

<https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/>

Useful link from NHS Confederation <https://nhsproviders.org/resource-library/briefings/on-the-day-briefing-201920-preparatory-planning-guidance>

NHS Long Term Plan www.longtermplan.nhs.uk

MB/19/1/30 The update was NOTED.

Overpayments Project

MB/19/1/31 Management Board received a report of the Director of People & Organisational Development (P&OD) which detailed issues that had been uncovered by the P&OD HR systems team relating to payments of enhancements and overtime to Trust employees. An overview of how this had come about was included in the report; the key issue related to incorrect completion of a new style of timesheet claim form introduced by Shared Business Services (SBS) and the incorrect allocation of overtime rates, rather than added hours rates, for part time staff on the rota system. A business case had been submitted to the Corporate Investment Group (CIG) in summer 2018; at that time the timescale presented had a completion date of January 2020. However, due to a number of issues the timescale has been extended; details of the issues and revised timescales were included in the report. It was noted that this was public money and as such the Trust was obligated to reclaim it. The Trust would show appropriate sensitivity for the individual circumstances of staff and must be consistent in its approach, including cases where staff had left the Trust. Management Board noted some cases known to them and queried whether these had been resolved;



this was discussed and it was agreed to ensure overpayments associated with all staff groups were resolved.

KB/EE

MB/19/1/32 The update was NOTED.

Winter Performance Update

MB/19/1/33 The Chief Operating Officer (COO) / Deputy Chief Executive (CE) provided an update on performance over winter; Performance had fluctuated over the winter period and there had been pressure on beds but so far in the new year the Trust had maintained elective activity. There had been an increase in ED attendances and an in acuity of patients with a statistically high number of resus patients. Ambulance arrivals had been at the highest level than in the previous 21 months and over the Christmas and New Year. A key issue had been the level and of flu cases which stood at 179 so far with the most effected being those under the age of 65 who had not had the flu vaccination. It was reported that there had been 6 deaths resulting from flu. Management Board discussed the level of flu cases in the context of barriers to discharge; for example some care homes were not accepting patients in to their care unless they had been vaccinated. It was noted that the new electronic bed management tool at BDGH been very useful over winter. Executives thanked the Divisions and their teams for their hard work over winter.

MB/19/1/34 The update was NOTED.

Corporate Risk Register

MB/19/1/35 Management Board considered a report of the Trust Board Secretary which set out the latest corporate risk register for consideration. 3 risks had been escalated via Datix in the month and Management Board were asked to consider whether these should be escalated to the risk registers: Risks 1819 and 1825 related to medical equipment and would be reviewed with Andrew Leverton and the Medical Director. Risk 2004 related to a leaking roof; The Director of Estates & Facilities understood the risk to have been mitigated; this would be confirmed.

KEJ

MB/19/1/36 The Corporate Risk Register was NOTED.

Divisional Issues

MB/19/1/37 **Hosted Networks**

MB/19/1/38 Management Board received a presentation from the Chief Operating Officer (COO) / Deputy Chief Executive (CE) on the Integrated Care System (ICS) Hospital Services Review (HSR) Hosted Networks. The ambition was for Level



1 Hosted Networks to begin to be established across South Yorkshire & Bassetlaw (SYB) by April 2019. It was then likely that some of the Hosted Networks may subsequently mature into Level 2 or Level 3 networks, with enhanced integration; the different levels were explained. The basic framework would be developed in discussion with existing Clinical Networks and other collaborations between Trusts, and as the framework was confirmed there would be engagement with each of the existing networks to understand how they fit together. A detailed framework would also be developed to aid with implementation. The presentation, included in the papers provided an overview of the purpose of Hosted Networks, potential benefits, the leadership structure, the functions and the scope of a Hosted Networks and the role of the host.

MB/19/1/39 The COO provided an updated from recent ICS meetings to decide how hosts should be appointed and various rationale had been considered, for example should each ICS Trust host a network each: it had been decided Trusts should bid to become a host. Management Board were asked to consider which Networks, if any, they felt the Trust should bid for and this was discussed. Management Board discussed what would be involved in hosting a network and Divisional Directors reflected on past experience of similar networks being set up; hosting a network required a reasonable amount of activity from the host and the Trust should consider whether it had adequate capacity at a senior enough level to run a hosted network. They considered the risks of not becoming a host and the risk of no Trusts bidding to host a network; it was clarified that the ICS would manage networks without a host. In response to several questions it was clarified that there was be an expectation to move from level 1 to Level 3 but timeframes for this were as yet unclear. There was a cost to hosting a network; this would be funded through the ICS transformation budget.

MB/19/1/40 The Hosted Networks Update was DISCUSSED and NOTED.

Information Items to note

MB/19/1/41 The Chief Executive's Report, Business Intelligence Report and minutes from Corporate Investment Group meeting in October 2018 were all NOTED.

Minutes of the meeting held on 10 December 2018

MB/19/1/42 The Minutes of the meeting held on 10 December 2018 were APPROVED.

Any Other Business

MB/19/1/43 CMT Interviews – Nick Mallaband shared issues relating to the level of attendees on interviews for CMT recruitment and clarification was sought about whether this was part of study leave budgets. The Deputy Medical Director clarified that this should come out of professional leaves and was



included in the study leave allocation; colleagues with insufficient study leave available to attend CMT interviews should present their case to the Medical Director who would consider the circumstances.

- MB/19/1/44** Consultant recruitment – It was reported that the Trust had recently offered a position to a candidate from another Trust in the ICS and that Trust had made an offer of employment to a Trust employee in the same speciality. The matter was briefly discussed; The Chief Executive would raise this at ICS level.

Items for escalation from sub-committees

- MB/19/1/45** None.

Date and time of next meeting

- MB/19/1/46** The next meeting of Management Board would take place 11 February 2019 at 2pm in the Boardroom.

DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Minutes of the Quality & Effectiveness Committee held at 1:30pm on Monday 17 December 2018 in the Boardroom, DRI

PRESENT	:	Linn Phipps, Non-executive Director (Chair) Pat Drake, Non-executive Director Sheena MacDonnell, Non-executive Director Karen Barnard, Director of People & OD Moira Hardy, Director of Nursing, Midwifery & Allied Health Professionals David Purdue, Deputy CE & Chief Operating Officer (<i>part</i>) Sewa Singh, Medical Director Rick Dickinson, Deputy Director of Nursing, Midwifery & Allied Health Professionals (<i>part</i>)
IN ATTENDANCE	:	Peter Abell, Governor Observer Andrew Beardsall, Doncaster and Bassetlaw CCGs Gareth Jones, Trust Board Secretary Jochen Seidel, Divisional Director –Clinical Specialities (<i>part</i>) Nick Mallaband, Divisional Director – Medicine (<i>part</i>) Kate Sullivan, Corporate Governance Officer Adam Tingle, Acting Head of Communications & Engagement Cindy Storer, Clive Tattley, Governor Observer (<i>part from</i>) Sam Debbage, Deputy Director of Education (<i>part</i>) Petra Bryan, Head of Quality Improvement (<i>part</i>)
APOLOGIES:		Marie Purdue, Director of Strategy & Improvement Mandy Dalton, Mortality Review Lead

Action

Introduction

- 18/12/1** The members, officers and governor observers were welcomed to the meeting. The Chair welcomed Divisional Directors Jochen Seidel and Nick Mallaband and introductions were made around the table. Divisional Directors had been invited to bring back to a future meeting a presentation on their vision for quality for their Division, the first of these would be in February 2019. The Chair noted that she was also meeting each of the Divisional Clinical Governance Leads in support of this process.

Agenda Review & Terms of Reference

- 18/12/2** The Terms of reference were NOTED. The agenda was reviewed; the inclusion of the Patient Experience & Engagement Committee (PEEC) meeting minutes had been an oversight; as previously agreed these would not be included in future papers.

