Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

The meeting of the Board of Directors

To be held on Tuesday, 21 May 2019 at 9:15am in the Boardroom, Bassetlaw Hospital

AGENDA
Part I

		Enclosures	Time
1.	Apologies for absence	(Verbal)	9:15am
2.	Declarations of Interest 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.	(Verbal)	
3.	Actions from the previous meeting	Enclosure A	
4.	Doncaster Joint Commissioning Strategy & Place Plan Refresh Update Anthony Fitzgerald – Director of Strategy & Delivery, Doncaster Clinical Commissioning Group	Presentation	9:20am
5.	10 Year Cancer Plan & Target Changes Olumuyiwa Olubowale –Consultant Oncoplastic Breast Surgeon and Cancer Lead Stacey Nutt – Lead Nurse for Cancer and Palliative Care Jackie Simpkin – Cancer Services Manager	Presentation	9:40am
	Reports for Decision		
6.	NHS Providers Licence Self Assessment / Certification Jon Sargeant – Director of Finance Gareth Jones – Trust Board Secretary	Enclosure B	10:00am
	Reports for assurance		
7.	Finance Report as at 30 April 2019 Jon Sargeant – Director of Finance	Enclosure C	10:05am
8.	Performance Report – 30 April 2019 Led by David Purdue – Chief Operating Officer	Enclosure D	10:20am
	BREAK		**10:40am**
9.	Guardian for Safeworking (Quarterly Report) Karen Barnard – Director of People and Organisational	Enclosure E	11:00am

Development

10.	Annual Estates and Facilities Report Dr Kirsty Edmondson-Jones – Director of Estates and Facilities	Enclosure F	11:15am
11.	Workforce Race Equality Standards Karen Barnard – Director of People and Organisational Development	Enclosure G	11:30am
12.	Chairs Assurance Logs for Board Committee held 20 May 2019 and 24 April 2019 Neil Rhodes – Chair of Finance and Performance Committee	Enclosure H *(to follow)*	11:45am
	Reports for information		
13.	Chair and NEDs' Report Suzy Brain England – Chair	Enclosure I	11:55am
14.	Chief Executive's Report Richard Parker –Chief Executive	Enclosure J	
15.	Patient, Public and Staff Involvement Plan for the development of the South Yorkshire and Bassetlaw 5 Year Strategy Richard Parker – Chief Executive	Enclosure K	
16.	Minutes of the Management Board, 15 April 2019 Richard Parker – Chief Executive	Enclosure L	
17.	Minutes of the Finance and Performance Committee, 23 April 2019 Neil Rhodes – Chair of Finance and Performance Committee	Enclosure M	
18.	Board of Directors Agenda Calendar Gareth Jones – Trust Board Secretary	Enclosure N	
	Minutes		
19.	To approve the minutes of the previous meeting held on 30 April 2019	Enclosure O	
20.	**Any other business (to be agreed with the Chair prior to the meeting)**		
21.	**Governor questions regarding the business of the meeting**		12:05pm
22.	**Date and time of next meeting** Date: 25 June 2019 Time: 09:15 Venue: Fred and Ann Green Boardroom, Montagu Hospital		12:15pm
23.	**Withdrawal of Press and Public** Board to resolve: That representatives of the press and other members of the public be excluded from the		

remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England
Chair of the Board

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Action Notes

Meeting: Board of Directors

Date of meeting: 30 April 2019

Location: Boardroom, DRI

Attendees: SBE, RP, KB, CS, SMc, LP, PD, DP, JS, SS, KSm, MP, ES

Apologies: AC, MH

No.	Minute No	Action	Responsibility	Target Date	Update
1.	**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 – not yet due.
2.	**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**	**May 2019**	Chairs of Board Committees to undertake a review of the TOR to agree the suitability of health and safety assurances on the agenda. ARC TOR to be reviewed by Kath and Kirsty to ensure they reflect the newly agreed reporting mechanisms.

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No.	Minute No	Action	Responsibility	Target Date	Update
3.	**19/1/66**	Environmental Issues workshop or seminar for Board on Capital Programmes and Environmental impacts to be arranged.	**KEJ / GJ**	**October 2019**	Workshop to take place in October 2019 following the Board of Directors Meeting.
4.	**19/1/82**	Hospital cancellation rate – figures rather than percentages of cancellations to be included in the performance report.	**DP**	**~~March~~ April 2019**	To be included for next reporting.
5.	**19/2/12**	IT issues workshop for Board on the decommissioning of faxes, reduced written letter correspondence and improved use of email.	**SM**	**June 2019**	Workshop to take place in June 2019 following Board of Directors Meeting.
6.	**19/2/54**	A deep dive of the quality report detailing care hours per day to be undertaken at QEC.	**MH / LP**	**~~May~~ June 2019**	Not yet due.
7.	**19/3/21**	Set Aspiration to sign up to the living wage and discuss this at ISC/PLACE level	**KB**	**July 2019**	Not yet due.
8.	**19/3/29**	Complaints resolution – Consider capturing the level of complaints upheld	**MH**	**May 2019**	This would be captured in the Business Intelligence Report commencing June 2019.

No.	Minute No	Action	Responsibility	Target Date	Update
9.	**19/3/32**	SET – Meeting to be convened to consider what learning could be taken from other organisations in respect of SET compliance rates.	**KB/KSm/SMc**	**June 2019**	A deep dive took place at WERC in May 2019 and will be reported to QEC and Board in June 2019;
10.	**19/3/42**	Mock CQC Inspections – Share schedule of inspections with NEDs.	**MH**	**May 2019**	The Trust Board Secretary recirculated dates to NED. COMPLETED
11.	**19/4/16**	A communication to be shared with all staff highlighting the achievement of a £25k surplus on £385million budget but stressed that this had been tight and more work would be needed going forward if the Trust is to remain in surplus for 2019/20.	**ES**	**May 2019**	Completed as part of Team Brief
12.	**19/4/35**	A deep dive to be undertaken in Finance and Performance Committee to understand A&E attendances and for its solutions to manage the increase be presented to a future Board of Directors Meeting.	**DP**	**July 2019**	Not yet due.

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Date of next meeting:	21 May 2019
Action notes prepared by:	G Jones
Circulation:	SBE, RP, KB, MH, DP, JS, SS, MP, CS, SM

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Self-certification**		
Report to	**Board of Directors**	**Date**	**21 May 2019**
Author	**Jon Sargeant – Director of Finance** **Gareth Jones, Trust Board Secretary**		

Purpose		Tick one as appropriate
	Decision	X
	Assurance	
	Information	

Executive summary containing key messages and issues
NHS foundation trusts are required to self-certify whether or not they have complied with the conditions of the Provider Licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution). They are also required to confirm they have the required resources available if providing commissioner requested services, and that they have complied with governance requirements. The Trust is required to self-certify against the following licence conditions:

NHS provider licence conditions

Condition G6(3)	The provider has taken all precautions to comply with the licence, NHS acts and NHS Constitution.
Condition G6(4)	Publication of condition G6(3) self-certification.
Condition FT4(8)	The provider has complied with required governance arrangements.
Condition CoS7(3)	The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement. This only applies to foundation trusts that are providers of CRS.

The purpose of self-certification is to carry out assurance that the Trust continues to comply with its licence conditions. It is down to the Trust how it decides to do this but templates have been provided. The Trust's response is given as an appendix.

The completed self-certification templates are required to be made available via the Trust's website.

Key questions posed by the report

Are the Board of Directors assured that the Trust complies with its Licence requirements?

How this report contributes to the delivery of the strategic objectives

N/A

How this report impacts on current risks or highlights new risks

The process asks the Board to examine its governance and Licence requirements. It therefore mitigates against the risk that the Trust fails to have in place adequate arrangements and is not complying with its regulatory duties.

Recommendation

To approve the self-certification documents attached as appendices.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Insert name of organisation

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "FT4 declaration"

Financial Year to which self-certification relates 2018/19 Please Respond

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

	Corporate Governance Statement	Response	Risks and Mitigating actions	
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	The Trust monitors and reviews its systems and processes to ensure they comply with good governance. They were subject to internal audit and CQC's inspections in 2018/19 and positive feedback was received.	#REF!
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	New requirements are highlighted through national and regional networks and the Board is appraised through the CEO's report.	#REF!
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	Revised Board and committee structures were implemented in June 2017 and audited in Q3 2016/17. The Board agreed a revised scheme of delegation, SFIs and standing orders in January 2019. Accountability structures for corporate and care group directorates are in place. Individual accountabilities are understood through job descriptions and contracts. The Trust were subject to a Committee Effective Review in 2018/19 and received positive feedback.	#REF!
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	The committee architecture gives assurance to the Board that the Trust is operating effectively. The committees scrutinise areas of performance around finance, operations, quality and workforce and escalate appropriately. Quality and Effectiveness Committee reviews a range of quality metrics and montiors progress against the CQC action plan while other committees focus on patient safety and experience. Quality impact is montiored through Management Board and QEC. The Trust has developed its quality account for 2018/19 highlighting quality improvements made during the period and outlining priorities for 2019/20. The Trust has clear SFIs and a Delegation Scheme that determines the framework for financial decision-making, management and control. Systems of internal control are subject to regular audit and the Audit and Risk Committee has provided independent oversight and challenge. There are robust accountability systems in place to monitor effectiveness and efficiency schemes. The Board committee calendar ensures up-to-date information is provided to meetings for scrutiny and assurance. The Trust has a Risk Identification and Management Policy in place and the Board Assurance Framework and Corporate Risk Register provide the framework through which high-level risks are considered. The Board and committees receive the BAF and CRR on a frequent basis. The Trust has an annual planning process that ensures business plans are developed and supported. The governance, risk and control processes in place ensure the Trust remains compliant.	#REF!
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	There is an effective objective setting and performance review process in place for board members, portfolios are reviewed on an annual basis and skills are refreshed and kept up to date through a range of development opportunities. There is a robust quality impact assessment process in place which is monitored by two senior clinicians from the Executive Team. A regular business intelligence report is brought to Board and a range of other quality metrics are reported through the board's committees.Board members are actively involved in quality initiatives including ward walkabouts and membership of operational committees. One non-executive has taken on responsibility as a Freedom to Speak Up Guardian. Clear escalation routes are in place to ensure matters are referred up to Board committees. Those board committees also have a standing item on each agenda allowing them to escalate to the Board.	#REF!
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	The Trust has in place a formal and rigourous appointments process to the Board. Executive responsibilities and those within the care group structure are reviewed and refined on a regular basis. Key roles often include Board involvement at interview.	#REF!

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature _____ **Name** Richard Parker - Chief Executive

Signature _____ **Name** Suzy Brain England - Chair

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A Not applicable. OK

Worksheet "Training of governors" | **Financial Year to which self-certification relates** | 2018/19 | Please Respond

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed	OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Richard Parker	**Name**	Suzy Brain England
Capacity	Chief Executive	**Capacity**	Chair of the Board
Date	21 May 2019	**Date**	21 May 2019

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A Not applicable

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust *Insert name of organisation*

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "G6 & CoS7"

Financial Year to which self-certification relates 2018/19 Please complete the explanatory information in cell

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed

Please fill details in cell E22

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

• Continuing support from local commissioners – the trust currently has a contract in place to 31st March 2020.• The Trust ended the year with c£19m cash in the bank • Within the proposals for the local ICS the Trust is expecting to become the second major emergency centre in South Yorkshire and Bassetlaw with inward investment to support the additional services once final decisions are made e.g. The Trust (along with Sheffield Teaching Hospital and Mid Yorkshire Hospital) will provide HASU facilities for stroke patients in SYB. With HASU from Rotherham and Barnsley being closed from 1 July and 1 October 2019 respectively. The Trust is in discussions with CCG's to repatriate work to its sites.• Whilst no formal undertaking has been received from NHSI to continue to provide additional liquidity on an ongoing basis all planning assumptions that the trust operates under imply this will be forthcoming.• The trust has delivered a surplus in 2018/19 and plans to achieve its control total for 2019/20.There are no licence conditions in place on the Trust from its regulatory body.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Richard Parker	**Name**	Suzy Brain England
Capacity	Chief Executive	**Capacity**	Chair of the Board
Date	21 May 2019	**Date**	21 May 2019

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Not applicable.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Financial Performance – Month 1 – April 2019**		
Report to	**Trust Board**	**Date**	**21st May 2019**
Author	**Alex Crickmar – Deputy Director of Finance** **Jon Sargeant - Director of Finance**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		X

Executive summary containing key messages and issues
The Trust's deficit for month 1 (April 2019) was £2.6m before PSF/FRF/MRET (£1.8m deficit after PSF/FRF/MRET), which is an adverse variance against plan of £190k. The month 1 income position is £89k favourable to plan. The favourable income movement in month against plan is due to an under-performance in clinical income of £75k and over-performance in non-clinical income of £164k. The reasons for the clinical income variance against plan is due to an over performance in elective (£136k), outpatients (£15k including outpatient cap adjustment of £135k) and non-PbR Drugs (£41k); offset by under-performance in daycase (£88k) and emergency (£227k). The emergency under-performance of £227k includes the blended tariff adjustment of £413k, and therefore the underlying under-performance in emergency is £640k. In month the expenditure position was £310k adverse to plan, of which pay was £141k adverse to plan, non-pay £525k adverse to plan and reserves £356k favourable to plan. Capital expenditure for month 1 is £297k against the month 1 plan of £326k, £29k behind plan. Estates schemes are currently above planned spend by £96k. In April 2019 the Trust has delivered savings of £193k against the NHSI plan of £213k. This represents an under-delivery of £20k versus the submitted plan (91% achievement).
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 2019/20 financial plan.
Recommendation(s) and next steps
The Board is asked to note: • The Trust's deficit for month 1 (April 2019) was £2.6m before PSF/FRF/MRET (£1.8m deficit after PSF/FRF/MRET), which is an adverse variance against plan of £190k. • The progress in the development of the Trust's 2019/20 CIP programme.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

FINANCIAL PERFORMANCE

P1 April 2019

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

P1 April 2019

1. Income and Expenditure vs. Plan

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
I&E Perf Exc Impairments	2,643	190 A	2,643	190 A	15,491
Income	(32,036)	(89) F	(32,036)	(89) F	(411,669)
Donated Asset Income	(16)	0 A	(16)	0 A	(195)
Operating Expenditure	34,435	310 A	34,435	310 A	407,492
Pay	23,442	141 A	23,442	141 A	273,143
Non Pay & Reserves	10,993	169 A	10,993	169 A	134,349
Financing costs	1,093	(32) F	1,093	(32) F	4,177
I&E Performance excluding PSF	**2,627**	**190 A**	**2,627**	**190 A**	**15,296**
PSF / FRF / MRET	(834)	0 A	(834)	0 A	(15,296)
I&E Performance including PSF	**1,793**	**190 A**	**1,793**	**190 A**	**0**

F = Favourable A = Adverse

Financial Sustainability Risk Rating	Plan	Actual
Risk Rating	3	3

3. Statement of Financial Position

All figures £m	Opening Balance	Movement in year
Non Current Assets	**209,108**	**3,878**
Current Assets	49,291	-1,973
Current Liabilities	-54,834	40,220
Non Current liabilities	-81,105	-36,425
Total Assets Employed	**122,460**	**5,700**
Total Tax Payers Equity	**-122,460**	**-5,700**

2. CIPs

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
Employee Expenses	49	12 A	49	12 A	7370
Drugs	68	(18) F	68	(18) F	861
Clinical Supplies	0	5 A	0	5 A	347
Non Clinical Supplies	0	0 A	0	0 A	0
Non Pay Operating Expenses	71	11 A	71	11 A	3685
Income	6	10 A	6	10 A	937
Total	**193**	**20 A**	193	**20 A**	**13,200**

4. Other

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000
Cash Balance	1,900	17,000	1,900	17,000	1,900
Capital Expenditure	326	297	326	297	22,768

5. Workforce

	Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
Current Month	5953.74	5,412	254.32	105.62	5772.00
Previous Month	5955.11	5,444	256.52	102.81	5802.84
Movement	1.37	31.45	2.20	-2.81	30.84

Key

Income		Expenditure	
Over-achieved	F	Overspent	A
Under-achievement	A	Underspent	F

1. Executive Summary

The Trust's deficit for month 1 (April 2019) was £2.6m before PSF/FRF/MRET (£1.8m deficit after PSF/FRF/MRET), which is an adverse variance against plan of £190k.

The month 1 income position is £89k favourable to plan. The favourable income movement in month against plan is due to an under-performance in clinical income of £75k and over-performance in non-clinical income of £164k. The reasons for the clinical income variance against plan is due to an over performance in elective (£136k), outpatients (£15k including outpatient cap adjustment of £135k) and non-PbR Drugs (£41k); offset by under-performance in daycase (£88k) and emergency (£227k). The emergency under-performance of £227k includes the blended tariff adjustment of £413k, and therefore the underlying under-performance in emergency is £640k. The main underperforming areas in emergency are General Surgery and ENT. The month 1 results show that the income growth assumed in the contract with CCGs is being achieved for Bassetlaw CCG but not Doncaster CCG (however noting this is early on in the financial year).

Non-NHS clinical income and other income is £151k ahead of plan in month 1. The over-performance relates mainly to education income streams, overseas, RTA income and Recharges with a corresponding increase in expenditure in month. The overseas over performance relates to two complex patients discharged in April, RTA has been high in both March and April and the recharges over-performance is mainly within pharmacy recharge income & drugs.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance	
Commissioner Income	-335,835	-27,063	-26,947	116	A	-27,063	-26,947	116	A
Drugs	-19,534	-1,672	-1,713	-41	F	-1,672	-1,713	-41	F
STF	-15,296	-834	-834	0	F	-834	-834	0	F
Trading Income	-39,104	-3,205	-3,369	-164	F	-3,205	-3,369	-164	F
Grand Total	**-409,769**	**-32,775**	**-32,864**	**-89**	**F**	**-32,775**	**-32,864**	**-89**	**F**

In month the expenditure position was £310k adverse to plan, of which pay was £141k adverse to plan, non-pay £525k adverse to plan and reserves £356k favourable to plan.