18/12/3 The Chair reflected on discussions at the QEC planning meeting about some of the Internal Audit (IA) Committee Effectiveness Review recommendations; for example, whether the Chair should summarise every item. Given the time constraints, and the high standard of the minutes taken, it had been agreed to continue to conduct the meeting in the usual way with an undertaking from the Chair to summarise any items or actions that were unclear. Following discussion with the Governors and consideration of developing practices at the Board and its Committees, the approach to Governor participation had been changed slightly. As well as participating in strategic discussion, the 10 minutes allocated for Governor questions had been divided between 2 opportunities, rather than 1. Feedback on this would be sought after the meeting.

18/12/4 Unannounced CQC Inspection Paper - A late paper had been made available in time for consideration by the Committee and would be taken as part of the Quality Assurance Report as item (f). The Committee expressed their appreciation for the efforts of Executives to produce the report in such a short timeframe.

18/12/5 Risk - There was a brief discussion about how best to highlight which BAF Risks had been considered during the meeting such that, when it came to review the Risk Report, this could be done by exception / those risks not already covered during the meeting. Pat Drake asked that the section on coversheets for all papers entitled 'How this report impacts on current risks or highlights new risks' be better populated, especially in relation to the BAF and this was agreed.

ALL

Apologies

18/12/6 Apologies as listed above were noted.

Action Log

18/12/7 The action log was reviewed and updates noted.

Vision for Quality Presentation

18/12/8 The first Divisional Director (DD) presentation on Divisional vision for quality was deferred; it was anticipated that the 4 DDs would now schedule to present to QEC in turn at the February, April, June and August meetings.

18/12/9 The Committee would use the time made available to consider the Learning from Deaths report (9b) in more detail.

Learning from Deaths - Q2 2018/19

18/12/10 The Committee received the report of the Mortality Review Lead, presented by the Medical Director, which provided an update on the Review of Mortality work and the bereavement services. The Committee noted that there was not a current milestone for the percentage of deaths that would be screened. The Trust was currently scrutinising approximately 50% of in hospital deaths. This was either by screening/case selection of specific deaths or by undertaking structured judgement reviews (SJR); the Chair asked the Medical Director to reflect on setting a target for this and the matter was discussed; It was agreed that subject to the current recruitment activities, the Trust would aim to achieve 80% by the

SS/MD

end of 2019 (*NB calendar year*).

18/12/11 The Chair noted that the minutes of the September 2018 Clinical Governance Committee meeting referred to issues raised at the mortality review group about staff coming forward to review deaths. She queried whether there was an issue around commitment of support staff to undertake this work and this was discussed. The key issue was lack of resources and this was being actively addressed though recruitment. In specialities where there were few deaths it was expected to review 100% of cases.

18/12/12 Sheena McDonnell noted that some of the data in the report did not seem to align with data in the Quality Assurance report; it was agreed to ensure the data aligned in future reports. In response to a query from Sheena McDonnell the Committee reflected on learning from deaths in the context of end of life care pathways; There was more work to be done in the area and work was ongoing with the End of Life Care team. It was planned to work more closely with primary care to proactively identify patients that were at the end of their life to look at care in and out of hospitals; the new ReSPECT work, a process to create personalised recommendations for a person's clinical care in a future emergency, would be part of this.

SS/MD

18/12/13 Learning from Deaths - Q2 2018/19 was NOTED

Communications & Engagement Strategy

18/12/14 Adam Tingle, Acting Head of Communications and Engagement, presented the update which provided details of work being undertaken to deliver the Strategy and key milestones; This included proactive management of the Trust's reputation, creating a culture of involving people and supporting effective communications and engagement in order to support performance delivery. There had been good progress to achieve key milestones and a detailed update was provided on work on the Trust Website, press profile, social media networks and internal communications. An overview of key challenges, interdependencies, opportunities and achievements was also provided. The slides were included in the papers. QEC welcomed the update and commended the good work done so far by the Comms team.

18/12/15 During discussion It was agreed to consider publishing bedside information for patients on the website so it could be available prior to admission. In terms of key challenges, the Chair asked for assurance that the Comms team had the capacity to meet the challenge of increased workload and communications channels; the substantive Head of Communications was due to return from maternity leave In March 19, the team were very busy but Adam felt they were not yet at full capacity: this was being monitored.

AT/KB

18/12/16 In response to a query from Sheena McDonnell about the level of internal engagement and contributions from staff with things like the staff Facebook page and the Sharing How We Care newsletter it was reported that level of staff engagement online and social media networks was high; the Facebook page had over 2500 members, 2400 of which were active but there was more work to do on traditional communication methods like improving noticeboards.

The Communications & Engagement Strategy was DISCUSSED and NOTED

Patient Experience & Engagement Strategy

18/12/17 The Director of Nursing, Midwifery & Allied Health Professionals presented the update which provided details of work being undertaken to deliver the Strategy and key milestones. A detailed update on activities so far was provided along with an overview of key challenges, interdependencies, opportunities, benefits realisation, achievements and next steps. The slides were included in the papers. QEC commended progress so far and the work that had gone in to this.

18/12/18 At the previous meeting the Chair had given some examples where she felt some milestones described activities rather than milestones; it was important to be clear about activities, milestones and outcomes. It was noted that the Chair was due to meet with the Director of Strategy and Transformation to discuss how milestones were being defined and the approach to enabling strategies.

LP/MP

18/12/19 Peter Abell and Sheena McDonnell had recently attended a presentation on Patient Centred Care and they commended the work in this area.

18/12/20 The Chair commended work on the stock take on patient engagement (what/where/how much/how good) with each Division reporting on patient engagement activity on a rotational basis to PEEC. The Committee considered how assured the Trust was that work being undertaken in this area was good and this was discussed; lots of good practice was emerging and overall the picture was improving. It was agreed that the Trust could not yet be assured that patient engagement was systematically good and the Qii processes will help support this.

The Patient Experience & Engagement Strategy was DISCUSSED and NOTED

Quality Improvement & Innovation (Qii) Strategy

18/12/21 QEC received a presentation from the Head of Qi who provided an update on developing a Qi Culture, progress to achieve the strategy milestones, key challenges, key interdependencies, benefits realisation, and next steps. The slides were included in the papers. QEC considered key challenges in terms local ownership of improvement and cultural change. The Head of Qi shared examples of approaches used to help the leaders in those areas where issues had been identified; this included coaching, improvement conversations and work to empower teams and to give them the skills and confidence they needed to take the Qii work forward.

18/12/22 Pat Drake asked how improvement and culture change would be measured and this was discussed. Qii work would be evaluated to ensure learning was being shared and lessons learnt this was being done various mediums like DBTH Buzz and Friday Lectures; some examples were shared where changes had become part of normal practice

18/12/23 In the context of the Trusts ambition to achieve a CQC rating of 'Outstanding' the

Committee considered key independencies, in particular how Qii could support other strategies. The Qii team had considered this across the enabling strategies and the Head of Qi shared examples of where the Qii Team were supporting staff across the organisation working with managers and senior leadership teams (SLTs) so they felt better able to support teams to take work forward.

The Quality Improvement & Innovation (Qii) Strategy was DISCUSSED and NOTED

LEADERSHIP AND IMPROVEMENT

18/12/24 Workforce & Education Assurance Report

18/12/25 The Committee received the report which used the assurance questions format and was accompanied by an additional detailed report which included sets of data for each area. The Director of People & Organisational Development summarised the key areas of focus and areas for concern and assurance that mitigations were in place to address concerns. The Committee welcomed the inclusion of more information on workforce education.

18/12/26 Pat Drake enquired about incidents of aggression and violence towards staff and this was discussed: It was agreed to consider including further information on staff experience of this in future reports to look at what was actually happening and what the Trust was doing about it. This led to discussion about reasons for sickness absence and it was agreed to include Top 10 reasons for sickness absence in future reports,

KB

18/12/27 SET Training – Divisional Directors shared their experience of the Trust's systems in terms of reported SET compliance rates which they felt were not always accurate and did not align with local records. They also felt not all of the training was relevant to some groups of doctors and this was discussed. The Director of People & Organisational Development explained that the system would now allow some types of doctors to be excluded from some SET modules. There was a wide-ranging discussion about appraisals and SET and how these were conducted; there were a variety of ways for staff to undertake training and the Trust continued to look at ways to make it easier for staff to undertake this. In response to a query from Sheena McDonnell it was agreed to provide a detailed (drill down) on the SET compliance rating for the Chief Executive's Directorate which was rated Amber.

18/12/28 Recruitment – QEC noted the positive achievements in recruitment, however wondered how assured the Trust was that it was planning to be innovative and creative in its approach to the future workforce. Reflecting on previous suggestions from Pat Drake, she asked if the Committee could look at Workforce in this context at the February QEC and this was agreed. The Planning group would develop questions to look at how the Trust looked at national/local recruitment challenges and how they could be considered more creatively both locally and across the region.

KB

The Workforce and Education Assurance Report was NOTED.

QUALITY & CARE

Quality Assurance Report

18/12/29 The Committee received the report which comprised six parts:

- a. Quality dashboard
- b. Hard Truths (nurse staffing and quality metrics)
- c. Clinical Governance Report
- d. Cancelled Operations
- e. Patient Story
- f. Unannounced CQC Inspection Report (Extra item)

It brought together information across a range of areas and used the 6 assurance questions.

18/12/30 The cover paper combined the first 3 sections together for each of the six assurance questions, and assurances and mitigations on each question were reviewed.

18/12/31 (a) Quality Dashboard

18/12/32 The quality dashboard brought together a range of performance indicators that reflected the processes or outcomes of care and patients. The data included benchmarking data using HealthCare Evaluation Data (HED) and local data from Trust systems. The Committee reviewed the table summarising areas of concerns, improvements and planned actions being taken to address and monitor risks. It was noted that progress was being made to reduce the number of 'Open Incidents' and a reduction had been achieved from 18 to 12 months. The Chair asked for assurance on targets for the future trajectory and this was discussed in detail during which Nick Mallaband shared his experience of the process for closing incidents down: The Trust expected to achieve 9 months by the end of Q1 of 2019-20, and 6 months by the end of Q3.

18/12/33 (b) Nursing Workforce Metrics Assurance Report

18/12/34 The report included detailed information relating to Nursing and Midwifery Workforce; highlighting issues which may impact upon the Trust's ability to provide appropriate staffing levels and skill mixes. It also provided an update on the implementation of Care Hours per Patient Day (CHPPD), which had been a required national return since 01 May 2016 and the data submitted to UNIFY.

18/12/35 There had been some shortfalls in staff at times that had been managed with available resources and it was noted that no Ward had triggered "red" for quality since the previous meeting and this was commended. In response to a query from Pat Drake about key concerns the Deputy Director of Nursing, Midwifery & Allied Health Professionals commented that performance had been fairly consistent however there had been a recent drop in some fill rates but this was felt to be due to new leadership in the divisions and how fill rates were being reported and this was being addressed. The Committee reflected on a question raised at a previous discussion about whether the Trust was bringing in qualified

agency staff to cover unqualified nursing gaps; It was noted that the skill mix reports did not reflect this and there were no known issues in this regard.

18/12/36 (c) Clinical Governance Report

18/12/37 Radiology Update - Radiology had seen an increase in the number of incidents reported that deemed the patient was at an increased risk of unnecessary exposure to radiation. Further analysis of the data noted the emergence of themes which were set out in the report. In conclusion, referral errors resulting in an unnecessary radiation dose were small but this has been communicated to clinical teams. A Radiation Incident Action Plan was being drafted in response to the data analysis to address the errors in radiology technique as well as wrong body part imaged episodes. The plan aimed to mitigate the current risk faced and thereby reduce the volume of radiation incidents recorded. The Chair asked that deliverable future targets be set and this was agreed (this was also highlighted in the Risk Report at 8a).

18/12/38 Sheena McDonnell noted that of all incidents 40% were attributed to 'referrer issues' and she asked for an explanation of this. This related inappropriateness of referrals and the proportion of referrals that were rejected. It was noted that the Trust required staff to attend a course on the appropriateness of requesting investigations. This was covered in the action plan which would be taken through the next CGC meeting and reported by exception in the February 2019 report to QEC.

18/12/39 (d) Cancelled Operations

QEC received a verbal report on this and the substantive deep dive was deferred until February QEC. The National benchmark for cancelled operations was for no more 1% of elective ops to be cancelled, the Trusts rate was currently 1-2% per month; examples of reasons for this were provided along with details of the number of operations involved. The Medical Director shared headline figures and key reasons for cancellations due to non-clinical reasons included insufficient theatre list time, staff sickness and equipment issues. In terms of clinical reasons, a new pre-op assessment process was being introduced and this would reduce cancelled operations. 2 work streams had been set up to look what happened in and out of theatre, for example making sure beds were available, and this work was progressing well.

DP

18/12/40 (e) Patient Story

18/12/41 The Committee received a detailed report on a patient story relating to a patient admitted to the Emergency Department in 2017 who was diagnosed with community acquired pneumonia and sepsis. The day after admission the patient had a cardiac arrest and sadly died. The report included details of the action plan resulting from the investigation and of what had been learnt and this was welcomed. In response to several questions, Nick Mallaband, Divisional Director for Medicine provided further details of the case. As had previously been reported to the Committee a video patient story on Sepsis would be brought back

to a future meeting.

18/12/42 (f) CQC

- 18/12/43** The Committee received the report of the Director of Nursing, Midwifery & Allied Health Professionals (DNMAHPs) on the Care Quality Commission's (CQC) unannounced inspection of the Emergency Departments at Doncaster Royal Infirmary and Bassetlaw District General Hospital in November 2018; the report used the 6 assurance questions format and this was welcomed. The DNMAHPs thanked staff in the emergency department (ED) for taking their time to share information and to respond in writing to the requests for information.
- 18/12/44** The unannounced inspection had taken place over 3 days. The CQC subsequently wrote to the Trust on 7 December raising serious concerns and potential urgent enforcement action. The Trust's response to the CQC letter was included in the report. The concerns raised related to the Trust's process of Front Door Assessment and Streaming Service, including thoroughness of triage, timeliness of observations and clinical oversight; and to the Paediatric Nurse Staffing levels through 24/7. The DNMAHPs gave further context and details of the issues.
- 18/12/45** It was noted that an action plan (at appendix B) set out in detail the areas of concern and the immediate actions being taken to respond to these concerns. These included the development of a suite of key performance indicators that would be monitored and the various committees where the KPIs would be presented and discussed to ensure achievement. The action plan would be developed further once the final CQC report was received. Working Groups had been established and would meet weekly to drive forward improvements. Governance arrangements to describe the reporting arrangements and assurance processes were set out in Appendix C.
- 18/12/46** The Committee reflected on issues raised by the CQC about the front door assessment service during the December 2017 inspection and this was discussed: The Chair raised the question of how effectively we were influencing the CQC as we believed that our approach to triage etc. was best for patients. It was noted that the concerns raised were different from issues raised during the 2018 unannounced inspection; the DNMAHPs provided further details. The CQC relationship meetings from the December 2017 inspection and at this unannounced inspection acknowledged the work which had been undertaken and changes that had been implemented since their last inspection, and spoke positively of our staff who they described as being open and honest with them.
- 18/12/47** In response to a query from Sheena McDonnell the DNMAHPs gave assurance that all response deadlines for information to the CQC had been met and shared details of the future timeline for Governance arrangements. The Deputy DNMAHPs advised that the CQC had verbally confirmed that no further action was to be taken. Reflecting on concerns raised by staff with the CQC during the inspection, the Committee reflected on how staff engagement could be improved and this was discussed. The Trust had taken learning from this in the context of engaging with staff when undertaking service redesign; a working group would be established in order to oversee the front door assessment processes and patient

flow, and to ensure appropriate clinical oversight over 24 hours and every day of the week. The working group would, amongst other things, utilise NHSI Improving Practice methodologies, including staff engagement in the redesign of services. It was noted that risks identified by the inspection had been included in risk registers.