The pay variance excludes the premium budget for additional sessions (which would be £195k in month), this is currently being held in reserves until the divisional capacity and demand exercise is complete. One of the key areas where the Trust has seen a pay overspend in April relates to nursing, especially in the Medicine Division which is being investigated further.

The non-pay overspend is mainly being driven by:

- An increase in drugs expenditure across the Trust (c.£250k);
- Other non-pay (£90k in Hotel & Estates); and
- Surgical Division prosthetics and consumables (c.£100k)

All of these areas are being reviewed and investigated with the relevant Divisions/Departments.

In April central reserves were released including £125k relating to the contingency reserve and £65k relating to the non-pay inflation reserve.

Subjective Code	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance		Annual Budget
1. Pay	23,301	23,442	141	A	23,301	23,442	141	A	273,143
2. Non-Pay	9,707	10,232	525	A	9,707	10,232	525	A	119,086
3. Reserves	1,117	761	-356	F	1,117	761	-356	F	15,263
Total Expenditure Position	**34,125**	**34,435**	**310**	A	**34,125**	**34,435**	**310**	A	**407,492**

Capital expenditure for month 1 is £297k against the month 1 plan of £326k, £29k behind plan. Estates schemes are currently above planned spend by £96k. The CT project is reporting on plan in month, while additional spend relating to Electrical Enhancement, Roofing Replacement DRI, Medical Gases are causing the variance of £96k against plan. These are partly offset as Medical Equipment and IT schemes have not yet commenced as plans are being finalised for approval via CIG, and partly offset with the contingency allocation. The emergency bids associated with the essential fire and theatres upgrade are currently being finalised, along with the second year bid for HSLI funding for the electronic patient record project.

The cash balance at the end of April was £17m against a plan of £1.9m. This is as a result of the planned figure being finalised prior to the overachievement in the cash position in Q4 of 18/19 as previously reported. In month, the cash position has decreased by £2.7m from £19.7m at Month 12, mainly due to a loan repayment (£642k) and reduction in capital payables (£1m). In May 2019, loan repayments of £3.5m are to be made, which relate to the repayment of Q3 18/19 PSF amounts which were received twice.

In April 2019 the Trust has delivered savings of £193k against the NHSI plan of £213k. This represents an under-delivery of £20k versus the submitted plan (91% achievement). The following section provides a more detailed update on the CIP programme for 2019/20.

2. Recommendations

The Board is asked to note:

- The Trust's deficit for month 1 (April 2019) was £2.6m before PSF/FRF/MRET (£1.8m deficit after PSF/FRF/MRET), which is an adverse variance against plan of £190k.
- The progress in the development of the Trust's 2019/20 CIP programme.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Business Intelligence Report**		
Report to	**Board of Directors**	**Date**	**21st May 2019**
Author	**David Purdue, Chief Operating Officer** **Sewa Singh, Medical Director** **Moira 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
This report highlights the key performance and quality targets required by the Trust to maintain NHSI compliance. The report focuses on the main performance area for NHSi compliance: Cancer 62 day classic, measured on average quarterly performance 4hr Access, measured on average quarterly performance, included is a review of activity over the winter period 18 weeks measured on monthly performance against active waiters, performance measured on the worst performing month in the quarter Diagnostics performance against key tests Infection control measures, C Diff and MRSA Bacteraemia The Quality report highlights the ongoing work with Care Groups and external partners to improve patient outcomes and a focus on mortality rates. The Workforce report identifies vacancy levels, agency spend and usage, sickness rates, appraisals and SET training.

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

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – April 2019

4hr Access Target

Trust

In April 2019 the Trust achieved performance of 90.6% against the 4hr access standard of 95%, in comparison to 92.2% in April 2018.

The Trust managed 15135 ED attendances across sites and streams, during April 2019. This is 756 more patients than in April 2018.

1426 patients were not treated within 4 hours

Weekly pathway meetings continue to occur to analyse the Emergency pathway and how we collaborate to support the 4 hour target.

A Quality Improvement project is currently underway in ED focussing on reducing unnecessary waits and expediting diagnostics for ED patients to earlier in the pathway, thus supporting a reduction in overall time in the Emergency Department. The pilot will commence at the end of June.

Doncaster Royal Infirmary

DRI achieved performance of 88.7% against the 4hr access standard of 95%, in comparison to 91.61% in April 2018.

DRI managed 9197 ED attendances across streams, during April 2019. This is 560 more patients than in April 2018 seeing an increase of 6%.

Bassetlaw District General Hospital

BDGH achieved performance of 91.15% against the 4hr access standard of 95%, in comparison to 90.07% in April 2018.

BDGH managed 4373 ED attendances across streams during April 2019. This is 384 more patients than in April 2018 seeing an increase of 8.7%.

Emergency Department Winter Activity Review 2018/19

Doncaster

DRI activity saw a statistically high number of attendances in the month of January, March and April. The figure in January came in at 9364 attendances, the highest number we have ever seen at DRI. When we compare this to January 18 (8390) is shows an 11.6% increase in activity. March 19 has the second highest attendances ever with 9262, which when compared to March 18 (8516) sees an increase of 8.8%.

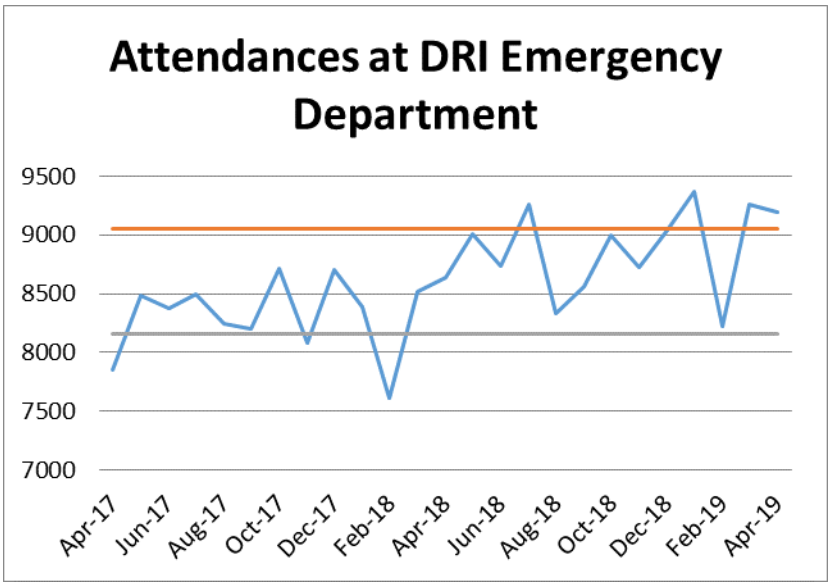
April is then the 4th highest attendance number (9196). This means that during 2018-2019 at DRI there were 8 of the 10 highest attendances numbers seen at DRI

From an acuity view the increase seems to be related to a rise in the number of Major patients in January 19 and a sharp rise in Paediatric attendances in March 19. For paediatrics we saw a record high number of attendances (1808). When compared to March 18 (1522) this is an (18.8%) increase when comparing the two months.

When looking at Minor attendances at Montagu we can see again that the service saw a statistically low number of patients in January and February. This coupled with the two low months of activity in November and December means we had a unprecedented run of 4 months that were statistically low in activity. This suggests the service was underused during this time period which is not dissimilar to the same point in time last financial year. Over the past two years the activity pattern has been the same, higher numbers in April – August and then a steady decline heading into winter with an underutilisation during the peak winter months.

Ambulance Arrivals were statistically high in January 19 (as they were in December 18) this follows the same pattern as last year

For this financial year to date (up to and including Sunday 12th May) we have already seen 5.1% more activity at DRI than we had last year.



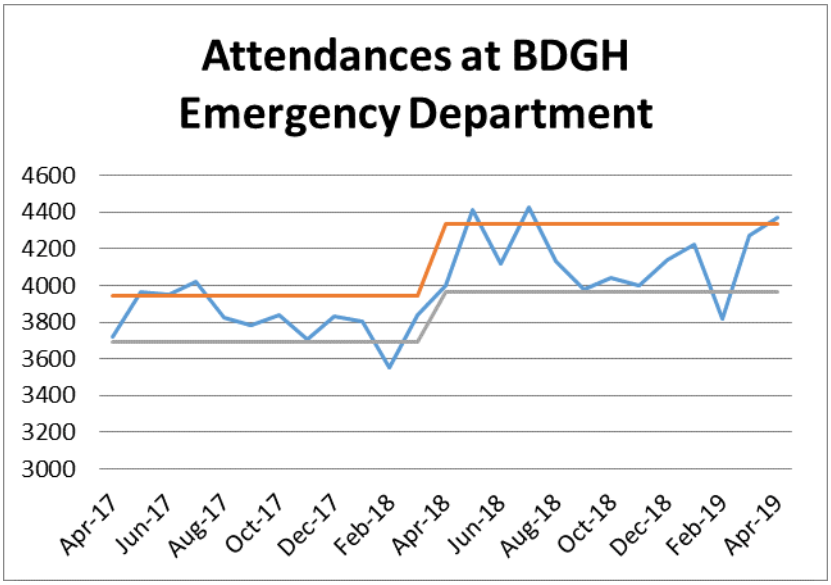
Bassetlaw

There were spikes in activity in March 19 for the site overall which was due to a high number of Resus patients (158) which is the joint highest over the last two years with January 19. There was a high number of paediatric attendances 895. Only March and May 16 (948) were higher.

There was a significant change in minors activity at Bassetlaw, from April 18 onwards the pattern of activity is so much higher than the previous year

With the high number of Resus patients there has been a high number of arrivals by Ambulance and this continues the visible upward trend in arrivals by Ambulance at BDGH. January 19 saw the 3rd highest number of arrivals by Ambulance (1015) and the highest since July 2016.

For this financial year to date (up to and including Sunday 12th May) we have already seen 8.7% more activity at BDGH than we had last year.



Referral to Treatment (RTT)

The Trust has not achieved the 92% Incomplete Pathways Target at Trust Level as highlighted in the table below.

The Trust Level month end performance for April 2019 is 87.7% which is lower than in March 2019. To note, there were 2 bank holidays in April which would have reduced activity.

The Trust has achieved 87.9% for Doncaster CCG.

The total number of Incomplete Pathways at Trust Level, Doncaster CCG and Bassetlaw CCG is higher than it was in March 2019.

The total number of Incomplete Pathways has increased by 68 between March and April, however the number of incomplete pathways over 18 weeks increased by 361 hence the performance has dropped.

The total number of Incomplete Pathways with a decision to admit for treatment has decreased by 41 between March and April.

The number of new RTT periods in April was 599 fewer than in March but there were two Bank Holidays in April.

There were 772 fewer Non Admitted and 275 fewer Admitted clock stops in April than in March.

At the end of April 2019 there were no Incomplete Pathway reported over 52 Weeks.

April 2019 Specialty Actions:-

- **All Specialties –** *validated down to 12 weeks*
- **General Surgery –** *additional theatre slots planned for May 2019 to manage demand*
- **Urology -** *continuing challenges in urology around staffing / estate / capacity – short term action plan requested – to be completed by 31.5.19 to identify 'quick wins', longer term QI project to commence summer 19.*
- **T&O –** *New processes in place from April 2019 to improve clinic and theatre utilisation*
- **Cardiology –** exploring options for 'in house' cardiac MRI to reduce wait times for diagnostic
- **Dermatology –** increase in clinicians / capacity has enabled polling range to be reduced to 8 weeks.
- **Rheumatology –** 1 extra clinic planned per month to see long waiters
- **Diabetes –** additional lipid clinic capacity to be added in June 19

Diagnostics

In April 2019 the Trust achieved 93.84% against the 6ww Diagnostic performance standard of 99% (93.28% at NHS Doncaster and 94.57% at NHS Bassetlaw).

There were 599 trust level breaches; the majority of these were Non-Obstetric Ultrasound (408) and Nerve Conduction (150). All of these breaches have been validated and confirmed by each service.

Missed Targets:
The 99% target was missed in:

- Non-Obstetric Ultrasound – 90.89% - 408 breaches out of 4479 waiters – *due to staffing issues / absence in the team – action plan requested to give assurances there will be no reoccurrence.*

- Audiology – 98.06% - 6 breaches out of 310 waiters – *this is an improving position*

- Nerve Conduction – 39.27% - 150 breaches out of 247 waiters – *sickness within the DBTH team continues. Outside agency unable to provide sufficient capacity for April 19. Capacity for May 19 remains insufficient to meet demand, an additional alternative provider currently being sought.*

- Urodynamic – 67.61% - 23 breaches out of 71 waiters – *improving position on last month, continuing challenges in urology around staffing / estate / capacity – short term action plan requested – to be completed by 31.5.19 to identify 'quick wins', longer term QI project to commence summer 19.*

Cancer Performance

The following information relates to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust performance in March 2019.

Cancer Performance – March 2019

62 day performance 83.9%
TWW 93.4%

Cancer Performance – Quarter 4

Standard	Local Performance %
TWW	94.2%
31 day	98.8%
62 day	86.3%
31 day Sub – Surgery	100%
31 day Sub – Drugs	100%
31 day Sub – Other	100%
62 day Screening	97.5%
62 day Con Upgrades	85.7%
Breast Symptomatic	89.9%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – April 2019

Cancer Performance by Specialty - March 2019

EXCEPTIONS

Cancer Performance Comments & Action Plans

All Tumor Groups – *The trust has agreed to pilot the day 28 cancer target for 2019/20 – this should support all aspects of cancer performance by expediting where possibile the initial consultation and diagnostics. This is currently being monitored in shadow form – March 2019 achievement at 88.6% (target not yet agreed)*

2WW – Breast – *Challenges with mammography / radiology capacity – meeting to take place with service & diagnostics late May 19 to discuss issues. Capacity issues being experiened across the patch – DBTH has seen an increase in out of area activity due to this.*

2WW – Head & Neck – *OMFS Surgeon Business Case now been agreed – this will improve 2WW capacity.*

2WW – Urology - *continuing challenges in urology around staffing / estate / capacity – short term action plan requested – to be completed by 31.5.19 to identify 'quick wins', longer term QI project to commence summer 19. Particular issues with haematuria pathway. One-stop prostate pathway introduced in Q4 – pathway improvements seen but not reflected in 2WW performance to date.*

62 Day – Head & Neck - *intensive pathways, however, seeing improvement of day 38 transfers to STH*

62 Day – Lower GI – *Colorectal straight to test pathway introudced from March 2019 – pathway improvements demonstrated.*

62 Day – Lung – *treatment planning & complexity of pathway*

62 Day - Upper GI – *treatment planning & complexity of pathway*

62 Day - Urology - *continuing challenges in urology around staffing / estate / capacity – short term action plan requested – to be completed by 31.5.19 to identify 'quick wins', longer term QI project to commence summer 19. Particular issues with haematuria pathway*

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – April 2019

Stroke

Performance February 2019

The Trust level percentage for Direct Admission to the Stroke Unit was 56% against a 90% target.

1. Direct Admission Target = 90%

Direct Admission within 4 Hours	CCG: Bassetlaw	CCG: Doncaster	CCG: Other	**Total**
Yes	8	17	3	**28**
No	3	19	0	**22**
Grand Total	**11**	**36**	**3**	**50**
Performance	72.7%	47.2%	100.0%	**56.0%**

1. Direct Admission

Category	Sub Category		Total
Organisational	Beds		3
	Staff Availability		
	Pathway	Delay in Transfer from ED	2
		Delay - transport BDGH to DRI	1
Clinical	Patient Presentation: secondary / late diagnosis of stroke.		9
	Patient Needs		6
Patient Choice	Declined		
Awaiting further validation			1

Cancelled Operations

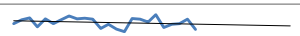
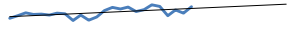
In April 2019 40 (0.8%) of Trust operations were cancelled; this is an improvement on last month's total and is in line with the range of performance %.

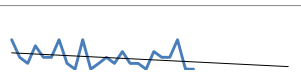
19 operations were theatre cancellations for clinical reasons and 21 for non-theatre reasons.

10 x medical ophthalmology procedures were cancelled at Doncaster Royal Infirmary for non-theatre reasons – this related to 1 theatre list which was cancelled due to staffing issues.

5 x Orthopaedic procedures at Doncaster Royal Infirmary and 5 x Orthopaedic procedures at Bassetlaw District General Hospital were cancelled for theatre reasons:-

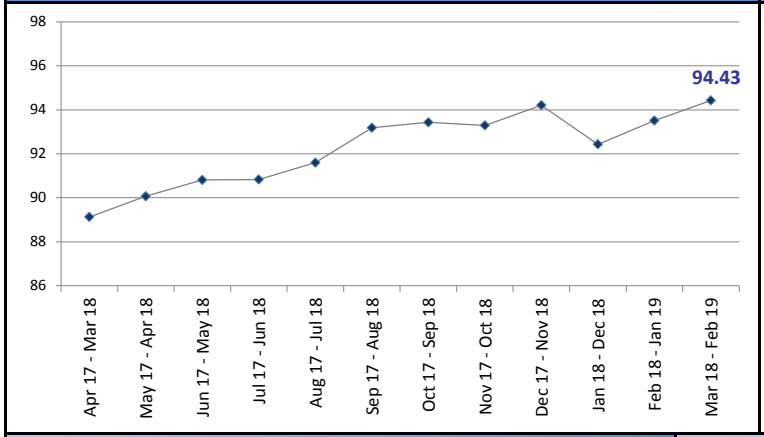
No other themes identified and no cases breached the 28 day rebooking target.