18/12/48 It was noted that it had been agreed the Committee would receive exception reports on the action plan.

18/12/49 The Quality Assurance Report was DISCUSSED and NOTED.

Governors Questions: Governors were satisfied with the items so far in the meeting.

18/12/50 GOVERNANCE AND RISK

Board Assurance Framework and Corporate Risk Register

18/12/51 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. The Chair noted that she had raised potential Brexit risks at the previous Board, and that the medicines supply risk, the subject of a very useful previous QEC deep dive, had been slightly increased.

18/12/52 It was noted that all concerns raised at the October meeting had been risk-assessed by the Executive Team. QEC noted the top 5 clinical risks were included in the report and that the Medical Director's risk review rationalisation meeting was due to be held on 21 December 2018, and QEC would be updated February 2019.

18/12/53 The Board Assurance and Corporate Risk Register were NOTED.

Internal Audit – Committee Effectiveness Review

18/12/54 It had been a very positive review and feedback on QEC had been very positive. The overall assurance rating was: 'significant assurance with minor improvements required'. Recommendations had been agreed by all parties, and this was also covered by the Chair in her Agenda Review.

The Internal Audit – Committee Effectiveness Review was NOTED

Governance Process for Internal Audit Reports

18/12/55 The Committee received the report of the Medical Director which set out the Governance process for considering reports within the remit of clinical governance resulting from Internal Audit Reviews. QEC endorsed the process.

The Governance Process for Internal Audit Reports was ENDORSED

Workforce, Education & Research Committee (WERC) Terms of Reference

18/12/56 The Workforce, Education & Research Committee (WERC) Terms of Reference were reviewed and changes APPROVED.

Minutes of sub-committees

18/12/57 The minutes of the following committees were NOTED:

- Clinical Governance Committee held on 21 September 2018 & 19 October 2018
- Workforce, Education & Research Committee held on 17 September 2018
- Patient Experience & Engagement Committee ToRs

18/12/58 The Information items below were NOTED:

- Strategy Update
- Progress on balanced scorecard
- PEE Q2 Report

18/12/59 Progress on balanced scorecard - This was still a work in progress and it had previously been agreed to bring the report twice a year; QEC considered how often it would like to see the report and what level of granularity it wished to receive; this would be picked up outside of the meeting though the planning group.

**Planning
Group**

National Reports / Areas of National Concern

18/12/60 QEC received an update from the Medical Director on a National report relating to breast implant associated tumours entitled 'Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)'. It was noted that breast surgeons were working in line with national guidance and the Breast Lead was exploring the feasibility of having a system in place to enable all implants to be put on the National Register in line with what occurs in other specialties.

Minutes of the meetings held on 20 August 2018

18/12/61 The minutes were APPROVED as a true record.

Any other business

18/12/62 Work Plan – Annual Reports for Workforce, Education & research Committee (WERC) and Bi-annual reports on Serious Incidents (SIs) to be added to work plan.

KS

Governor questions regarding the business of the meeting

18/12/63 Peter Abell commented on the original 2017 CQC report. He felt assured by the Committee's processes and NED contribution to the meeting. Governors welcomed having 2 opportunities to contribute to the meeting; this was felt to be an improvement.

18/12/64 Items escalated from sub-committees - To QEC from CGC

- The Medical Records risk was likely to increase due to short term staffing shortfalls; this was covered in the risk report.

18/12/65 Items for escalation to the Board of Directors

The Board had delegated to QEC undertaking a deep dive into cancelled operations at the December QEC. It was noted that QEC received a verbal report on this and the substantive deep dive was deferred until February QEC. It was noted that two new risks had been identified from the recent CQC inspection and the top 5 clinical risks had been identified.

18/12/66 Identification of New Risks

- Two new risks had been identified from the recent CQC inspection; the Director of Nursing, Midwifery & Allied Health Professionals provided details.
- The top 5 clinical risks had been identified.

18/12/67 Time and date of next meeting:

18/12/68 Regular Bi-Monthly Meeting

Date: 20 February 2018

Time: 2pm

Venue: Boardroom, DRI

Signed:.....

Linn Phipps

.....

Date

**Notes of the meeting of the Fred and Ann Green Legacy Advisory Group
Held on Friday 16 November 2018
in the Fred & Ann Green Boardroom, Montagu Hospital**

Present:	Alan Chan	Non-executive Director (Chair)
	Philip Beavers	Public Governor
	Susan McCreadie	Community Representative
	Bob Davis	Community Representative
	Mark Bright	Public Governor
	Jon Sargeant	Director of Finance
	David Cuckson	Public Governor

In Attendance:	Kate Sullivan	Corporate Governance Officer
	Richard Somerset	Acting Head of Procurement

ACTION

18/11/1 Introductions were made around the table.

Apologies for absence

18/11/2 Apologies were received from Peter Brindley.

Notes of the meeting held on 31 August and matters arising

18/11/3 The notes of the meeting held on 31 August 2018 were APPROVED as a correct record.

Matters Arising

18/11/4 **18/8/4** - The Trust had agreed to cover the cost of the memorial plaque as requested by Mexborough and District Heritage Society. The Trust had confirmed the wording to be included on the plaque and the Heritage Society were progressing with ordering it. The Trust Communications Team would work with the Heritage Society to arrange an unveiling event. The Heritage Society had proposed the following wording for the plaque:

'This was the premises of Fred and Ann Green, Mexborough pork butchers and philanthropists whose generosity contributes to the health and wellbeing of the people of Mexborough to this day'

The plaque would also include the dates of Fred's and Ann's birth and death together with Mexborough & District Heritage Society and Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust'

A written update would be provided for the next meeting.

KS

Investment Advisors – The Director of Finance advised that the Trust had recently reviewed the provision of the investment advisors and this had been taken through a tender process, led by Richard Somerset. Following the process, Standard Life were to be appointed as the Trusts new Investment Advisor and they would be invited to come and talk to the Trust in the new year; members of Group would be invited and were encouraged to come along.

Contracted Transport Buses Tender Process

18/11/5 The Group received a presentation from Richard Somerset, Acting Head of Procurement on the Contracted Transport Buses Tender Process which sought to provide a contracted transport service from Doncaster Racecourse to DRI and from Montagu Hospital to DRI. He outlined the pre-tender and tender process along with details of the evaluation process. It was noted that David Cuckson, Public Governor and member of the Group had been one of the quality evaluators.

18/11/6 The contract had been awarded to CT Plus, a Social Enterprise Company, on 1st September 2018 and had commenced on 1st November 2018. Key benefits of the new buses and contract were set out in the presentation and included:

- Brand New Buses
- Fully Compliant with the Disability Disabled Act
- On Board Wi-Fi
- Ability to Fit Seat Belts
- CCTV for the Safety of the Passengers
- Environmental Friendly with Low Emission Standards
- Increased Seating
- Specially Fitted Specimen Transfer Box
- Specially Fitted notes transfer box

18/11/7 Reflecting on the Trusts recent experience of the outsourced catering contract, David Cuckson asked what contract management and performance management mechanisms were in place. A range of Key performance Indicators (KPIs) had been agreed as part of the contract and these would be monitored through monthly reporting. It was noted that CT Plus provided the ability for significantly more detailed and advanced reporting capability that with the previous contract; for example it would have the capability to provide exact number of passengers on any bus at any one time. During further discussion it was clarified that all the buses had trackers which could also monitor the breaking and acceleration rates of driver. All drivers were appropriately trained in first aid and had regular refresher training.

ACTION – It was agreed to provide an update in 6 months to include KPI data. **RS**

ACTION - Ensure CT Plus were aware of the weight limit of the bridge between Adwick and Harlington. **RS**

18/11/8 The committee welcomed the presentation and endorsed the benefits set out in the report.

18/11/9 The update was NOTED.

Progress Report on Approved Schemes & Financial Reporting

18/11/10 The Group received the report which provided details of progress against Fred and Ann Green funded schemes. The report provided historic context for the benefit of new members together with an update on current progress. The report was reviewed by exception.

18/11/11 Financial reporting – A lot of work had been carried out on the financial ledgers of all charitable funds, including the F&AG Legacy Fund and this work was now completed. In the future this would enable the Trust to bring some new improved reports to the group however for some time there had been no funding requests to the F&AG Fund and there was therefore nothing to report on this occasion. New processes had been set up which linked capital expenditure processes to charitable funds and this would encourage bids for funding to start coming through to charitable funds, the DoF outlined the new process.

18/11/12 In line with national guidance for charitable funds the Trust would aim to spend 1/3 of charitable funds each year. Phil Beavers raised several questions about this in the context of the appointment of the new investment advisor. He asked whether the investment profile was to be set up to accommodate spending 1/3 of the fund each year and how this could be sustainable and this was discussed in detail. Discussions had taken place with the new investment advisor and the DoF confirmed that the aim to spend 1/3 of the fund each year would impact how the fund was invested. In conjunction with this the Trust was working to increase donations to the DBTH Charity, aspirational targets had been set and a plan was being developed. The DoF advised that investment, donations and spend would be balanced to ensure charitable funds were sustained.

18/11/13 The Progress Report on Approved Schemes update was NOTED.

Community Input

18/11/14 The Chair had attended a recent Governor Timeout session where he had heard The Trusts Hospital Radio Team from Trust AM's share their ambition to

extend their service to a digital/online service to reach more patients including patients and Montagu. Trust AM would submit a business case for consideration at the next meeting. This was welcomed by the Group.

Summary of Fund Balance

18/11/15 The Group received the report which provided an analysis and detail relating to the realised and unrealised makeup of the fund, together with commitments against that balance.

18/11/16 The Group enquired about funding provided to the Research Department in 2013 (over a 5 year period) for the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care for Yorkshire and the Humber (CLAHRC YH). In response to the queries the following was agreed:

ACTION – Clarify what would happen if one of the funded research potholders was to leave the Trust. **KS / R&D**

ACTION – For the benefit of new members of the Group recirculate the Research presentation from March 2018. **KS**

ACTION – Share R&D Strategy. **KS**

18/11/17 The fund value as at 31 October 2018 stood at just over £6.1m which included the unrealised investment gains. The Summary of Balances report to 31st October 2018 was NOTED.

Any Other Business

18/11/18 None raised.

Date and time of next meetings

18/11/19 8 February 2019 at 10am at Montagu Hospital

Minutes of the meeting of the Charitable Funds Committee
Held on Tuesday 25 September 2018
In the Boardroom, Doncaster Royal Infirmary

Present:	Sheena McDonnell	Non-executive Director (Chair)
	Alan Chan	Non-executive Director
	Pat Drake	Non-executive Director
	Moira Hardy	Director of Nursing, Quality and Allied Health Professionals
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	Kath Smart	Non-executive Director
	Jon Sargeant	Director of Finance
In attendance:	Matthew Kane	Trust Board Secretary
	Peter Brindley	Executor of Fred and Ann Green Estate
	Phil Beavers	Public Governor
	Adam Tingle	Acting Head of Communications and Engagement
	Matthew Bancroft	Head of Financial Accounts
	Fiona Littlewood	Senior Manager (part)

ACTION

Welcome and apologies for absence

- 18/9/1** Apologies for absence were presented on behalf of Suzy Brain England, Neil Rhodes and Sewa Singh.

Minutes of the meeting held on 31 July 2018

- 18/9/2** The minutes of the meeting of the Committee held on 31 July 2018 were APPROVED as a correct record.

Action notes

- 18/9/3** The action notes were updated.

The Chair elected to modify the running order of the meeting, taking item 7 next. The item on the establishment of the new Charitable Funds Development Committee would be taken after the other main items.

Update on Memorial Garden

- 18/9/4** The Committee considered an update from Fiona Littlewood, Senior Manager, on the new Memorial Garden at Doncaster Royal Infirmary.
- 18/9/5** The Garden was created to support “space” to allow parents who had lost their babies during pregnancy, at birth or shortly afterwards to remember them as part of the healing process. Finding a suitable environment and planning the garden took more than 20 years to achieve.

- 18/9/6** A dedicated, peaceful space behind A block was identified as a place to build the garden. A short tunnel created a transition space from Hospital to Garden.
- 18/9/7** The area had been planned and landscaped by the chosen gardener, who herself had suffered the loss of a baby. Building materials had been purchased using charitable donations.
- 18/9/8** The cost of the project was approximately £15k which had been raised by staff and volunteers. Feedback had been extremely positive and an official opening was planned. Details including a plan of the garden and photographs were included in the presentation.
- 18/9/9** Further to a question from Pat Drake, the meeting was advised that the estates team and a gardener would ensure the garden was maintained. A separate book of remembrance was in place at the Hospital.
- 18/9/10** The update was NOTED.

Annual Report and Accounts 2017/18

- 18/9/11** The Committee considered a report of the Director of Finance which presented the draft 2017/18 annual report and accounts for the Trust's charitable funds.
- 18/9/12** The external auditors were due to start their audit in mid-October so that the audit could be completed in time for the accounts and annual return to be filed by the deadline of 31 January 2019. There would be an exercise to be performed to ensure that the document was made more aesthetically pleasing after the content has been audited and agreed. This should help the overall image of the charity and potentially help fundraising efforts. The audited annual report and accounts would be brought in December.
- 18/9/13** The report was NOTED.

JS

Investment update

- 18/9/14** The Committee considered a tabled report of the Director of Finance which sought approval to appoint Standard Life as the Trust's new investment advisors.
- 18/9/15** The working panel appointed to undertake the tender selection had conducted a robust assessment of the tenders received. Details of the scoring were provided within the report. As part of the offer, the new investment advisors would provide training, better commentaries to accompany papers and an examination of the Trust's risk profile.

- 18/9/16** The Committee AGREED that Standard Life be appointed as the Trust's investment advisor for a term of xxxxx years.

Review of Fund Balances including update on fund consolidation and available spend for 2018/19

- 18/9/17** The Committee considered a report of the Director of Finance which presented the fund balances to month 5.
- 18/9/18** The accounts included a Statement of Financial Activity, a Balance Sheet, details on investments and a fund listing. Input was requested for information that would help the decision making process going forward, given that this management accounts pack was the first one to be presented. Also supplied was an outline of potential amounts which could be spent over the next three years to ensure the charity met its objectives of utilising funds appropriately.
- 18/9/19** There was a brief discussion on setting a more challenging fundraising target than the £75k in this year's plan. There was also a need to identify projects for fundraising together with a target of £3m for spending next year. This would be challenging as the Trust was currently spending a tenth of that figure. Some of the monies would be routed towards a new Committee which was to be established later on the agenda.
- 18/9/20** The Director of Finance gave a brief update on the consolidation of funds.
- 18/9/21** The Committee NOTED the management accounts and outline amount to be spent for 2018/19.

Communications for DBTH Charity update

- 18/9/22** The Committee considered a report of the Acting Head of Communications and Engagement which presented an update on the progress and actions of the Communications Team in the set-up and operation of the DBTH Charity.
- 18/9/23** The report detailed the fundraising projects taking place across the Trust. Copies of the *Good Health* were selling well and the recent Star Awards had generated a surplus for the charity owing to all sponsorship packages being taken up.
- 18/9/24** The Trust was keen to expand its fundraising efforts taking inspiration from the recent 'Herd of Sheffield' campaign organised by the Sheffield Children's Hospital.
- 18/9/25** The update was NOTED.

Establishment of Charitable Funds Development Committee

18/9/26 The Committee considered a report of the Director of Nursing, Midwifery and Allied Health Professionals which proposed the establishment of a Charitable Funds Development Committee as a sub-committee of the Charitable Funds Committee.