Category	Indicator	Latest Month Reported	National Target	National Benchmarking	CURRENT MONTH			YEAR-TO-DATE			YEAR END FORECAST			Trend Graph (April 17 - stated month)	NOTES 1	NOTES 2
					Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance			
NHSI Compliance Framework	A&E: Max wait four hours from arrival/admission/transfer/discharge	Apr 19	95%	86.4%	91.0%	90.6%	-0.4%								No year end forcast as only one month's data	A
	Max time of 18 weeks from point of referral to treatment- incomplete pathway	Apr-19	92%	86.6%	90.0%	87.7%	-2.3%	*90.0%*	*87.7%*	-2.3%					No year end forcast as only one month's data	*B*
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	Mar-19	.N/A	.N/A	31,423	31,199	-224	31,423	31,199	-224						
	% waiting less than 6 weeks from referral for a diagnostics test	Apr-19	99%	96.7%	99.0%	93.8%	-5.2%	*99.0%*	*93.8%*	*-5.2%*					No year end forcast as only one month's data	*C*
Cancer	Two week wait from referral to date first seen: all urgent cancer referrals	Mar-19	93.0%	93.7%	93.0%	*93.4%*	*0.4%*	*93.0%*	*89.7%*	*-3.3%*						*D*
	Two week wait from referral to date first seen: symptomatic breast patients	Mar-19	93.0%	86.1%	93.0%	*86.2%*	*-6.8%*	*93.0%*	*90.3%*	*-2.7%*						
	31 day wait for diagnosis to first treatment- all cancers	Mar-19	96.0%	97.1%	96.0%	*98.7%*	*2.7%*	*96.0%*	*99.4%*	*3.4%*						
	31 day wait for second or subsequent treatment: surgery	Mar-19	94.0%	93.6%	94.0%	*100.0%*	*6.0%*	*94.0%*	*98.7%*	*4.7%*						
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Mar-19	98.0%	99.5%	98.0%	*100.0%*	*2.0%*	*98.0%*	*100.0%*	*2.0%*						
	31 day wait for second or subsequent treatment: radiotherapy	Mar-19	94.0%	97.9%	94.0%	100.0%	*6.0%*	*94.0%*	*100.0%*	*6.0%*						
	62 day wait for first treatment from urgent GP referral to treatment	Mar-19	85.0%	81.0%	85.0%	84.3%	**-0.7%**	85.0%	*85.9%*	0.9%						
	62 day wait for first treatment from consultant screening service referral	Mar-19	90.0%	88.6%	90.0%	92.9%	*2.9%*	*90.0%*	*92.8%*	*2.8%*						
Activity	Daycase Activity - Discharges	Apr-19		.N/A	3,900	3,951	51	3,900	3,951	51						
	Other Elective Activity - Discharges	Apr-19		.N/A	656	693	37	656	693	37						
	Outpatient new activity (Contracted levels achieved)	Apr-19		.N/A	11,036	11,002	(34)	11,036	11,002	(34)						
	Outpatient Follow Up activity (Contracted levels achieved)	Apr-19		.N/A	22,369	22,963	594	22,369	22,963	594						
Ambulance Handover Times	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	Mar-19		.N/A	1,571	802	(769)	1,571	802	(769)						
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	Mar-19		.N/A	159	13	(146)	159	13	(146)						
	Ambulance Handovers Breaches -Number waited >60 Minutes	Mar-19		.N/A	22	0	(22)	22	0	(22)						

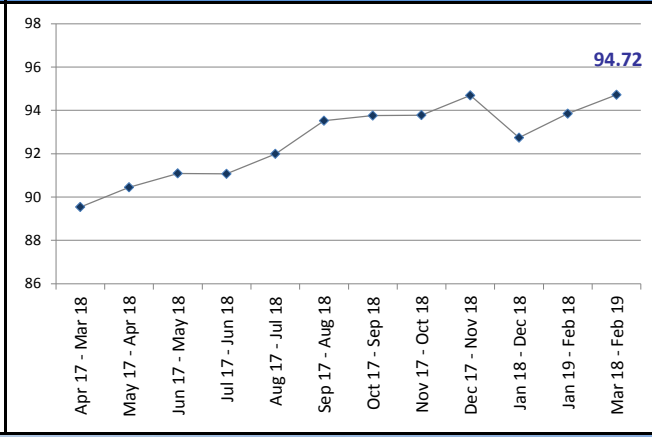
Category	Indicator	Latest Month Reported	National Target	National Benchmarking	CURRENT MONTH			YEAR-TO-DATE			YEAR END FORECAST			Trend Graph (April 17 - stated month)	NOTES 1	NOTES 2
					Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance			
Stroke	Proportion of patients scanned within 1 hour of clock start (Trust)	Jan-19	48.0%	.N/A	48.0%	*60.3%*	*12.3%*	*48.0%*	*63.5%*	*15.5%*	*48.0%*	*61.0%*	*13.0%*			
	Proportion directly admitted to a stroke unit within 4 hours of clock start	Jan-19	90.0%	.N/A	90.0%	*65.1%*	*-24.9%*	*90.0%*	*67.9%*	*-22.1%*	*90.0%*	*66.0%*	*-24.0%*			*Initilal indication shows figures lower for February 2019*
	Percentage of all patients given thrombolysis	Jan-19	20.0%	.N/A	20.0%	*4.8%*	*-15.2%*	*20.0%*	*8.2%*	*-11.8%*	*20.0%*	*7.5%*	*-12.5%*			
	Percentage treated by a stroke skilled Early Supported Discharge team	Jan-19	40.0%	.N/A	40.0%	*77.6%*	*37.6%*	*40.0%*	*74.8%*	*34.8%*	*40.0%*	*75.0%*	*35.0%*			
	Percentage discharged given a named person to contact after discharge	Jan-19	95.0%	.N/A	95.0%	*100.0%*	*5.0%*	*95.0%*	*90.4%*	*-4.6%*	*95.0%*	*92.0%*	*-3.0%*			
	Stroke Strategy - TIA Assessed & Treated within 24 Hours				60.0%			*60.0%*			*60.0%*		-60.0%			
Theatres & Outpatients	Cancelled Operations (For non-medical reasons)	Apr-19		1.0%	0.8%	*0.8%*	*0.0%*	0.8%	*0.8%*	*0.0%*					No year end forcast as only one month's data	*E*
	Cancelled Operations-28 Day Standard	Apr-19		.N/A	0	*0*	*0*	0	*0*	*0*					No year end forcast as only one month's data	
	Out Patients: DNA Rate	Apr-19		.N/A	7.6%	*9.3%*	*1.7%*	7.6%	*10.2%*	*2.6%*					No year end forcast as only one month's data	
	Out Patients: Hospital Cancellation Rate	Apr-19		.N/A	4.5%	*14.5%*	*10.0%*	4.5%	*14.5%*	*10.0%*					No year end forcast as only one month's data	
Effective	Emergency Readmissions within 30 days (PbR Methodology)	Mar-19		.N/A	TBC	4.9%		*TBC*	*6.3%*							
	DTOC				16.8 days			*16.8 days*								
Safe	Infection Control C.Diff	Mar-19		.N/A	4	0	*(4)*	30.0	20.0	*(10)*						
	Infection Control MRSA	Mar-19		.N/A	0	0	0	0	0	*0*				**N/A**		

Hospital Standardised Mortality Ratio (HSMR) - February 2019 (Month 11)

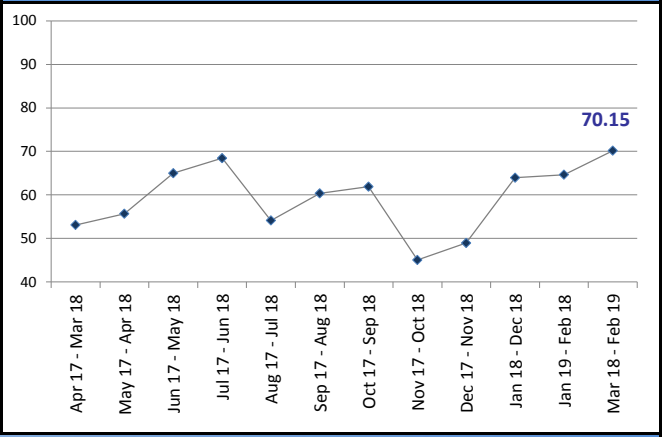
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

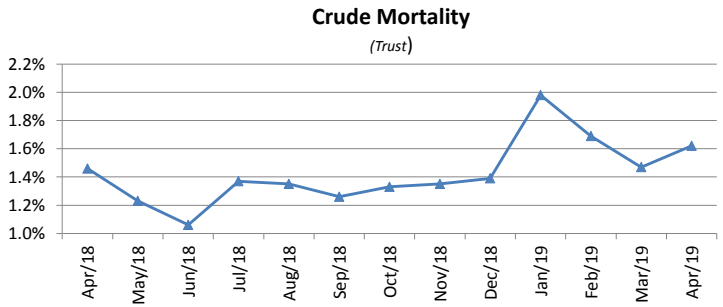


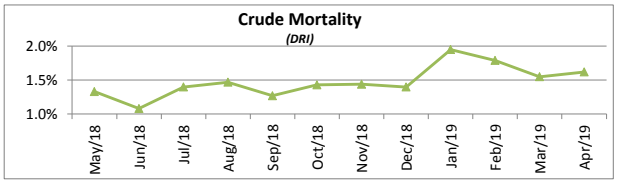
HSMR Trend (monthly)

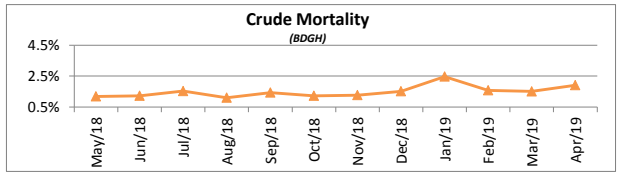
	2016	2017	2018	2019
January	116.80	99.21	94.86	104.48
February	99.94	97.73	105.44	93.76
March	90.54	97.37	88.42	
April	105.91	88.50	97.33	
May	101.15	96.60	91.70	
June	80.27	93.67	90.00	
July	92.56	97.73	107.46	
August	100.27	87.52	94.75	
September	90.26	95.34	90.03	
October	90.29	88.66	96.73	
November	88.98	82.30	99.13	
December	82.30	93.52	80.30	

Crude Mortality (monthly) - April 2019 (Month 1)

(number of deaths/number of patient discharged)



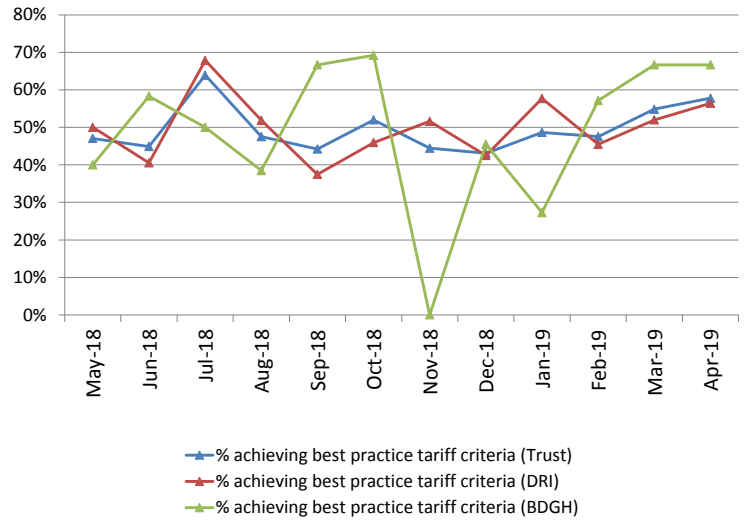




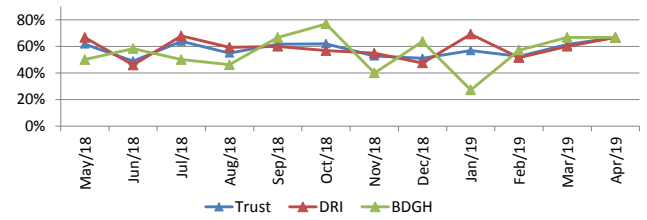
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Trust	1.23%	1.06%	1.37%	1.35%	1.26%	1.33%	1.35%	1.36%	1.98%	1.69%	1.47%	1.62%
Donc	1.33%	1.08%	1.40%	1.47%	1.27%	1.43%	1.44%	1.45%	1.95%	1.79%	1.55%	1.62%
Bass	1.19%	1.23%	1.53%	1.10%	1.43%	1.23%	1.27%	1.26%	2.47%	1.58%	1.51%	1.91%

NHFD Best Practice Pathway Performance -April 2019 (Month 1)

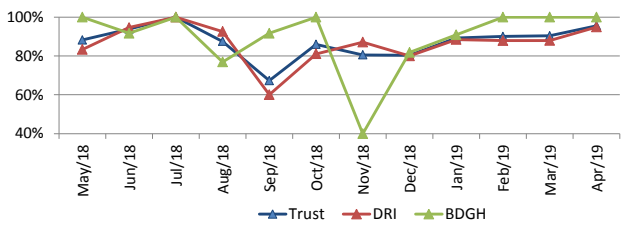
Best Practice Criteria Performance



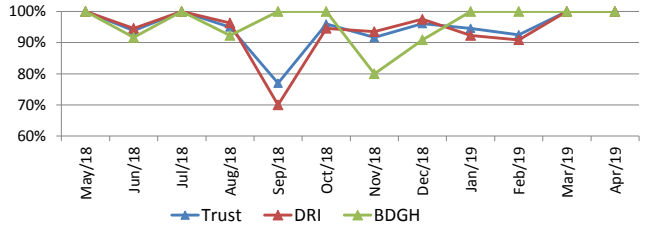
36 Hours to Surgery Performance



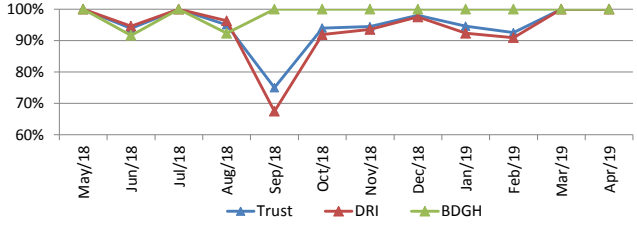
72 hours to Geriatrician Assessment Performance



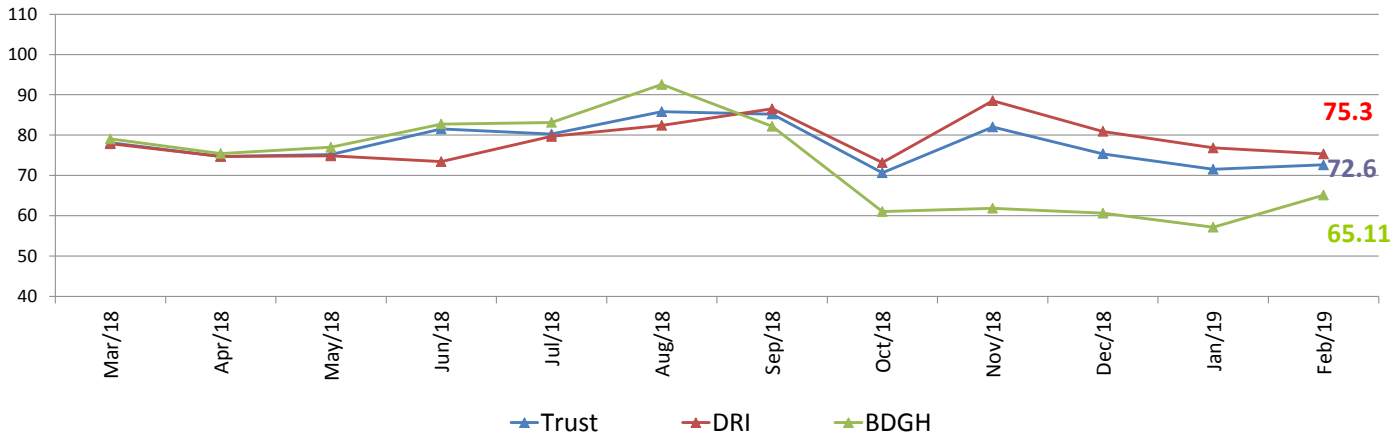
Bone Protection Medication Assessment



Falls Assessment Performance



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



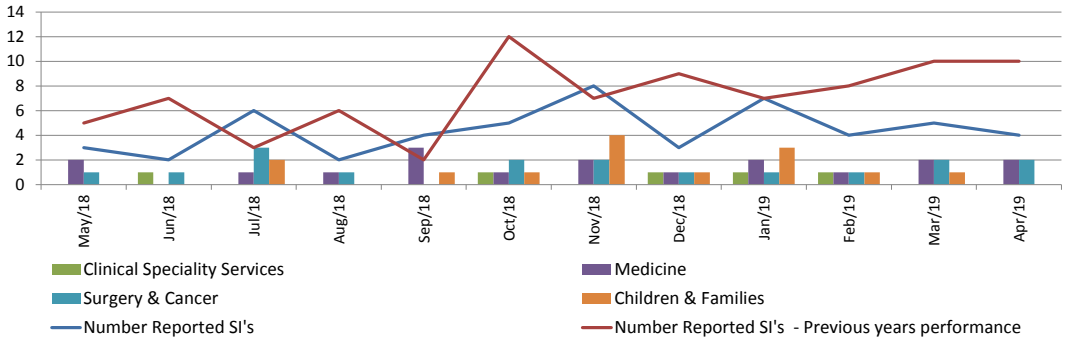
Serious Incidents - April 2019 (Month 1)

(Data accurate as at 1/05/2019)