18/9/27 The new Committee would:

- Support the creation of appropriate bids for charitable funds.
- Support appropriate bids for £25k or less of charitable funds and request that the Director of Nursing, Midwifery and Allied Health Professionals exercise delegated power to approve.
- Signpost submitted bids to the appropriate committee where they are over £25k or outside the scope of charitable funds, i.e. to one of the capital working groups where the bid is capital related or cannot be paid for out of charitable funds.

18/9/28 Details of the proposed process for bidding were given in the report. The Committee supported the creation of the Committee but felt that there was a decision required as to what funds should be delegated. A total spend of £3m per annum, with a single allocation limit of up to £25k, was felt to be reasonable. This would be confirmed at the next meeting and delegated powers would be sought at that stage. The Committee also supported the proposal from the Chair of the Board to match-fund people's fundraising efforts.

18/9/29 The Committee:

- (1) APPROVED the establishment of a Charitable Funds Development Committee in line with the terms of reference attached as an appendix.
- (2) Requested that a limit for the total spend by the Charitable Funds Development Committee, and a limit for individual allocations by the Committee, be brought back to the next Charitable Funds Committee for agreement.

MH

Fred and Ann Green minutes – 18 May 2018

18/9/30 The minutes of the Fred and Ann Green Advisory Group held on 18 May 2018 were NOTED.

Charitable Funds Committee Workplan

18/9/31 The workplan was NOTED.

Date and time of next meeting

18/9/32 The next meeting of the Committee would take place on 18 December 2018, following the Board of Directors, at Montagu Hospital.

Sheena McDonnell
Chair of the Committee

Date

How are we doing? An overview

Key performance report: January 2019 (November data)



A&E (95%)
RTT (92%)
Diagnostics
6 weeks
2ww (93%)
2ww breast
(93%)
31 day (96%)
62 day (85%)
EIP (50%)
IAPT
Access 4.75% Q4)
IAPT
Recovery
(50%)

South Yorkshire and Bassetlaw

89.5 91.9 0.5 93.5 90 94.7 80.2 75.2 5.1 52.3

Greater Manchester



Cheshire and Merseyside



Cumbria and North East



Humber, Coast and Vale



Lancashire and South Cumbria



West Yorkshire



The ICS financial position is reporting a year to date favourable variance against plan of £13.3m excluding PSF; but is forecasting a £2.3m adverse variance against outturn.



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(93%)
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62 day (85%)
EIP (50%)
IAPT
Access 4.75%
Q4
IAPT
Recovery
(50%)

South Yorkshire and Bassetlaw

89.5

91.9

0.5

93.5

90

94.7

80.2

75.2

5.1

52.3

Greater Manchester



Bucks, Oxfordshire
and Berkshire West



Frimley Health



Dorset



Nottinghamshire



Blackpool &
Fyde - Lancashire and
S.Cumbria



Milton Keynes,
Bedfordshire & Luton



Gloucestershire



Suffolk and NE Essex



The ICS financial position is reporting a year to date favourable variance against plan of £13.3m excluding PSF; but is forecasting a £2.3m adverse variance against outturn.

Board of Directors – Work-plan (Updated 22/02/19)

[illegible]

[illegible]

	SRO/Author	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Mixed Sex Accommodation <i>Kate to Check</i>	<i>DNMAHPs ??</i>												
Bassetlaw Place Plan Update	<i>CE</i>	✓						✓					
Meetings Dates for Information													
Finance & Performance		22/1	25/2	22/3	23/4	20/5	21/6	23/7	20/8	20/9	22/10	22/11	16/12
Quality & Effectiveness Committee			20/2		24/4		27/7		21/8		23/10		05/12
Audit & Risk Committee			19/3			23/5 or 28/5		26/7		17/9		19/11	
Council of Governors		30/1			11/4			25/7			30/10		
Annual Members Meeting										26/9			

Minutes of the meeting of the Board of Directors
Held on Tuesday 29 January 2019
In the Boardroom, Doncaster Royal Infirmary

Present:	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
	Moirra 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
In attendance:	Marie Purdue	Director of Strategy and Transformation
	Adam Tingle	Acting Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Liz Staveley Churton	Governor
	Clive Tattley	Governor
	Lynne Logan	Governor
	George Webb	Governor
	Mike Addenbrooke	Governor
	Gina Holmes	Staff Side Representative
	Yvonne Butcher	Staff Side Representative
	Nicole Chavaudra	ICP Programme Director (part)

ACTION

Welcome and apologies for absence

19/1/1 All directors were present.

Declarations of Interest

19/1/2 No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

19/1/3 The list of actions from previous meetings were noted and updated.

Presentation slot –

19/1/4 The Board considered a presentation from Nicole Chavaudra, ICP Programme Director of Bassetlaw Clinical Commissioning Group.

19/1/5 The presentation outlined the key areas of the Bassetlaw Place Plan

2019/2021, with particular updates on the vision for the Place Plan, the ambitions for Bassetlaw, the integrated care partnership priorities and the collaborative partnership model.

19/1/6 Following a question from Pat Drake around ensuring the Place Plan links with Education, and how gaps in education are being addressed, Nicole Chavaudra responded that relationships had been built with local schools and the education department of the local Council, and a Children's and Young People Network had been established that include staff from Doncaster and Bassetlaw Teaching Hospitals.

19/1/7 In response to a question from Linn Phipps around measuring outcomes in terms of increasing patient activity, Nicole advised that a 'Miles in May' initiative had been developed for individuals and organisations to sign up to a combined 26 miles per day over the month.

19/1/8 In response to a question from Kath Smart about engagement and involvement from the third sector, particularly community growth providers and housing, the Board was advised that the chair of the Integrated Care Board is from the third sector in Bassetlaw and Nicole's line management is to the Chair.

19/1/9 In response to a question from Sheena McDonnell around a shared care record and its deliverability, the Board was advised that there had been key issues in the ability to move data from one system to another and further work had been undertaken with the County Council's interface. Nicole advised funding had been an issue, however support was being sought and a plan had been put into place to further develop a shared system.

19/1/10 Following a question from the Chief Operating Officer around the expansion of housing in Harworth, and the preventative measures being undertaken in reducing pressure on hospitals and primary care, the Board was advised that the District Council in partnership with a number of Third Sector organisations and the County Council is leading on the engagement work. Nicole extended the invitation to members of the Executive Team to be involved in future discussions and engagement programmes.

19/1/11 Neil Rhodes asked Nicole what the two key points from the presentation that required Board support, to which Nicole requested support with sharing of the Place Plan bulletins and communications, and for the organisation to sign up to the 'Miles in May' initiative.

19/1/12 The Board thanked Nicole for the presentation and invited Nicole to attend in six months to provide an update. The Trust Board Secretary to include on the Board Calendar.

GJ

19/1/13 The Board NOTED the presentation.

Use of Trust Seal

19/1/14

Board APPROVED the use of the Trust Seal in the following instances:

Seal No.	Description	Signed	Date of sealing
103	Agreement for the installation and operation of Automated Teller Machines, between National Westminster Bank PLC and DBTH, Doncaster Royal Infirmary Site.	Richard Parker Chief Executive	23 January 2019
		Jon Sargeant Director of Finance	
104	Agreement in relation to a private patient unit at Park Hill Hospital, between DBTH and Ramsay Health Care UK Operations Limited.	Richard Parker Chief Executive	23 January 2019
		Jon Sargeant Director of Finance	

Audit & Risk Committee Terms of Reference and Work plan Review

19/1/15

The Board considered the revised Audit and Risk Committee Terms of Reference that set out the following amendments:

- Audit Committees role in reviewing risk management processes in a holistic manner – removal of reference to “non-clinical” from the TOR and title to reflect reference to all risk.
- Removal of the requirement for Audit Committee to review Whistleblowing processes after consultation with the Chair of QEC, Director of HR, and FTSU Guardian. This is now carried out at QEC and Board.
- Clarified in more detail the Audit Committees responsibilities for Counter Fraud.
- The work plan re-aligned to the TOR.

19/1/16

Kath Smart reported that the Terms of Reference and work plan had been reviewed by Internal and External Audit, based on their wider knowledge of Audit Committee and the HFMA Committee Handbook, which sets the standards for Audit Committees.