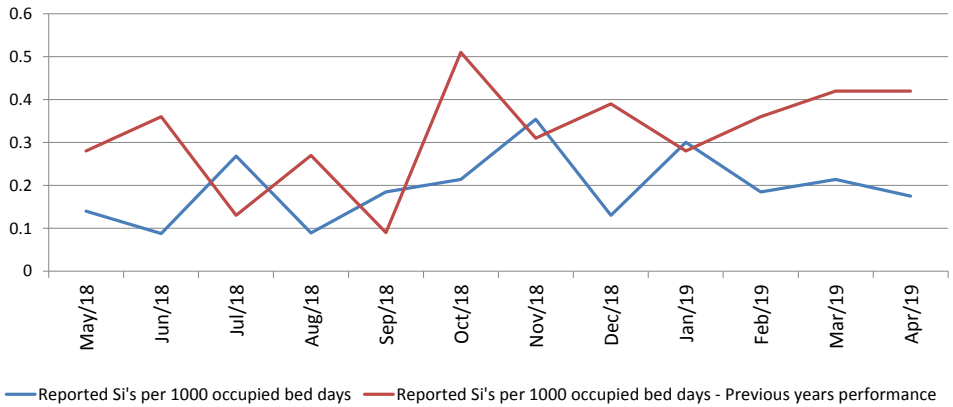
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

Number Serious Incidents Reported
(Trust & Care Group)



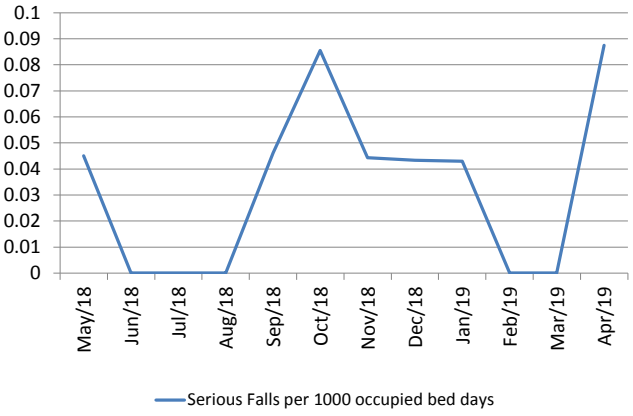
Serious Incidents per 1000 occupied bed days



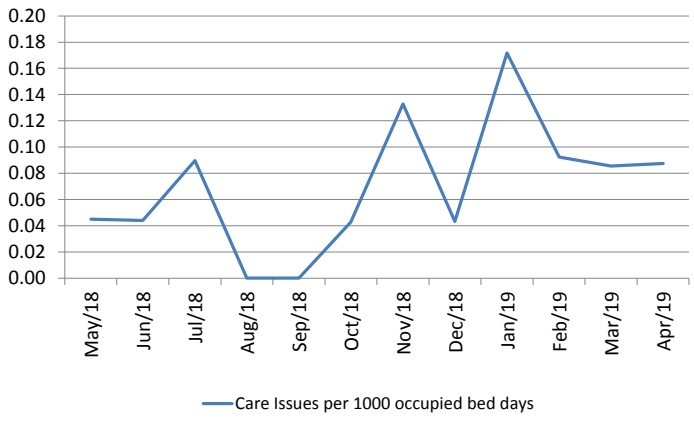
Current YTD reported SI's (April-Apr 19)	4	Number reported SI's (Apr-Apr 18)	5
Current YTD delogged SI's (April-Apr 19)	0	Number delogged SI's (Apr-Apr 18)	0

Themes

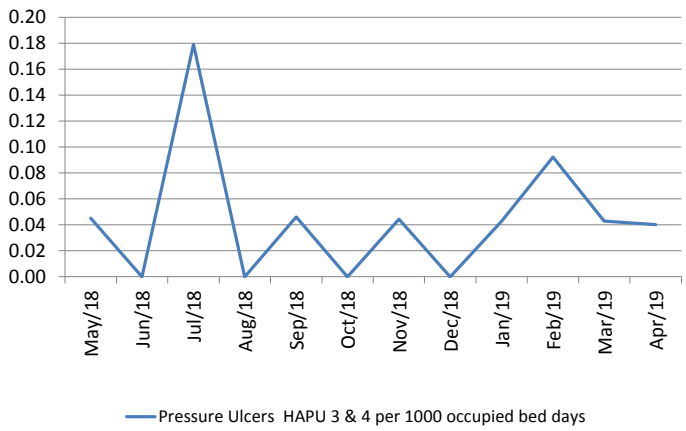
Serious Falls



Care Issues

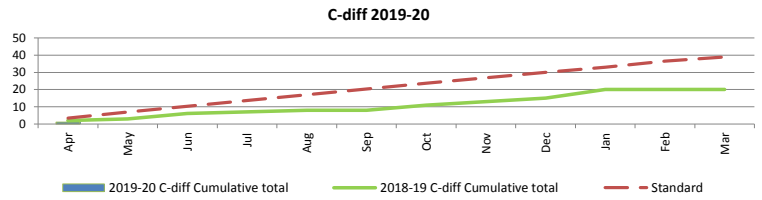


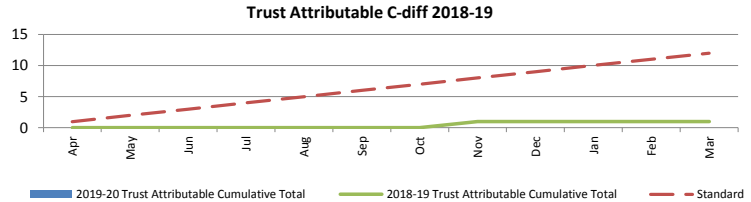
Pressure Ulcers - Category 3 & 4 (HAPU)



Infection Control C.Diff - April 2019 (Month 1)
(Data accurate as at 1/05/2019)

	Standard	Apr	YTD
2019-20 Infection Control - C-diff	44 Full Year	1	1
2018-19 Infection Control - C-diff	39 Full Year	2	2
2019-20 Trust Attributable	12	0	0
2018-19 Trust Attributable	12	0	0

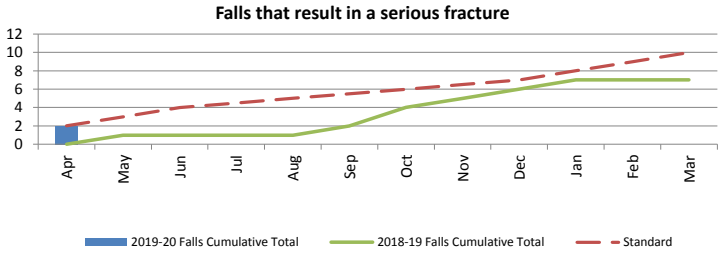




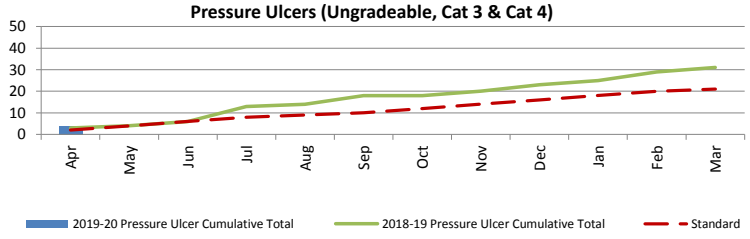
Pressure Ulcers & Falls that result in a serious fracture - April 2019 (Month 1)
(Data accurate as at 1/05/2019)

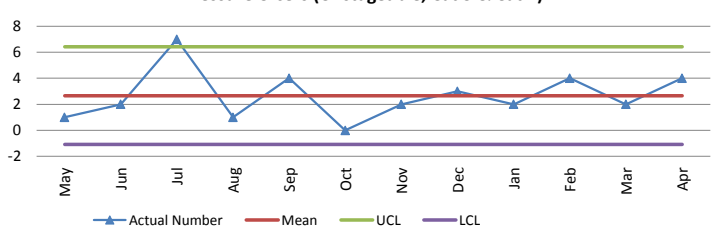
	Standard	Apr	YTD
2019-20 Serious Falls	6 Full Year	2	2
2018-19 Serious Falls	10 Full Year	0	0

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



	Standard	Apr	YTD
2019-20 Pressure Ulcers	56 Full Year	4	4
2018-19 Pressure Ulcers	21 Full Year	6	31





Hard Truths - April 2019 (Month 1)

(Data accurate as at 16/05/2019)

						Planned v Actual		Safe	Effective	Caring	Responsive
DIVISION	Ward Manager	WARD	No of Funded Beds	Work-force	Quality	CHPPD	Variance	Total score	Total score	Total score	Total score
Surgery & Cancer	HD	B5	24.0		3.5	7.3	97%	0.0	0.5	0.5	2.5
	JW	B6	21		7.0	7.1	99%	1.0	1.0	3.0	2.0
	AK	St Leger	35		7.0	6.4	95%	2.0	1.0	0.0	1.5
	VB	1&3	23		5.0	8.1	97%	1.0	1.5	0.0	2.5
	SB	20	27		5.0	5.1	101%	0.0	1.0	0.5	1.5
	RW	21	27		4.5	5.3	106%	0.0	1.5	0.0	1.5
	FN	S10	20		2.5	5.7	106%	0.0	0.5	0.0	2.0
	JP	S11	19		9.0	6.5	103%	2.0	2.5	0.0	2.5
	HB	S12	16		4.0	6.4	100%	1.0	0.5	0.0	2.5
	SS	SAW	21		7.5	8.1	101%	1.0	3.0	1.0	2.5
							100%				
Medicine	SM	A4	22		5.5	6.1	108%	3.0	2.5	0.5	1.5
	MC	C1	16		5.0	6.0	106%	2.0	2.0	0.0	2.5
	KD	CCU/C2	18		3.5	6.7	113%	2.0	1.0	0.0	1.5
	SC	ATC	21		4.5	8.2	100%	1.0	3.5	0.5	2.0
	ZC&KJ	AMU	40		6.5	8.0	104%	4.0	1.5	0.5	1.5
	LB	FAU	16		4.5	8.9	100%	2.0	2.0	0.0	1.5
	JB	16	24		7.0	8.3	101%	5.0	0.0	0.0	2.0
	JW	17	16		2.5	6.3	105%	1.0	2.0	0.0	1.5
	AB	18 Haem	12		3.5	7.8	108%	2.0	1.5	0.0	1.5
	LS	18 CCU	12		3.5	7.4	100%	1.0	4.5	0.0	2..5
	MN	24	24		8.0	6.2	111%	3.0	1.5	1.0	3.0
	DF	25	16		5.5	8.0	123%	3.0	4.5	0.0	1.5
	TM&JC	Respiratory unit	52		17.0	6.8	113%	15.0	2.0	0.5	1.0
	TM	32	18		3.0	6.8	107%	0.0	2.5	1.0	1.5
	LAS	Mallard	16		3.5	8.6	108%	1.0	1.5	0.5	2.0
	RM	Gresley	32		5.5	5.7	102%	0.0	3.0	2.0	2.0
	EW	Rehab 2	18		4.0	6.0	111%	0.0	2.0	2.0	2.0
	GW	Rehab 1	29		5.0	5.4	117%	2.0	1.5	2.0	1.0
							108%				
Clinical Speciality Services	LC	ITU DRI	20		1.0	23.4	98%	0.0	1.5	0.0	1.0
	LW	ITU BDGH	6		2.5	19.3	98%	1.0	1.5	0.0	1.5
							98%				
Children and Families	CD	SCBU	8		0.0	16.6	99%				
	IB	NNU	18		0.0	12.7	97%				
	EJ	CHW	18		0.0	9.6	97%				
	LM	CHOU	12		0.0	13.5	95%				
	KR	G5	16		5.5	5.9	89%	2.0	1.5	1.0	2.5
	TM	M1	24		3.5	10.1	78%	8.0	4.5	0.0	1.5
	RW	M2	18		4.0	7.6	85%	0.0	2.0	3.0	1.0
	SR	CDS	14		1.5	23.2	75%	0.0	4.5	0.0	1.5
	KC	A2	18		1.5	7.8	78%	0.0	4.5	0.0	1.5
	KC	A2L	6		2.0	23.5	89%	0.0	4.5	0.0	2.0
							81%				
Trust Position							101%				

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

The workforce data submitted to UNIFY provides the actual hours worked in April 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 101% in April 2019, similar to March 2019 (99%).

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

19 wards (47.5%) within 5% of the planned staffing level, 4 less than last month

9 wards (22.5%) between 5-10% of planned staffing levels, the same as last month.

6 wards (15%) <10% higher than planned staffing level, 3 more than last month.

6 wards (15%) >10% lower than planned staffing level, 1 more than last month.

All paediatric and neonatal wards were within 5% of the planned staffing level.

The wards where there were deficits in excess of 10% of the planned hours are; G5, CDS, M1, M2, A2 and A2L.

In April 2019 the wards where there were deficits in excess of 10% of the planned hours are; G5, M1, M2, CDS, A2 and A2L.

Maternity staff have been redeployed to areas of higher activity to maintain a safe service, triage and M2 have been merged overnight on a number of occasions to improve skill mix and provide a safe service. Community Midwives on call have been called into the unit to maintain a safe service, due to sickness and activity. G5 was as a result of sickness throughout the month.

The wards with greater than 10% of actual staffing over planned staffing are CCU/C2, Ward 24, 25, the Respiratory Unit and Rehab 1 and 2. This was due to escalation and closed beds being in use, enhanced care and an increased stroke capacity and acuity on Rehab 2.

Quality and Safety Profile

The April 2019 Quality Metrics data has highlighted that 1 ward, Respiratory Unit, has triggered Red for quality.

The Respiratory Unit has triggered red for the following metrics; Safety Thermometer, Pressure Ulcer with severe harm, medicine storage and appraisal.

A Quality Summit led by the Acting Deputy Director of Nursing, Midwifery & Allied Health Professionals will be arranged within the next month to address these issues.

Care Hours Per Patient Day (CHPPD) - April 2019 (Month 1)

(Data accurate as at 15/04/2019)

Utilising actual versus planned staffing data submitted to UNIFY and applying the CHPPD calculation the care hours for April 2019 are shown below

Site Name	Registered midwives/ nurses	Care Staff	Overall
BASSETLAW HOSPITAL	4.55	3.44	7.99
DONCASTER ROYAL INFIRMARY	4.54	3.44	7.95
MONTAGU HOSPITAL	2.25	3.38	5.63
TRUST	4.40	3.41	7.81

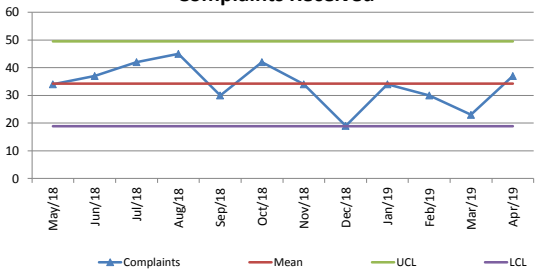
The data for April 2019 shows a further increase this month in hours across all sites in April 2019. The registered nurse and midwife profile continues to be lower than national and peer rates, with the Healthcare support worker rate slightly higher than peers and national rates. The overall CHPPD rate shows a fluctuating rate, lower than peer and national rates.

Complaints & Claims - April 2019 (Month 1)

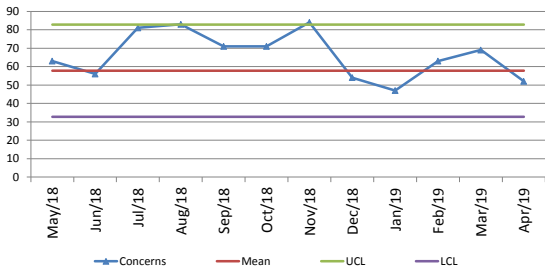
(Data accurate as at 1/05/2019

Complaints

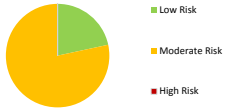
Complaints Received



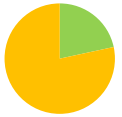
Concerns Received



April 2019 Complaints Received Risk Breakdown



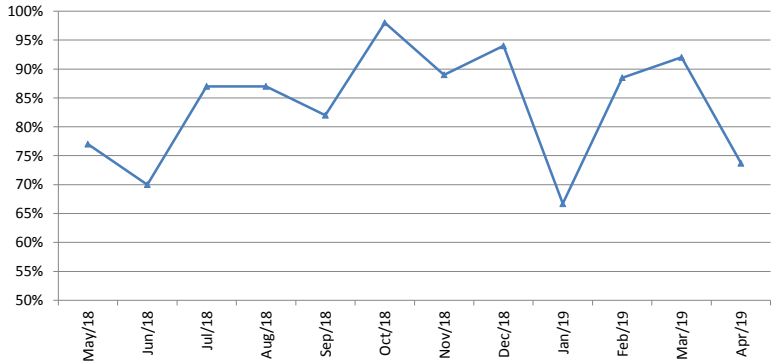
Year to Date Complaints Received Risk Breakdown



Complaints - Resolution Perfomance

(% achieved resolution within timescales)

Complaints Resolution Performance



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

Parliamentary Health Service Ombusdman (PHSO)

Month	Number of cases referred for investigation	Number Currently Outstanding
Apr-19	0	5

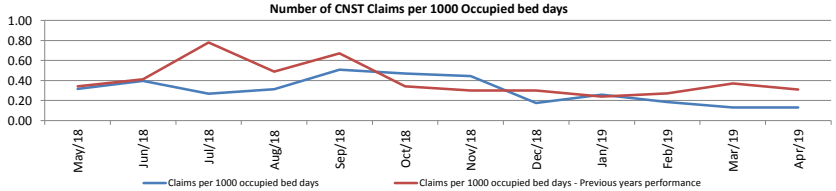
	Number referred for investigation YTD	Outcomes YTD	
2016/17	8	Outstanding	0
2017/18	7	Fully / Partially Upheld	2
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Not Investigated	3
		Outstanding	1
2018/19	9	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Outstanding	5

Claims

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	2019/20	3												3
	2018/19	10	7	9	6	7	11	11	4	10	6	4	3	88
Liabilities to Third Parties Scheme (LTPS)	2019/20	4												4
	2018/19	2	6	1	1	7	0	2	0	2	3	9	2	35

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

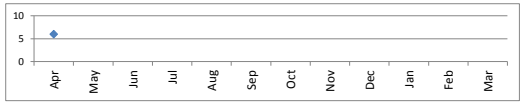
Number of CNST Claims per 1000 Occupied bed days



Childrens & Young People - Quality Metrics
April 2019 (Month 1)
(Data accurate as at 1/05/2019

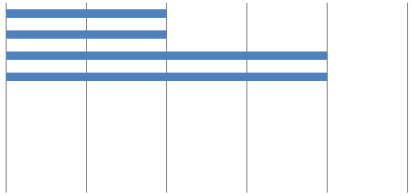
Complaints

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of complaints received - 2019/20	6												6
Number of complaints received - 2018/19	5	3	3	2	3	1	3	1	0	0	1	2	24



Thematic breakdown (Apr 19 - Mar19)

Pain Management	1
Staff attitude & behaviour	1
Diagnosis	2
Transfers/Discharge procedure/sleeper out	2



There are two main complaint themes for April 2019 these are relating to Diagnosis (2), which breaks down to Time taken to make diagnosis (1) and Allegation of Missed diagnosis (1). The second main complaint theme is around Admissions / transfers / discharge procedures / sleeper out, which breaks down into Unacceptable time to wait for an appointment (1) and Other (1).

Please note that a direct correlation between the number of complaints received and the subjects within thematic breakdown can not been made as most of the complaints have more than one subject noted.

Datix Incidents & Serious Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of Datix Incidents Reported - 2019/20	33												33
Number of Datix Incidents Reported - 2018/19	25	31	42	34	27	27	25	52	34	26	32	34	389

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of Serious Incidents Reported - 2019/20 *(including de-logged)*	0												0
Number of Serious Incidents Reported - 2018/19 *(including de-logged)*	0	0	0	0	0	0	0	0	0	0	0	0	0

Duty Of Candour (Doc)

There have been **0** incidents within Children and Young Persons which have triggered Duty of Candour to be completed.

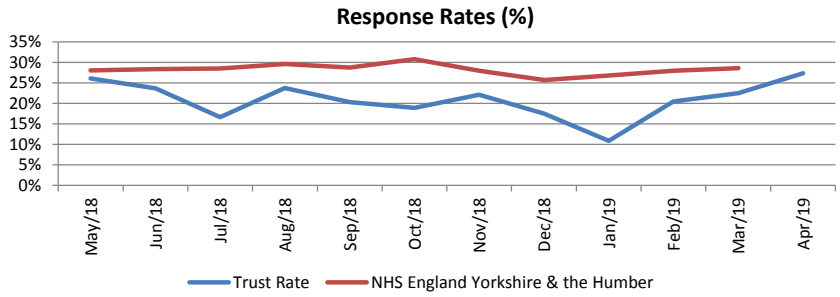
Please note: An incident which has caused moderate, severe or patient death requires DoC to be completed

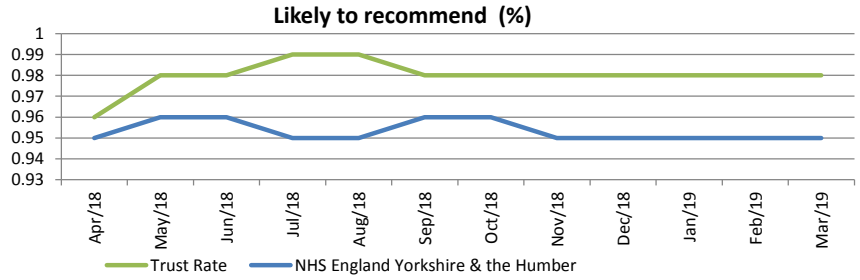
Friends & Family - April 2019 (Month 1)

(Data accurate as at 13/5/2019)

Inpatients

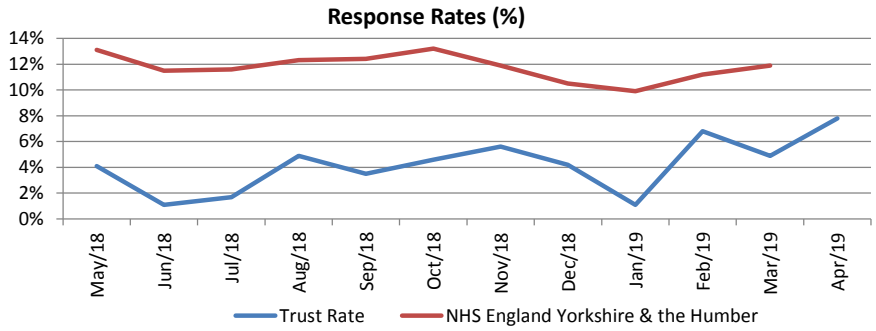
Please note: At the time of producing this report no further benchmarking data is available from NHS England.

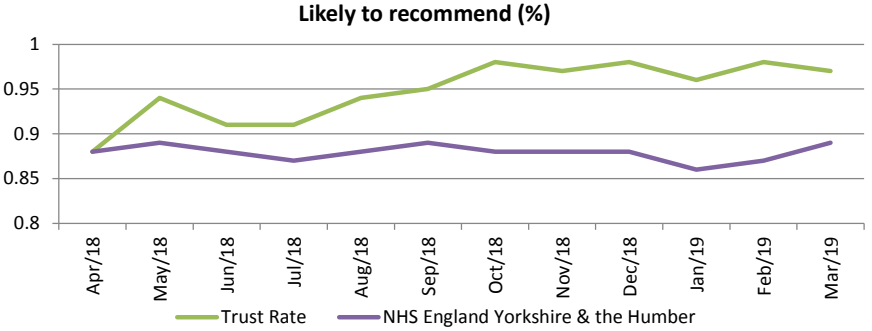




Accident & Emergency

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





Executive summary - Workforce - April 2019 (Month 1)

Sickness absence - due to the timing of the meeting this data is not available at the time of producing this report
March has seen a further reduction in sickness absence rates to 4.03% and the cumulative year end position being 4.39% - a reduction from the levels in 2017/18 and 2016/17 of 4.5%. Short term absence has reduced by half a percent to 1.5% and long term sickness absence remained at a similar level to the previous month.

Appraisals
The Trust has commenced the appraisal season; therefore there will be no reporting until the conclusion of the season.

SET
SET compliance has seen a small rise to 82.78% as at the end of April. Discussions have taken place at the Executive Team and Workforce, Education and Research Committee which will be reported at QEC in June.

Workforce: SET Training - APRIL (Month 1)

CG & Directorate SET Training - April 2019 (Q1)

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

	% Compliance
Doncaster & Bassetlaw Teaching Hospitals NHS FT	82.78%
Chief Executive Directorate	92.77%
Children & Families Division	81.67%
Clinical Specialist Division	86.24%
Directorate Of Strategy & Improvement	96.95%
Estates & Facilities	72.83%
Finance & Healthcare Contracting Directorate	94.97%
IT Information & Telecoms Directorate	91.99%
Medical Director Directorate	89.33%
Medicine Division	82.20%
Nursing Services Directorate	94.08%
People & Organisational Directorate	96.05%
Performance Directorate	85.00%
Surgery & Cancer Division	79.82%

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

Executive summary containing key messages and issues
The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours, during negotiations on the junior doctor contract agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours. The 2016 contract continues to be implemented with 137 junior doctors employed by this Trust on the 2016 contract as at the time of this report. 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 Emergency Care, Paediatrics, Surgical and Medicine. A total of 24 exception reports have been raised within this quarter of which one has been related to Education. 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. The Guardian for Safe Working advises that that the trainees have safe working practice as designed by the 2016 contract.
Key questions posed by the report
Is the Board assured that the Trust has safe working in place for doctors in training?

How this report contributes to the delivery of the strategic objectives
• **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
• **Workforce.** By having a safe workforce we remain an attractive employer to current trainees and to help future recruitment.
Recommendation(s) and next steps
The Board of Directors are asked to note the quarterly update and be assured that trainee doctors have a safe working practice as envisaged by the 2016 contract.

QUARTERLY REPORT ON SAFE WORKING HOURS Jan 2019 – March 2019: DOCTORS AND DENTISTS IN TRAINING

Introduction

This report sets outs 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 January 2019 to 31st March 2019

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.

a) High level data

Number of posts contracted by DBH	290
Number of posts contracted by other Organisations	129
Number of doctors / dentists in training on 2016 TCS	137

*66 GP trainees are contracted by DBTH as lead employer

b) **Vacancies**

VACANCIES	January	February	March
Medicine (all sub-specialties)	11	9	6
Anaesthetics	4.4	0.4	0.4
Emergency medicine	2	2.4	2.4
Obstetrics & Gynaecology	10.4	10.6	9
Paediatrics	1	2.1	1.6
GU Medicine	0	0	0
Elderly Medicine	4	4	1
General Surgery	1	1	1
Trauma & Orthopaedics	0.2	2.2	1
ENT	1	1	1
ICT			
Total	**35**	**32.7**	**23.4**

Number of Exceptions 2019- Specialty				
	January	February	March	Total
Medicine	1	4	1	6
Surgery		2		2
Emergency Medicine		3		3
Paediatrics		5	6	11
Obs & Gynae				0
GP Practice			1	1
Hospice (GP)			1	1
	1	**14**	**9**	**24**

Number of Exceptions 2019 by Grade				
Grade	January	February	March	Total
F1		2	1	3
F2				0
St1-2	1	4	2	7
ST3		8	6	14
Total	**1**	**14**	**9**	**24**

Number of Exceptions 2019 - Agreed/Not Agreed				
	January	February	March	Total
Agreed	1	7	8	16
Not Agreed		0		
Outstanding		7	1	8
Total	**1**	**14**	**9**	**24**

For this quarter, exception reports have only been submitted by individuals across Emergency Care, Surgical and Medicine and Paediatrics. A total of 24 exception reports have been raised within this quarter of which 1 has been related to Education which has been taken note of by the educational supervisors.

There are delays in supervisors signing off the exception reports due to variety of reasons. This continues to be flagged with the supervisors

With regards to doctors still on the 2002 contracts the hours monitoring has recently taken place with results being analysed.

c) Work schedule reviews

No work schedule reviews required in this quarter

d) Locum and bank usage

Agency - Costs	Jan-19	Feb-19	Mar-19
Acute Medicine	£13,620	£3,617	£12,826
Anaesthesia Obs			
Anaesthetics			
Anaesthetics and Critical Care	£18,897	£8,941	£1,946
Anaesthetics and Theatres			
Anaesthetics and Maternity	£5,555	£2,275	£1,010
Dental			
Cardiology			
Care of the Elderly	£45,031	£36,568	£33,266
Dermatology			
Emergency Medicine	£220,334	£182,602	£175,019
Endocrinology and Diabetes	£11,454	£23,839	£28,580
Endoscopy - Medicine			
Endoscopy - Surgical			
ENT/ENT Theatre	£8,929	£10,340	£11,550
Gastroenterology	£21,615	£21,210	£23,375
General Medicine			
General Surgery	£28,905	£10,267	£43,227
Genitourinary Medicine			
Haematology			
Microbiology			
Obstetrics and Gynaecology	£21,794	£37,517	£19,514
Ophthalmology			
Orthopaedic and Trauma Surgery	£73,873	£79,345	£90,899
Paediatrics	£4,195		£2,019
Paediatrics - Community			
Paediatrics and Neonates	£63,393	£73,439	£49,242
Pathology			
Radiology			
Renal			£2,090
Respiratory Medicine	£10,120	£8,360	£10,120
Stroke Medicine	£29,365	£15,333	£10,915
Urology			
Breast Surgery	£12,846		
Grand Total	**£589,926**	**£513,653**	**£515,598**

Agency - Shifts	Jan-19	Feb-19	Mar-19
Acute Medicine	17	5	18
Anaesthesia Obs			
Anaesthetics			
Anaesthetics and Critical Care	19	9	2
Anaesthetics and Theatres			
Anaesthetics and Maternity	5	2	1
Dental			
Cardiology			
Care of the Elderly	87	80	75
Dermatology			
Emergency Medicine	295	243	235
Endocrinology and Diabetes	26	47	65
Endoscopy - Medicine			
Endoscopy - Surgical			
ENT/ENT Theatre	18	21	25
Gastroenterology	48	47	49
General Medicine			
General Surgery	35	14	54
Genitourinary Medicine			
Haematology			
Microbiology			
Obstetrics and Gynaecology	33	48	25
Ophthalmology			
Orthopaedic and Trauma Surgery	145	160	180
Paediatrics	2		3
Paediatrics - Community			
Paediatrics and Neonates	82	90	64
Pathology			
Radiology			
Renal			3
Respiratory Medicine	23	19	23
Stroke Medicine	67	35	24
Urology			
Breast Surgery	19		
Grand Total	**921**	**820**	**846**

Internal - Costs	Jan-19	Feb-19	Mar-19
Acute Medicine	£17,562	£21,366	£11,580

Anaesthesia Obs			
Anaesthetics	£29,454	£21,729	£41,635
Anaesthetics and Critical Care		£0	£0
Anaesthetics and Theatres		£0	£0
Anaesthetics Maternity	£0	£0	
Breast Surgery			
Cardiology			
Care of the Elderly	£12,491	£8,192	£9,116
Dermatology	£10,410	£9,090	£9,700
Emergency Medicine	£93,955	£51,840	£63,079
Endocrinology and Diabetes		£0	£0
Endoscopy - Medicine			
Endoscopy - Surgical	£5,060	£2,480	£1,760
ENT	£2,975	£2,823	£845
ENT Theater			
Gastroenterology		£1,350	£520
General Medicine			
General Surgery	£4,233	£10,189	£813
Genitourinary Medicine		£260	
Haematology			
Microbiology			
Obstetrics and Gynaecology	£7,686	£6,740	£7,458
Ophthalmology	£3,640	£2,340	£1,300
Ophthalmology Theatre	£520	£325	
Oral and Maxillofacial Surgery	£1,600		
Orthopaedic and Trauma Surgery	£7,255	£11,215	£6,655
Paediatrics	£0		
Paediatrics-Community	£278	£1,082	£1,054
Paediatrics and Neonates	£14,135	£6,842	£4,249
Palliative medicine			
Pathology			
Radiology			
Renal Medicine	£0	£600	£1,250
Reproductive Medicine			
Respiratory Medicine	£1,000	£2,125	£1,000
Rheumatology			
Stroke Medicine			£0
Urology	£300	£260	£600
Vascular Surgery			
Dental			
Orthodontics			
Grand Total	**£212,553**	**£160,848**	**£162,614**

Anaesthetics	36	29	48
Anaesthetics and Critical Care	1	1	1
Anaesthetics and Theatres		1	1
Anaesthetics Maternity	2	1	3
Breast Surgery			
Cardiology			
Care of the Elderly	35	21	25
Dermatology	25	21	23
Emergency Medicine	155	95	118
Endocrinology and Diabetes		19	35
Endoscopy - Medicine			
Endoscopy - Surgical	16	8	9
ENT	6	5	2
ENT Theater			
Gastroenterology		2	3
General Medicine			
General Surgery	9	13	2
Genitourinary Medicine		1	
Haematology			
Microbiology			
Obstetrics and Gynaecology	34	15	19
Ophthalmology	14	9	5
Ophthalmology Theatre	2	1	
Oral and Maxillofacial Surgery	4		
Dental			
Orthodontics			
Orthopaedic and Trauma Surgery	20	44	10
Paediatrics	2		
Paediatrics and Neonates	26	15	9
Paediatrics-Community	3	6	4
Palliative Medicine			
Patholgy			
Radiology			
Renal Medicine	1	1	4
Reproductive Medicine			
Respiratory Medicine	4	6	4
Rheumatology			
Stroke Medicine			1
Urology	1	1	3
Vascular Surgery			
Grand Total	**428**	**360**	**356**

Internal - Shifts	Jan-19	Feb-19	Mar-19
Acute Medicine	32	45	27
Anaesthesia Obs			

Reason for Shifts	Jan-19	Feb-19	Mar-19
Additional Session & Admin			
Additional Session (Clinical)		1	6
Additional session to meet both contract activity and RTT performance			
Additional session to meet contracted activity			
Additional session to meet RTT performance			
Annual Leave	37	33	13
Compassionate/Special leave			5
Exempt from On Call			
Extra Cover	29	20	15
Induction		12	
Maternity/Pregnancy leave/Paternity	15		
Restricted Duties	29		17
None given	14	10	10
Seasonal Pressures	28	12	10
Sick	48	19	20
Study Leave	1	17	2
Vacancy	1148	1056	1104
Grand Total	**1349**	**1180**	**1202**

e) **Fines**

No fines been levied in this quarter.

Qualitative information

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

One instance of cancelled educational meeting has been reported and noted by the educational supervisor. This level of missed training opportunities seems to be low and may indicate under reporting.

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

Engagement

I have attended the Regional guardian forum. This Trust has low number of exception reports possibly explained by compliant rotas and safe working practices.

The junior doctors' forum was not quorate and better engagement is sought. I have also attended 2 trainee forum meetings to engage with the junior doctors, these were in addition to the induction meetings.
There have been 2 meetings of 'We care for junior doctors group' as there is indication that there may be some central funding to enhance rest facilities.

Software System

Trust has invested in E-rostering system from Allocate software. A phased roll out is planned with 1st rota going online in August.
I hope that in future this system will ensure better compliance with safe working due to the nature of the reporting available through this system.

Issues arising & Actions

1. *Engagement from junior doctors in the Junior Doctors Forum needs to improve.*
2. *We need to explore options to relocate the junior doctors' mess at Doncaster Royal Infirmary.*

Recommendation

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

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Annual Estates & Facilities Performance KPI Report**		
Report to	**Board of Directors**	**Date**	**21st May 2019**
Author	**Kirsty Edmondson-Jones**		

Purpose		Tick one as appropriate
	Decision	
	Assurance	X
	Information	

Executive summary containing key messages and issues

This performance report provides Board of Directors with an annual review against the performance of Estates and Facilities Services (E&F) for 2018/19.