19/1/17

Board APPROVED the Terms of Reference and work plan.

Electronic Patient Record (EPR) Business Case

- 19/1/18** The Board considered a report of the Chief Information Officer that set out the proposal of an Electronic Patient Record Business Case around task management, bed management, e-Observations, clinical noting and fax-de-commissioning, operable by 2024.
- 19/1/19** The proposal set out the funding requirements of £1.92million with a recurrent revenue of £0.52million. It was noted that the project is expected to deliver recurrent savings in excess of £1million but due to the difficulties in identifying the deliverable efficiency benefits beyond bed reductions demonstrated a payback period of nine years. The Board was advised that bidding would take place to NHS England for this funding and a decision on approval of funding from NHS England is anticipated by end of February 2019.
- 19/1/20** The Chief Information Officer advised that a pilot had taken place at Bassetlaw Hospital with positive outcomes that is expected to see bed management abilities enhance bed flow and capacity across the rest of the Trust.
- 19/1/21** The Chief Information Officer reported that 30,000 faxes per month are sent, or received across the Trust and acknowledged the difficulties posed by the removal of fax machines. Assurance was provided to Board that work continues to take place with NHS England in supporting Community Pharmacists, and other organisations in accessing NHS Mail to ensure patient safety and information flow. Further workflow exercises would be held when the fax has been completely removed from operation.
- 19/1/22** Following a request from Simon Marsh to have a Non Executive Director on the programme board, Neil Rhodes offered his support and will provide feedback on progress to Board, and Finance and Performance Committee.
- 19/1/23** The Finance and Performance Committee had approved the business case on 22nd January 2019 and made its recommendation for Board approval.
- 19/1/24** The Board APPROVED the business case and for the Chief Information Officer to proceed with his drawdown of capital funds from NHS England.

Finance Report as at 31 December 2018

- 19/1/25** The Board considered a report of the Director of Finance that set out the Trusts financial position at month 9 as a cumulative £11.5 deficit, which is £35,000 favourable against forecast.
- 19/1/26** The Director of Finance reported a favourable variance against plan of £1,512k and a favourable forecast of £233k in month. The surplus for December 2018 was £59k.
- 19/1/27** The Trust needs to achieve £6.6 deficit to deliver the year-end control total,

and therefore needs to achieve a better than break-even position each month for the rest of the year.

19/1/28 The Director of Finance reported that December had been a strong financial month for the Trust and had seen work continue ahead of plan and forecast. PSF had been successfully earned in the Quarter with £1.1million CIP delivered in month. £10-12million of CIP is estimated to be achieved.

19/1/29 As reported via previous Board and Finance and Performance Committee, the Trust had a range of forecast scenarios that were presented which showed a £7.1m gap to the control total before PSF. It was agreed that if no further mitigations could be identified than a change in forecast was to be submitted to NHS Improvement at Month 9. Jon Sargeant reported that additional funding from the CCG and Integrated Care System had been offered to support the gap and further discussions on the offers received were being held.

19/1/30 Neil Rhodes expressed frustration at starting the year with a financially challenging control total that had caused problems with accounting issues but acknowledged the work of the Trust in closing the gap and the work undertaken with the two local CCG's, and its achievement of CIP. The Chief Executive responded that work had been undertaken with partners at an ICS and Place Level to ensure the system is in a strong position as it enters the new financial year. It was recognised that Doncaster and Bassetlaw Teaching Hospitals had achieved the highest pro rata level of CIP across the South Yorkshire footprint and the Trust is to be commended for its work in this achievement.

19/1/31 The Board NOTED:

- (1) The Trust's surplus for month 9 (December 2018) was £59k, which is a favourable variance against plan in month of £1,512k. The cumulative position to the end of month 9 is a £11.5m deficit, which is £35k favourable to plan and £844k favourable to forecast.
- (2) The progress in closing the gap on the Cost Improvement Programme.
- (3) The forecast presented and reported to NHSi, of a £3.72m gap from delivering the control total before PSF (£9.4m gap including impact of not achieving Q4 PSF) and the risks set out in the paper.

Control Total 2019/20

19/1/32 The Board considered a report of Director of Finance outlining the Trusts control total for 2019 / 2020 as notified by NHS Improvement.

19/1/33 The paper set out the Control Total for the Trust in 2019 / 20 is £15.296million deficit before PSF, FRF and MRET adjustments, and a breakeven control total when including MRET, PSF and FRF allocations. .

19/1/34 The Board NOTED the control total for 2019/20.

NHS Long Term Plan

19/1/35 The Board considered a verbal update of the Chief Executive outlining the details of the NHS Long Term Plan. Board had been provided with a link to the NHS Long Term Plan at <https://www.longtermplan.nhs.uk/> and advised of the Executive Summary that detailed the key updates.

19/1/36 The plan describes how the NHS is to develop over the next 10 years and describes some of the key changes and next steps. The Board noted changes around the Integrated Care System, commissioning landscapes, out of hospital care, and primary and community services.

19/1/37 The plan outlines a key focus on population health ensuring right care at the right time in the right place, and self-care where such needs exist. Richard Parker advised that he has been nominated as the CEO member of the Population Health Management Group across the ICS.

19/1/38 A key change was noted for ICS's requirement to have an independent Chair for the Health System and a future assurance role in terms of performance and constitutional standards.

19/1/39 The Board NOTED the update.

Annual Planning Priorities

19/1/40 The Board considered a presentation of the Director of Strategy and Transformation in partnership with the Director of Finance that set out the Annual Planning priorities, its process, and key deadline dates.

19/1/41 Marie Purdue provided assurance to Board that all plans were underway with Corporate and Divisional Teams and meetings had been held with the Divisional Senior Leadership Teams to review the plans for 2019 / 2020.

19/1/42 Following a question from Pat Drake around the business plans linking with the NHS Long Term Plan, and the CCG's support of funding, Marie Purdue responded that initial conversation with the CCG's related to the Place based plan and the transformation agenda links the population needs to the funding held at CCG's and Local Authorities.

19/1/43 Kath Smart raised a query around the level of support given to Divisional Senior Leadership Teams in the development of their plans. The Board was advised that the Divisions had received Executive support around the assurance process, had been given standardised business plan templates, access to HR Business plans and the capacity and demand tools used for Integrated Business Plans. It was noted that earned autonomy of the plans had been referred to Management Board and the plan is not an Executive Team responsibility to develop but Executives continue to support teams to

deliver. An invitation was extended to Non-Executive Directors to observe any of the working groups and to contact Marie Purdue if interested in attending.

19/1/44 Marie Purdue advised that the Annual Plan would be presented to Board on 26th March 2019 for approval. **MP**

19/1/45 The Board NOTED the update.

Performance Report at 31 December 2018

19/1/46 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 the operational and workforce performance at month 9, 2018/19.

19/1/47 Performance against metrics included:

- RTT – The Trust remained below target at 86.6%, which is a decrease of 0.3% on the previous month reporting.
- Diagnostic wait is 99.3% against the standard of 99.5%.
- 2 week waits – The Trust achieved 91.9% and was non-compliant with national target of 93%.
- 4 Hour Access Target – The Trust achieved 91.3% against national standard of 95% but with better performance than 2017/18.
- Cancer targets – The 62 day performance achieved 86.0%, increasing against last month's reporting of 83.0%.
- HSMR – The Trusts rolling 12 month was lower than the expected level at 93.43.
- Appraisals – The Trusts appraisal completion remained at 78.85%.
- SET Training – The Trust's SET training rate increased slightly to 78.85% at the end of December.
- Sickness Absence – The year to date figures has increased slightly at 4.38%.

19/1/48 Following a discussion around the rise in Accident and Emergency attendance, Alan Chan suggested more work needed to be undertaken in educating people on how to use Accident and Emergency Services correctly. David Purdue advised Board that there had been many campaigns and advertisements on the correct use of the emergency department and advised of publications that had been provided advising of places to go should a patient require help. Board was advised of the Same

Day Health Centre in Doncaster that is an accessible out of hours GP service, the Choose Well campaign and the 75,000 people that had been reached over December via the Trust Facebook page that had seen no positive difference in A&E attendances.