The report also includes the annual declaration of Trust compliance performance against the Department of Health (DOH) NHS Premises Assurance Model (NHS PAM) for 2018/19. The NHS PAM ensures the Trust meets the Care Quality Commission (CQC) Essential Standards of Quality and Safety Guidance 2015, updated in June 2017 to the Key Lines of Enquiry (KLOE). The assessment for 2018/19 has shown further improvements of 5% to an overall assessment of 85% Good/Requires Minimal Improvement, including improvements in the 'Safety' and 'Patient Experience' domains. The full annual DBTH NHS PAM assessment is attached at appendix 1.

A summary of the results of the 18/19 staff survey are also presented, showing areas that have improved significantly from the previous year.

The Performance KPI Data provided demonstrates the improvements to the quality and efficacy of E&F services achieved in 2018/19.

Board of Directors is asked to note the content of this E&F Performance KPI report, and the progress made.

Key questions posed by the report
Are Board of Directors assured of progress made during 2018/18 to improve the performance of Estates and Facilities services?
How this report contributes to the delivery of the strategic objectives
The paper updates BOD in the wider Corporate Risk (F&P4) relating to the failure to ensure a suitable estates infrastructure is in place.
How this report impacts on current risks or highlights new risks
Recommendation(s) and next steps
Board of Directors are asked to note the content of this paper and progress made.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Annual Estates and Facilities Performance Report - May 19

Estates and Facilities Annual Performance Report
April 2018 – March 2019

1. Executive Summary

This performance report provides Board of Directors with an annual review against the performance of Estates and Facilities Services (E&F) for 2018/19. The report also includes the annual declaration of Trust compliance performance against the Department of Health (DOH) NHS Premises Assurance Model (NHS PAM) for 2018/19. The NHS PAM ensures the Trust meets the Care Quality Commission (CQC) Essential Standards of Quality and Safety Guidance 2015, updated in June 2017 to the Key Lines of Enquiry (KLOE). The full annual DBTH NHS PAM assessment is attached at appendix 1. A summary of the results of the 18/19 staff survey are also presented, showing areas that have improved significantly from the previous year.

The content of this report provides Board of Directors with assurance of the continuing improvements achieved to many areas of E&F services during 2018/19.

At A Glance

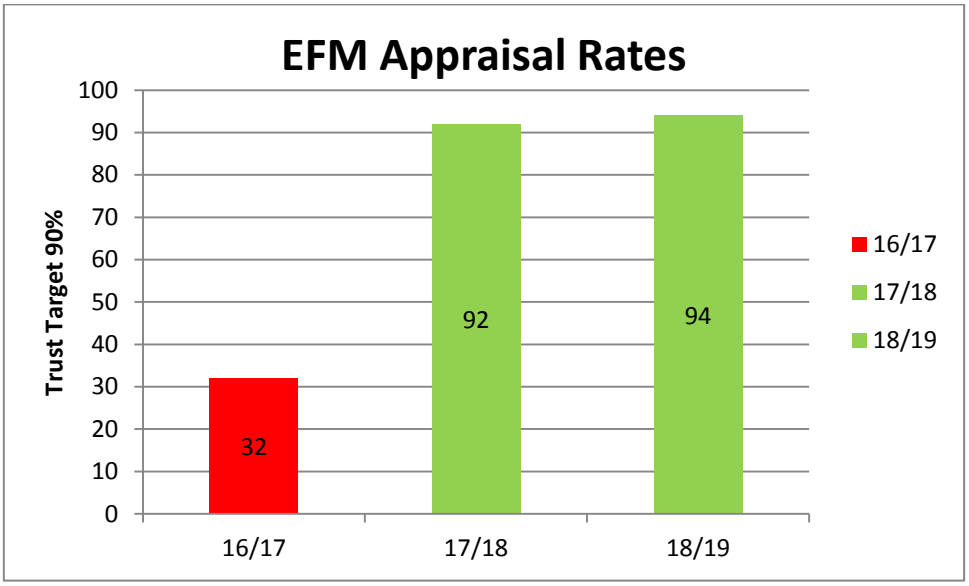
Performance Measure	KPI/Target	Actual	Variance	RAG		Comments
Appraisal	90%	94%	4%			
SET	90%	71%	-19%			
Sickness	3.50%	6.03%	2.97%			Slight improvement on 17/18
Staff Survey	Greens	N/A	N/A			60% responses improved
Compliance	Good	85%	N/A			Increase of 5% no reds
Cleaning DRI	90%	96%	6%			
Cleaning BDGH	90%	90%	0%			Imporvement on 17/18
Cleaning MMH	90%	91%	1%			Improvement on 17/18
Portering DRI	Complete within 30m	60%	N/A			down by 4%
Portering BDGH	Complete within 30m	87%	N/A			down by 3%
Portering MMH	Complete within 30m	67%	N/A			up by 5%
Estates PPM DRI/MMH	Increase Completion					catagories under review
Estates PPM BDGH	Increase Completion					catagories under review
Estates Reactive DRI/MMH	90% Cat 1	100%	10%			
Estates Reactive BDGH	90% Cat 1	100%	10%			
MTS DRI	100%	100%	0%		N/A	
MTS BDGH	100%	100%	0%		N/A	
MTS MMH	100%	100%	100%		N/A	

Status Legend Reference		
Status	***Value***	***Icon***
Worse	-1	
Same	0	
Improve	1	
Worse than target	Red	
Better than target	Green	

2. Management Information

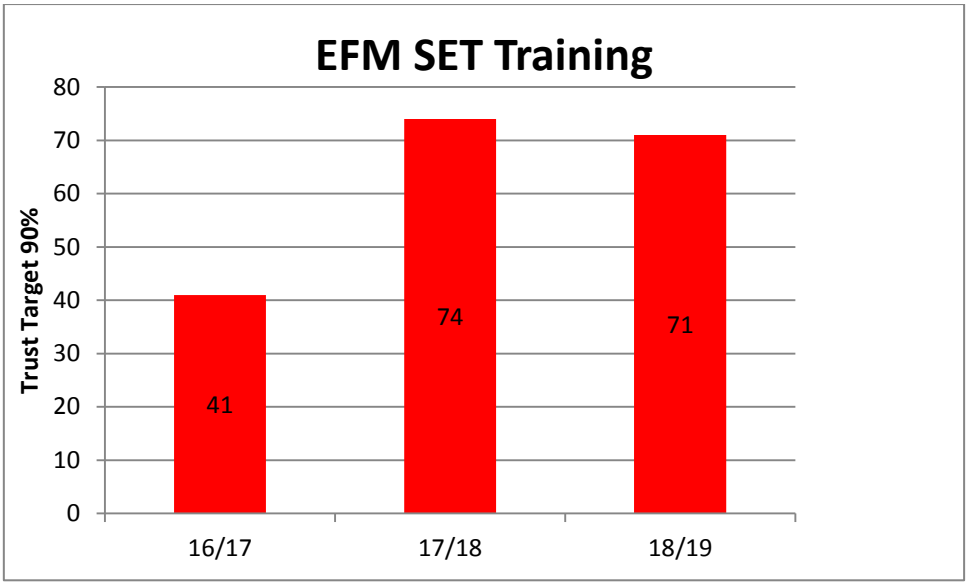
2.1 Appraisal

Having previously been a significant outlier with the lowest appraisal scores in the Trust in 2016/17, the Directorate has continued for the second year running to exceed the Trust target of 90% with a score of 94.7%.



2.2 Statutory and Essential Training (SET)

Whilst improvement was made to SET training completion in 17/18 as compared to the previous year, work continues to ensure E&F achieve 90% SET in 19/20.



2.3 Sickness

Estates and Facilities continues to be an outlier against a Trust target of 3.5% with an overall cumulative total of 6.03%. Work continues to resolve long-term sickness and to effectively manage short-term sickness.

2.4 Staff Survey

As per one of the agreed annual objectives for EFM for 18/19, the Directorate successfully increased the sample size significantly by almost 100% with completion rates being just 24% in 17/18 with this year achieving 47%. The is as a direct result of EFM funding hard copy paper surveys for all EFM staff, many who do not have ready access to computers whilst at work, in order to increase completion rates.

Estates and Facilities staff survey results for 2018/19 have again shown a significantly improving picture when compared to 2017/18, with just over 60% of questions showing improved scores, some with significant improvements of up to 22.3%, beating last year's largest increase for EFM of 12%. It is especially positive to see such sustained improvement year on year, despite significant instability for HSDU staff as we progressed to outsource, and with work to develop a Wholley Owned Subsiduary in Q2/3 that was cause for concern for all EFM staff.

Overall there has been an increase of Amber scores from 14 to 24, whilst greens have remained static at 8. However, the Directorate now have 17 scores that are significantly better than the Trust average, an increase of 11 from just 6 in 17/18. The Directorate also now leads the Trust with the highest scores in 4 questions, as shown at table 1, an increase of 2 from 17/18.

Table 1. EFM Score - Trust Highest

Q number	Question	Trust Average	Estates & Facilities
10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	49.7	79.3 Highest in the Trust
11f	Not felt pressure from colleagues to come to work when not feeling well enough	78.1	91.9 Highest in the Trust
11g	Not put myself under pressure to come to work when not feeling well enough	6.2	11.3 Highest in the Trust
12d	Last experience of physical violence reported	62.1	72 Highest in the Trust

Other scores that have significantly improved in 2018/19 include many of the Organisation scores, as shown in table 2.

Table 2. Example of Some Most Improved Scores

Q number	Question	Trust Average	EFM 17/18	EFM 18/19
3a	Always know what work responsibilities are	87	75	84.9 Up 9.9
3b	Feel trusted to do my job	91.4	85	89.9
3c	Able to do my job to a standard I am pleased with	77.7	73	81 Up 7
4e	Able to meet conflicting demands on my time at work	44.6	38	44.1
4f	Have adequate materials, supplies and equipment to do my work	50.5	41	51.2 Up 10.2
5g	Satisfied with level of pay	34.6	14	35.1 Up 21.1
7a	Satisfied with quality of care I	77.4	69	79 Up 10

	give to patients/service users			
7b	Feel my role makes a difference to patients/service users	88	76	85.4 Up 9.4
7c	Able to provide the care I aspire to	64.5	56	65 Up 9
14	Organisation acts fairly: career progression	84.6	65	75.3 Up 10.3
19a	Had appraisal/KSF review in last 12 months	86	59	81.3 Up 22.3
21a	Care of patients/service users is organisations top priority	71	66	68.8
21c	Would recommend organisation as place to work	51	41	47.2

Whilst it is recognised there is still some way to go to improve staff satisfaction to the levels we would wish, this sustained improvement in scores is very promising, and a reflection of the work that is ongoing to support staff and change the culture within the Directorate. The EFM Objectives for 18/19 have several areas focused at improving staff satisfaction further, and we look forward to continued improvements in this coming year.

3 Estates and Facilities Compliance

The NHS PAM has been developed, with the support of the Department of Health (DOH) and industry bodies, to assist Trusts in reviewing their compliance management structures and processes in a consistent manner, bringing together:

- Compliance with Quality and Safety Standards, and
- Efficiency

The intention is to safeguard that one is not delivered at the expense of the other, helping to deliver a financially sustainable NHS that takes Quality and Safety as its organising principle, meeting the CQC Essential Standards of Quality and Safety Guidance 2015, updated in June 2017 to the Key Lines of Enquiry (KLOE).

The Assessed Domains are:

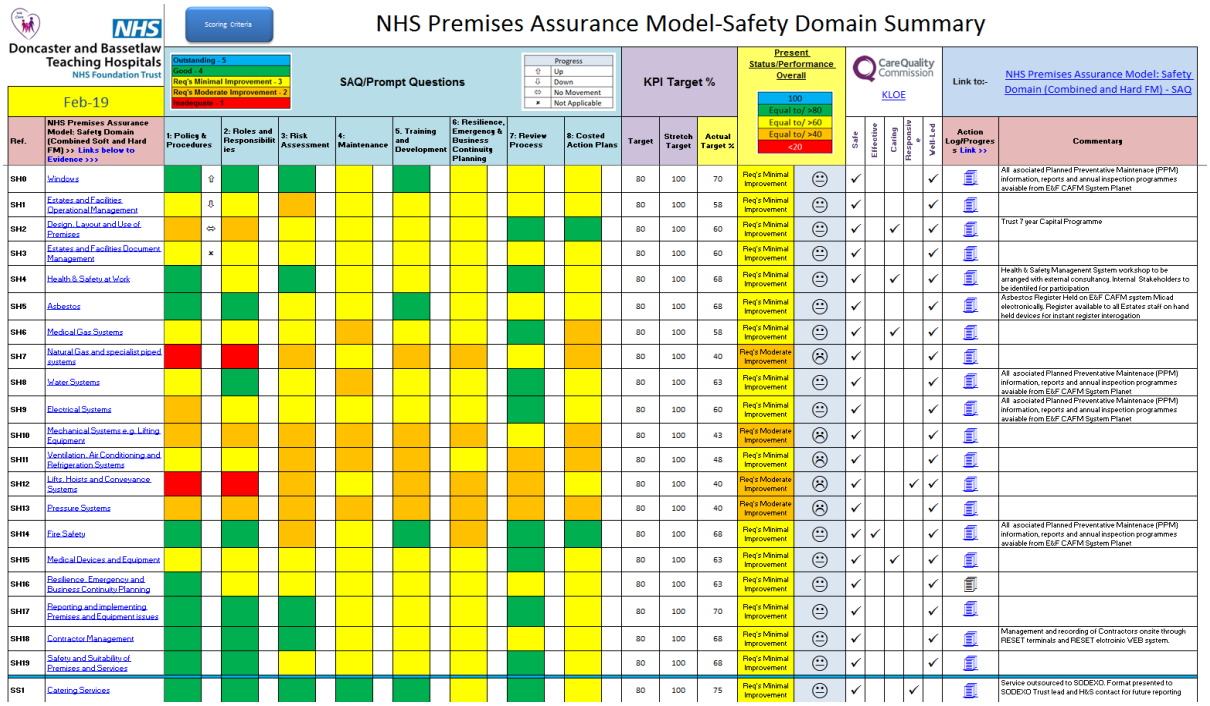
- Efficiency
- Safety
- Effectiveness

- Patient Experience
- Organisational Governance

The first four Domains cover the main areas where E&F services impact on Safety and Efficiency. The Organisational Governance Domain acts as an overview of how the other four Domains are managed as part of the internal governance of the organisation. Its objective is to ensure that the outcomes of the Domains are reported to NHS Boards and embedded in internal governance processes to ensure actions are taken where required.

The Trust Overall Summary Position for 2018/19 has improved further to the gains made in the previous year and is now 85% Good/Requires Minimal Improvement, a 5% improved position compared to 2017/18 which had an Overall Position Summary of 80% Good/Requires Minimal Improvement. The overall Trust position is provided below together with two of the most significantly improved areas, Patient Experience and Safety. The full annual PAM Annual Assessment report is provided at appendix 1.

In addition, during 2018/19 the PAM Safety Domain has been developed into an interactive electronic assurance dashboard by the EFM team, example below. The electronic dashboard is reviewed bi-monthly by the Trust H&S Committee, and is included as an 'At a Glance' dashboard within the 6 monthly H&S reports to the Audit and Non-Clinical risk Committee (ANCR). We have recently presented the new dashboard to NHSI improvement, who view this as best practice and support our intentions to commercially market the package to other Trusts. This income generation project forms part of the Directorate CIP programme.



NHS Premises Assurance Model-Safety Domain Summary

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Feb-19

Scoring Criteria: Outstanding - 5; Good - 4; Req's Minimal Improvement - 3; Req's Moderate Improvement - 2; Inadequate - 1

SAQ/Prompt Questions

Progress: Up; Down; No Movement; Not Applicable

KPI Target %

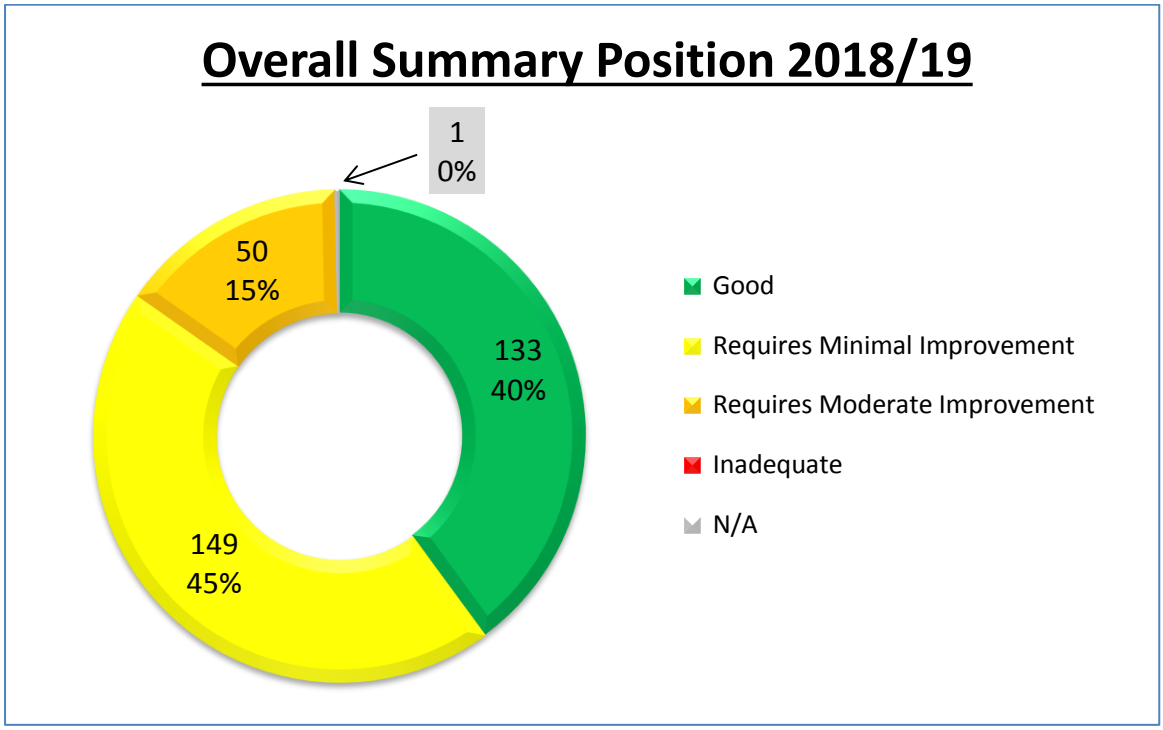
Present Status/Performance Overall: 100; Equal to/ >80; Equal to/ >60; Equal to/ >40; <20

CareQuality Commission KLOE

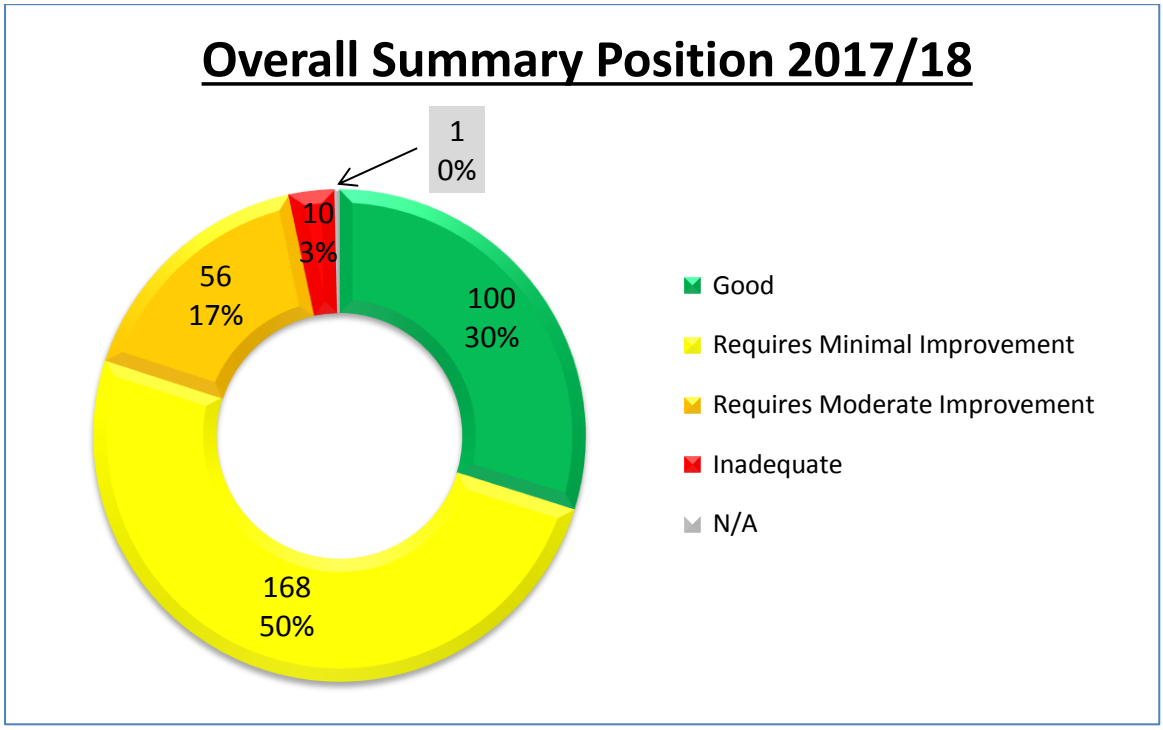
Link to:- NHS Premises Assurance Model: Safety Domain (Combined and Hard FM) - SAQ

Ref.	NHS Premises Assurance Model: Safety Domain (Combined Soft and Hard FM) >> Links below to Evidence >>>	1: Policy & Procedures	2: Roles and Responsibilities	3: Risk Assessment	4: Maintenance	5. Training and Development	6: Resilience, Emergency & Business Continuity Planning	7: Review Process	8: Costed Action Plans	Target	Stretch Target	Actual Target %	Present Status/Performance Overall		Safe	Effective	Caring	Responsive	Well-Led	Action Log/Progress >> Link >>	Commentary
SH0	Windows		⇧							80	100	70	Req's Minimal Improvement		✓				✓		All associated Planned Preventative Maintenace (PPM) information, reports and annual inspection programmes available from E&F CAFM System Planet
SH1	Estates and Facilities Operational Management		⇩							80	100	58	Req's Minimal Improvement		✓				✓		
SH2	Design, Layout and Use of Premises		⇔							80	100	60	Req's Minimal Improvement		✓		✓		✓		Trust 7 year Capital Programme
SH3	Estates and Facilities Document Management		x							80	100	60	Req's Minimal Improvement		✓				✓		
SH4	Health & Safety at Work									80	100	68	Req's Minimal Improvement		✓		✓		✓		Health & Safety Management System workshop to be arranged with external consultancy. Internal Stakeholders to be identified for participation
SH5	Asbestos									80	100	68	Req's Minimal Improvement		✓				✓		Asbestos Register Held on E&F CAFM system Mixed electronically. Register available to all Estates staff on hand held devices for instant register interogation
SH6	Medical Gas Systems									80	100	58	Req's Minimal Improvement		✓		✓		✓		
SH7	Natural Gas and specialist piped systems									80	100	40	Req's Moderate Improvement		✓				✓		
SH8	Water Systems									80	100	63	Req's Minimal Improvement		✓				✓		All associated Planned Preventative Maintenace (PPM) information, reports and annual inspection programmes available from E&F CAFM System Planet
SH9	Electrical Systems									80	100	60	Req's Minimal Improvement		✓				✓		All associated Planned Preventative Maintenace (PPM) information, reports and annual inspection programmes available from E&F CAFM System Planet
SH10	Mechanical Systems e.g. Lifting Equipment									80	100	43	Req's Moderate Improvement		✓				✓		
SH11	Ventilation, Air Conditioning and Refrigeration Systems									80	100	48	Req's Minimal Improvement		✓				✓		
SH12	Lifts, Hoists and Conveyance Systems									80	100	40	Req's Moderate Improvement		✓			✓	✓		
SH13	Pressure Systems									80	100	40	Req's Moderate Improvement		✓				✓		
SH14	Fire Safety									80	100	68	Req's Minimal Improvement		✓	✓			✓		All associated Planned Preventative Maintenace (PPM) information, reports and annual inspection programmes available from E&F CAFM System Planet
SH15	Medical Devices and Equipment									80	100	63	Req's Minimal Improvement		✓		✓		✓		
SH16	Resilience, Emergency and Business Continuity Planning									80	100	63	Req's Minimal Improvement		✓				✓		
SH17	Reporting and implementing Premises and Equipment issues									80	100	70	Req's Minimal Improvement		✓				✓		
SH18	Contractor Management									80	100	68	Req's Minimal Improvement		✓				✓		Management and recording of Contractors onsite through RESET terminals and RESET elotronic VEB system.
SH19	Safety and Suitability of Premises and Services									80	100	68	Req's Minimal Improvement		✓				✓		
SS1	Catering Services									80	100	75	Req's Minimal Improvement		✓			✓			Service outsourced to SODEXO. Format presented to SODEXO Trust lead and H&S contact for future reporting

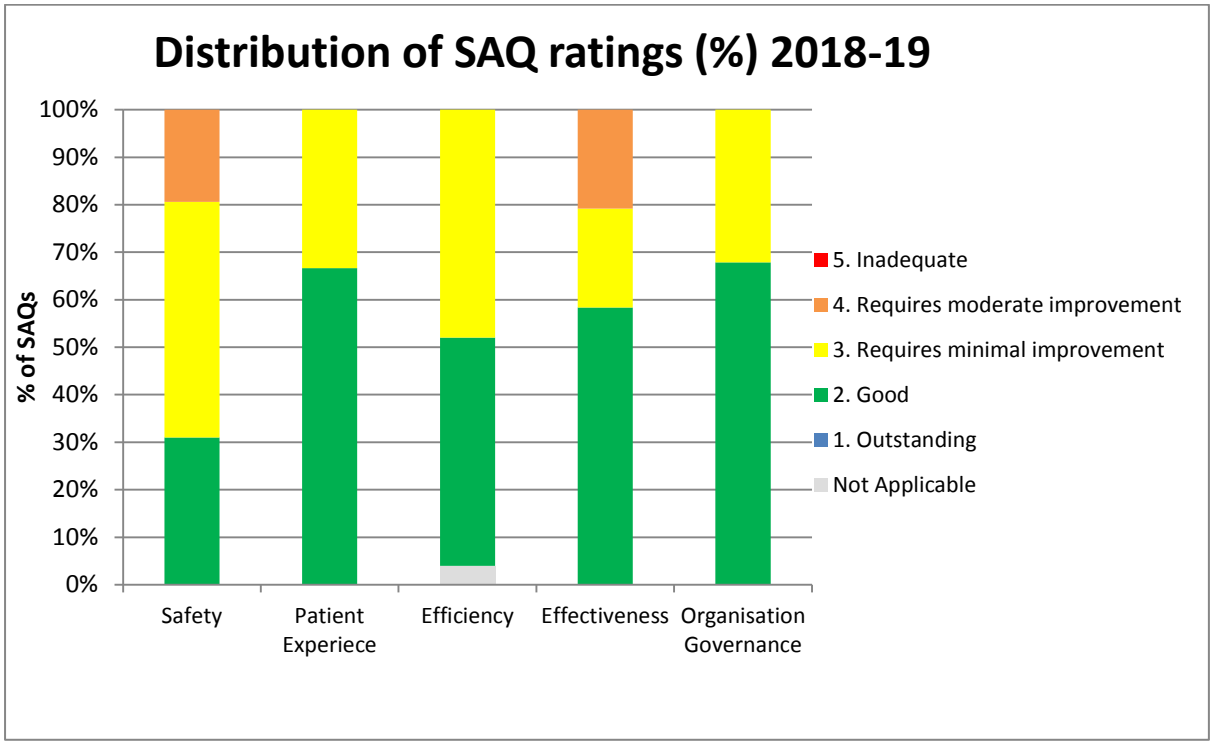
DBTH PAM Overall Summary Position for 2018/2019



DBTH Overall Summary Position for 2017/2018



NHS PAM DBTH Overall Summary Distribution of SAQ Ratings (%) for 2018-2019.



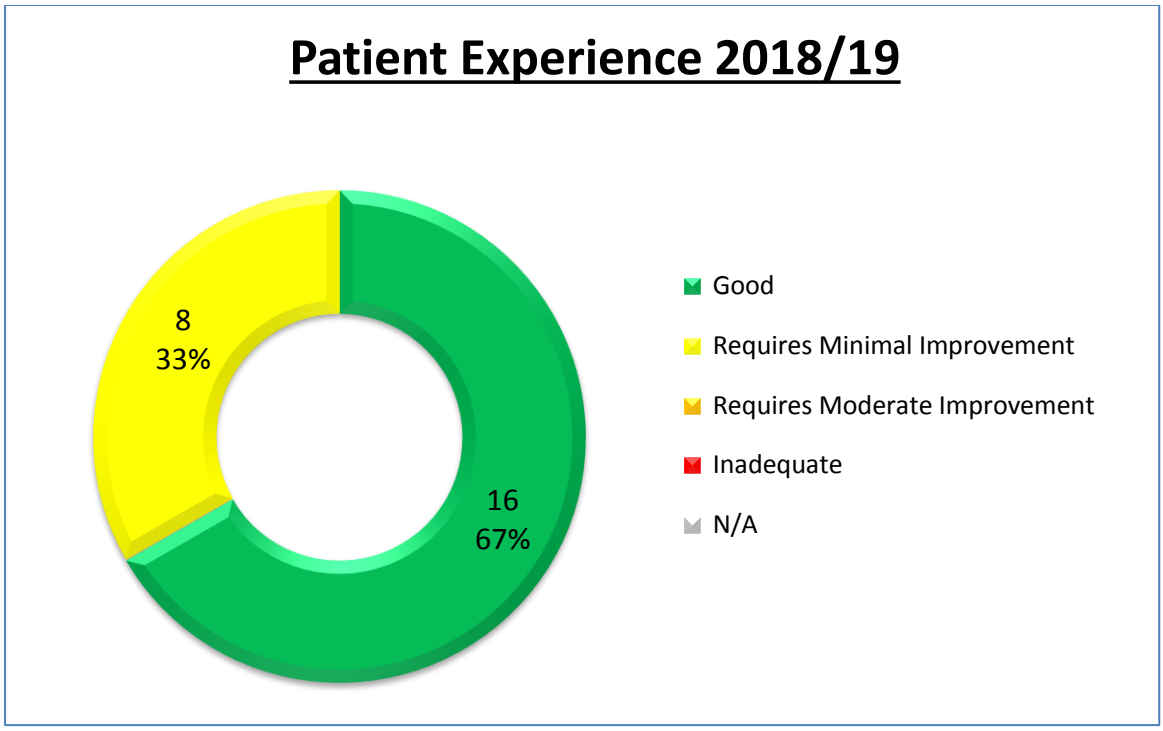
Legend

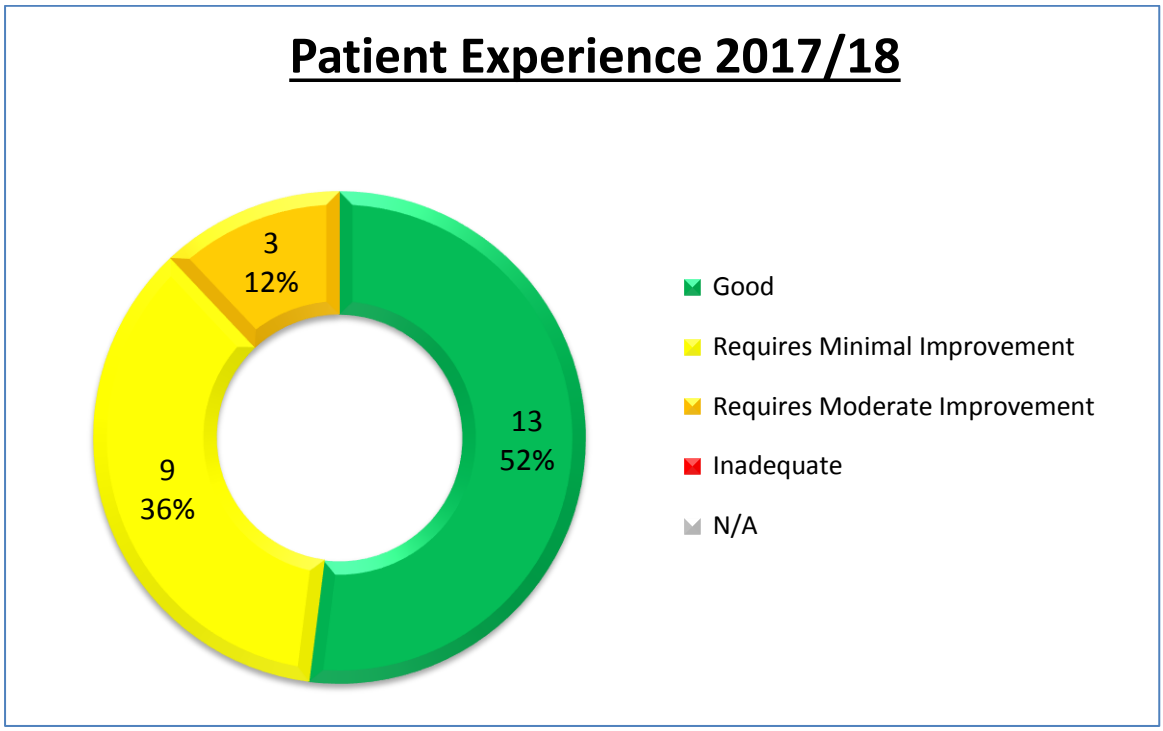
Domain	Domain statement
Safety	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical and social outcomes.
Patient experience	The organisation ensures that patient experience is an integral part of service provision and is reflected in the way in which services are delivered. The organisation will involve patients and members of the public in the development of services and the monitoring of performance.
Efficiency	The organisation provides assurance that space, activity, income and operational costs of the estates and facilities provide value for money, are economically sustainable and meet clinical and organisational requirements.
Effectiveness	The organisation provides assurance that it's premises and facilities are functionally suitable, sustainable and effective in supporting the delivery of improved health outcomes.
Organisation governance	How the organisations board of directors deliver strategic leadership and effective scrutiny of the organisations estates and facilities operations. How the other four Domains are managed as part of the internal governance of the NHS organisation. Its objective is to ensure that the outcomes of the Domains are reported to the NHS Boards and embedded in internal governance and assurance processes to ensure actions are taken where required.

Patient Experience

The PAM Distribution of SAQ Ratings for Patient Experience shows DBTH to have increased our 'Good' rating by 15% in 18/19 compared to 17/18 with 67%, and a reduction of 12% of 'Requires Moderate Improvement' to 0%.