19/1/49 It was acknowledged that Flu had seen an increase in staff absence and A&E attendance in December and caused an increase in the reporting figures.

19/1/50 The Director of People and Organisational Development informed Board that the Appraisal Season had again been planned between April to June 2019 due to the positive outcome of last year's season. The Executive Team have appraisal planned for March to set objectives that would be reflected into team objectives throughout the Trust.

19/1/51 Pat Drake asked what action was being taken to ensure safe staffing in paediatrics. The Board were advised that this was part of the work being undertaken on the journey towards outstanding and a revised tool for paediatric staffing had been implemented. It was reported that the tool had been successfully used at Sheffield Children's Hospital. The pilot of this tool for the Trust commenced in September 2018 with data expected for October, November, December 2018 and January 2019 measuring its success. The results of this data would be shared with the Quality and Effectiveness Committee with responsibility for oversight of progress.

19/1/52 Sheena McDonnell asked what action was being taken to address the Family and Friends Test response rate, and the low levels of feedback received. The Board was advised that feedback is monitored at the Patient Engagement and Experience Committee and a review of the FTT was being undertaken nationally that was expected later in 2019.

19/1/53 Pat Drake asked if improvement would be seen with fractured neck of femur outcome now that an additional consultant had been appointed. The Board was advised that the Qii Team had been working with the Trauma and Orthopaedic Teams to empower staff to support the trauma pathway with a focussed piece of work expected to take place on fractured neck of femur.

19/1/54 Board NOTED the report.

Widening Participation Framework

19/1/55 The Board considered a report of the Director of People and Organisational Development that highlighted the work undertaken with education and local partners to broaden the access to work and education across the Trust, and the action plan.

19/1/56 The Board considered a Memorandum of Understanding with Hall Cross Academy, Hungerhill School, Doncaster College and the Trust on the opportunities of collaborative working for post 16 opportunities.

19/1/57 Board APPROVED the MOU and NOTED the Widening Participation Framework.

Estates Quarterly Performance Report

19/1/58 The Board considered a report of the Director of Estates and Facilities detailing the performance of the Estates and Facilities Directorate in Quarter 3.

19/1/59 The key highlights included:

- Appraisals remained at 94.07% exceeding the Trusts target of 90%.
- The Trusts cleanliness scores exceed the KPI of 90%, with DRI maintained at 96% for the third consecutive quarter.
- Sodexo achieved 95% for patient satisfaction for the first time since implementation of the new contract.

19/1/60 The Board was advised that there remained some issues with accuracy of meals provided by, Sodexo, however plans are in place to rectify future issues and contract management meetings continued to take place. Plans are in place to repeat the ward catering survey in February 2019.

19/1/61 Following a request made by the Board in October 2018 around planned preventative maintenance, the Director of Estates and Facilities reported that a risk based method was in use to ensure that all PPM's are being recorded on the system.

19/1/62 Since the implementation of the Trusts Re-Turn Centre, it was reported that the re-using of surplus stock and furniture had saved £44,000.

19/1/63 Following a discussion around staff satisfaction of completed jobs, Kirsty Edmondson-Jones reported that there had been an increase in satisfaction of jobs completed and particularly since the introduction of the ward Environment Assistants that visit every ward to proactively identify work that the needs to be completed. A survey Monkey had been developed to gain staff feedback and satisfaction to enable greater evidence collection.

19/1/64 Pat Drake raised a concern that the data showed that jobs are still incomplete and suggested that an audit be undertaken to assess the full completion of the job. The Director of Estates and Facilities advised that the data demonstrated a system recording which had since been rectified. Board was advised that a cleansing of the system on a daily basis is undertaken on outstanding jobs which can be seen on the Estates Visual Management Boards. Further training had been planned for internal staff on how to data cleanse and monitor the system going forward.

19/1/65 Following a question from Kath Smart around the discharge of health and

safety duties to the Board sub committees, it was explained that the Chairs of the sub-committee should see their own individual responsibilities and take through the appropriate governance structure. The Chair suggested that each committee should refresh their TOR in terms of Health and Safety responsibilities, and provide a recommendation to Board on how they wish to proceed going forward.

**KS, NR,
LP**

19/1/66 In response to a question from Linn Phipps in respect of environmental issues, The Chair of the Board suggested a workshop, or seminar for the Board on Capital Programmes and Environmental Impacts to be undertaken in the coming months.

**KEJ /
GJ**

19/1/67 Board NOTED the contents of the paper and the progress made.

Chairs Assurance Logs for Board Committee held 22 January 2019

19/1/68 The Board considered a report of the Chair of the Finance and Performance Committee following the meeting held on 22 January 2019.

19/1/69 The Finance and Performance Committee had received assurance on the financial picture and progress to deliver the control total. A further deep dive into the management of Referral to Treatment performance took place. The Director of Estates and Facilities provided her monthly update of progress on improving the quality and timeliness of patient meals.

19/1/70 The Finance and Performance Committee held a lengthy discussion around the Electronic Patient Record Business Case proposal, which the committee supported and recommended to Board for approval.

19/1/71 The Board NOTED the update.

CQC Inspection Update

19/1/72 The Board received an update from the Director of Nursing, Midwifery and Allied Health Professional on the unannounced CQC inspection with regard to services provided at DBTH.

19/1/73 Moira Hardy reported that work continued to deliver against the action plan with weekly meetings established, and taking place with ED and Paediatric colleagues. There has been two areas of focus identified by the CQC inspection of Paediatric Nursing levels and Front Door Assessment Service and Streaming model.

19/1/74 It was reported that advertisements for the recruitment of band 5 and band 6 Registered Childrens Nurses to work in the emergency department had been undertaken. With support from the Training and Education Department, a course for Adult Nurses to undertake a paediatric distance learning courses had been sourced.

19/1/75 The Board was advised of an application called POP that was being used with paediatric colleagues for the escalation of children's observations in the emergency department based on a priority scoring system.

19/1/76 The Board was advised that the CQC rating review will reflect the areas assessed and not the overall rating of the Trust.

19/1/77 Board NOTED the update.

Reports for Information

19/1/78 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Management Board, 10 December 2018
- Minutes of Finance and Performance Committee, 23 November 2018 and 17 December 2018
- Integrated Care System Update

Items to Note

19/1/79 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/1/80 The minutes of the meeting of the Board of Directors on 18 December 2018 were APPROVED as a correct record.

Any other business

19/1/81 Musical Event – Linn Phipps advised of a fundraising Musical Evening to be held at Bassetlaw Hospital on 22nd March 2019 at 6pm.

Chief Executive OBE – The Chair of the Board on behalf of members congratulated Richard Parker, Chief Executive, on the award of an OBE in the Queens New Years Honours.

Governors questions regarding business of the meeting

19/1/82 Referring to the hospital cancellation rate, Mike Addenbrooke expressed concerns on behalf of Governors of the number of cancellations and why 52 theatre cancellations had been recorded in the performance report. Going forward, Mike requested figures rather than percentages to which David

agreed to change the data reporting.

19/1/83 Referring to the Trust Seal, George Webb queried the contract negotiations that expired at Park Hill Hospital, to which Jon Sargent advised that the contract had been strengthened to generate additional revenue for the Trust.

19/1/84 Following a discussion around the increase in housing at Harworth, Clive Tatley asked what intelligence the Trust had to whether people will attend Bassetlaw or Doncaster emergency departments. David Purdue advised that no intelligence had been received and the potential impact is based on national assumption around Primary Care conversion rate to the impact is has on hospitals. It was noted that Section 106 of the Local Government Act required developers to work formally with the Council on such arrangements.

Date and time of next meeting

19/1/85 10.00am on Tuesday 26 February 2019 in the Boardroom, Bassetlaw Hospital.

Exclusion of Press and Public

19/1/86 It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England
Chair of the Board

Date