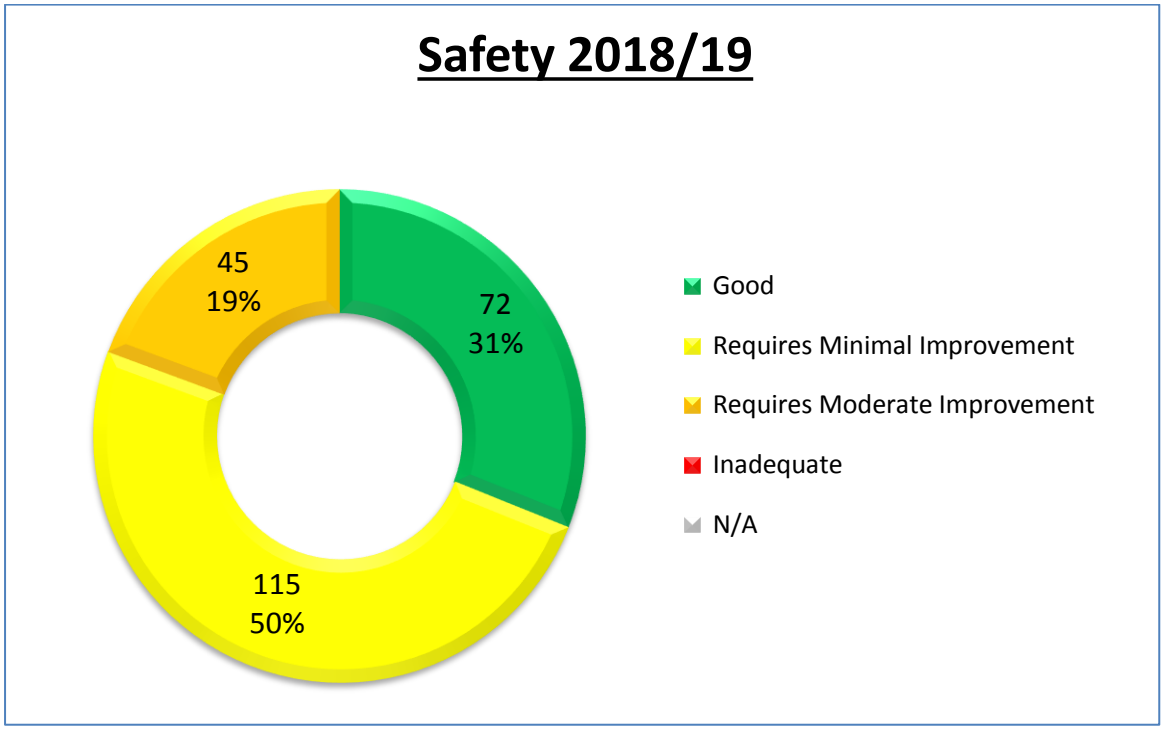
The PAM Patient Experience Summary Position for DBTH demonstrates significant improvement within this domain.

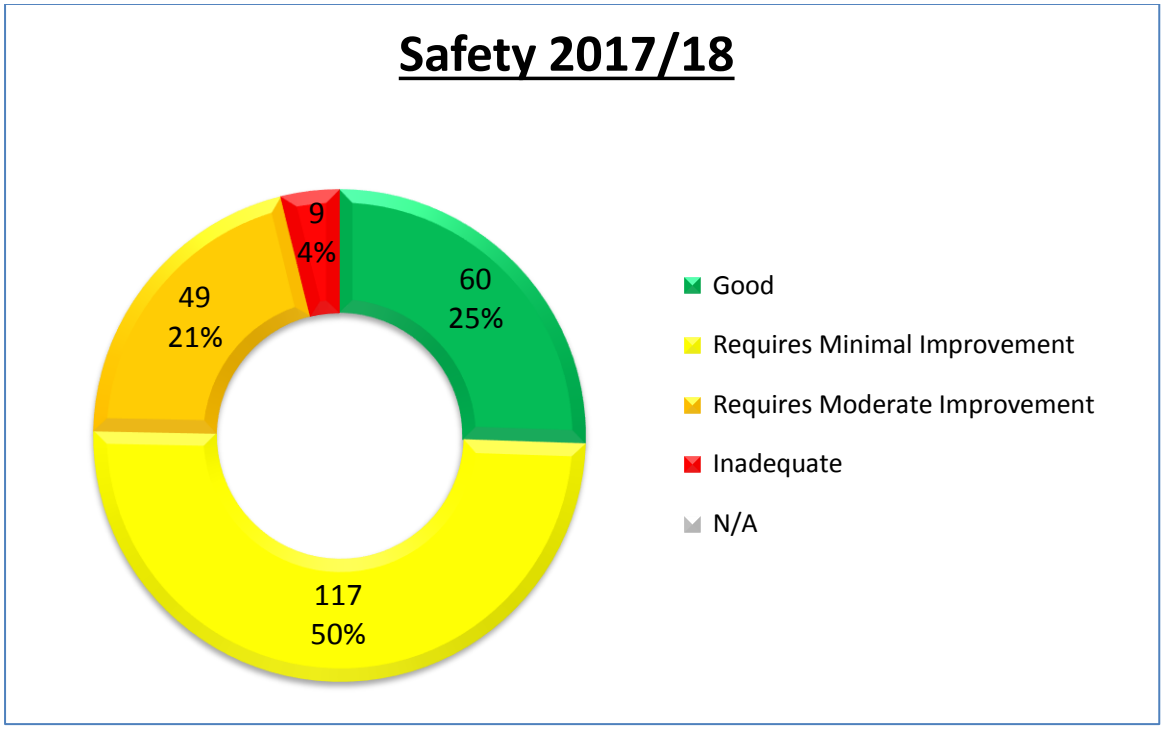




DBTH PAM Safety Domain Summary Position for 2018/19

The Overall PAM Safety Summary Position for DBTH in 18/19 demonstrates positive improvement with a 12% increase in 'Good' ratings, and reduction of 'Inadequate' rating of 4% to 0% as compared to 17/18.



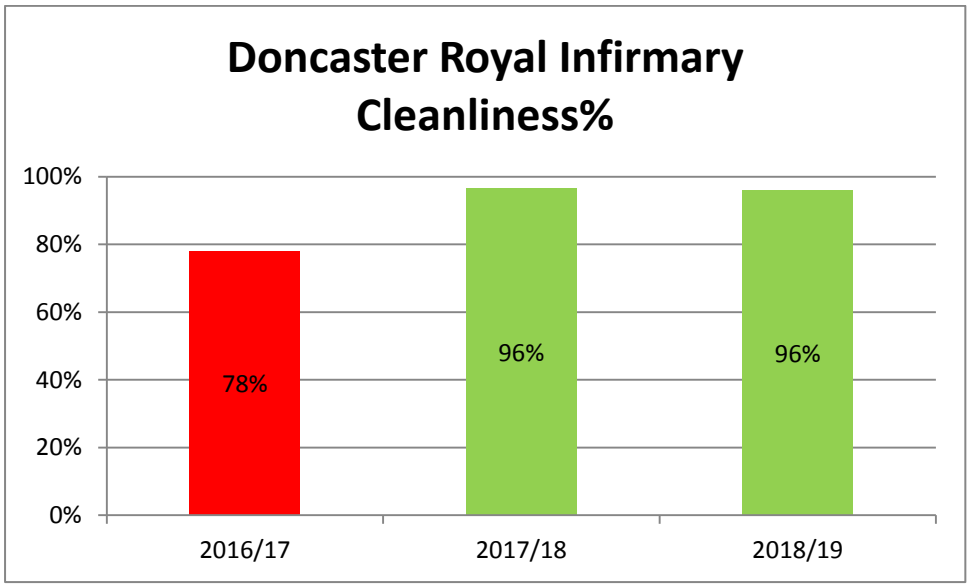


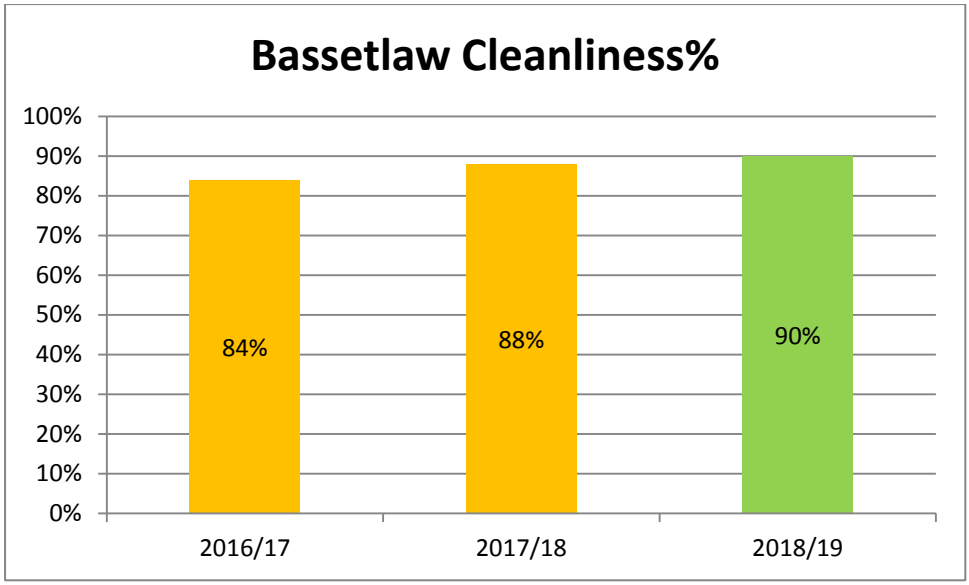
A programme of review for PAM 2019/20 is already in place and progressing, this has placed the Trust in a good position following last year's (2018) correspondence from NHSI encouraging all NHS Organisations to use the PAM from April 2018. Two Senior E&F managers are also currently members of the National NHSI PAM development group with the aim of having an online reporting platform approved similar to the ERIC reporting structure, with access for benchmarking and peer review.

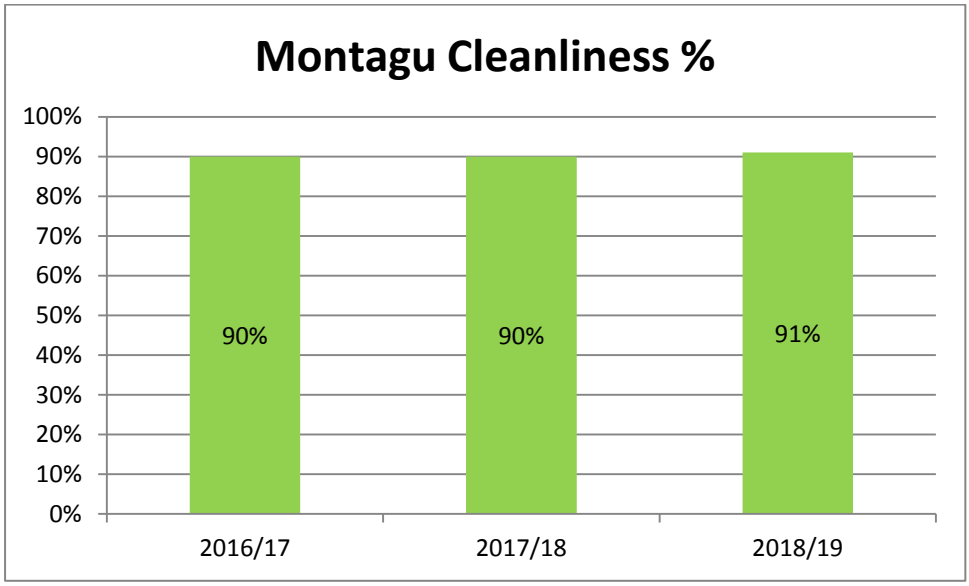
4 Facilities Performance

4.1 Hospital Cleanliness

As can be seen by the eyar on year comparison tables below there has been an improvement in average cleanliness scores with all sited meeting or exceeding the Trust internal standard of 90% in 2018/19.

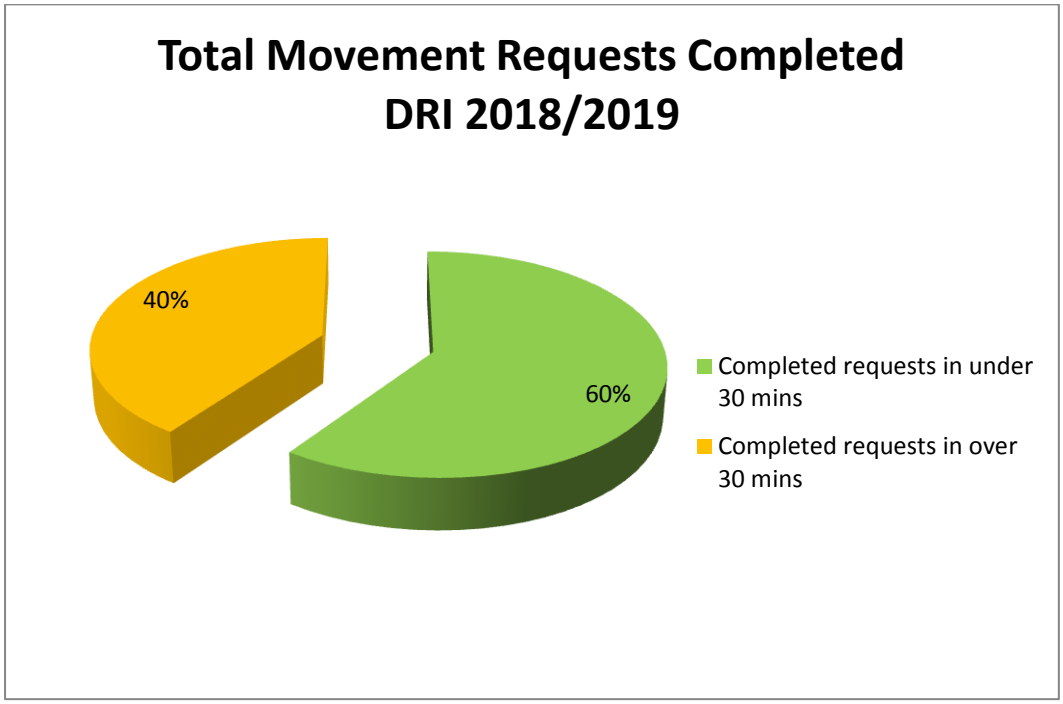


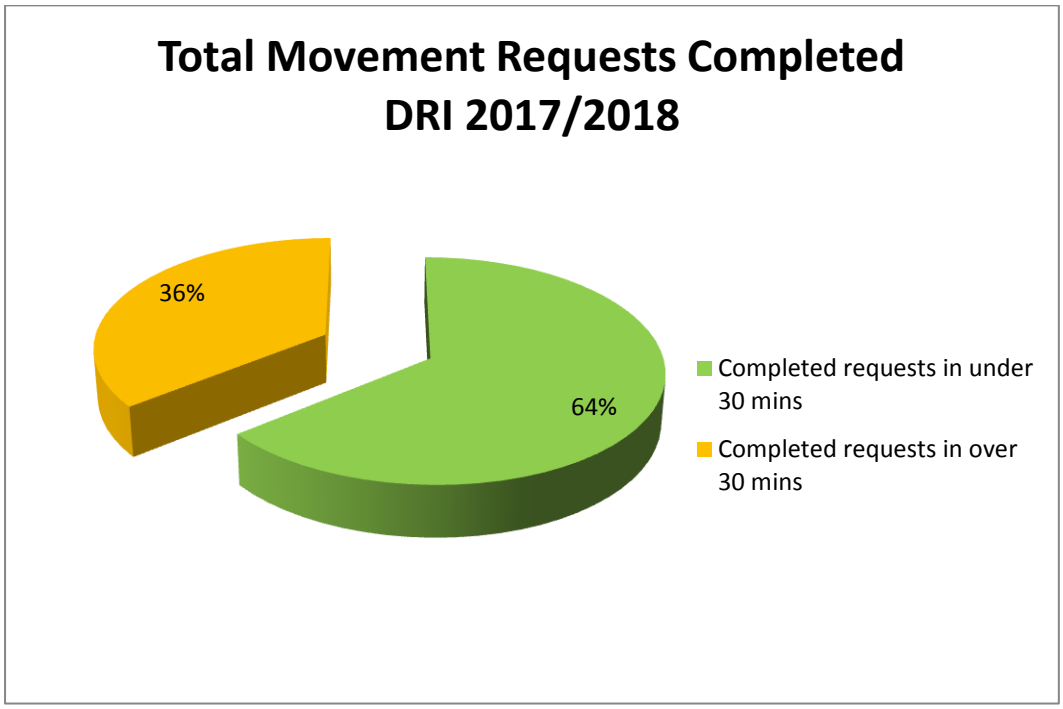

Bassetlaw Cleanliness%
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
84%
88%
90%
2016/17
2017/18
2018/19


Montagu Cleanliness %
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
90%
90%
91%
2016/17
2017/18
2018/19

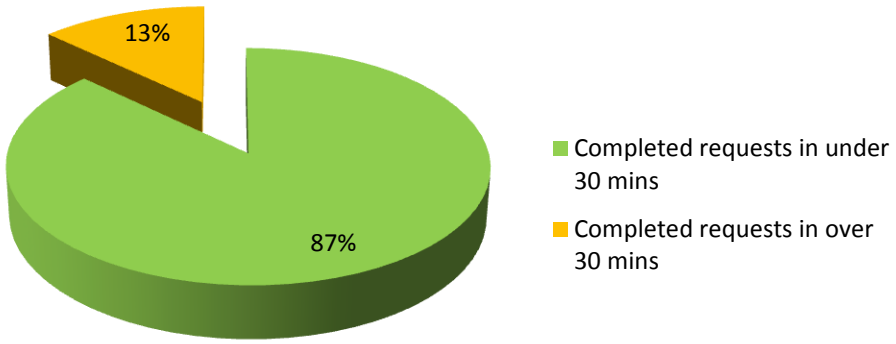
4.2 Portering Response

In addition, portering response times have remained consistent.

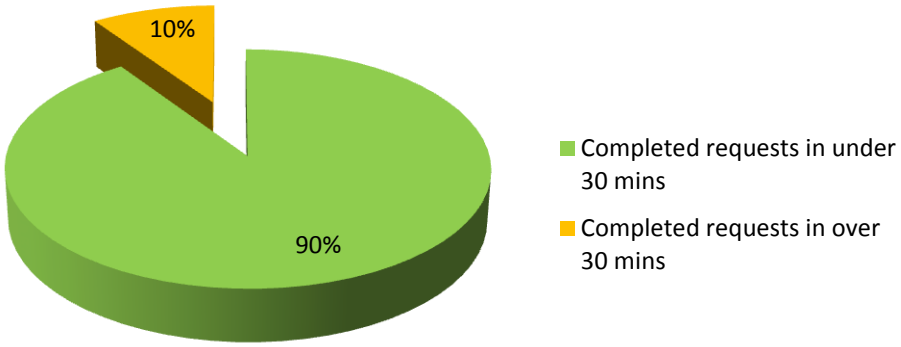




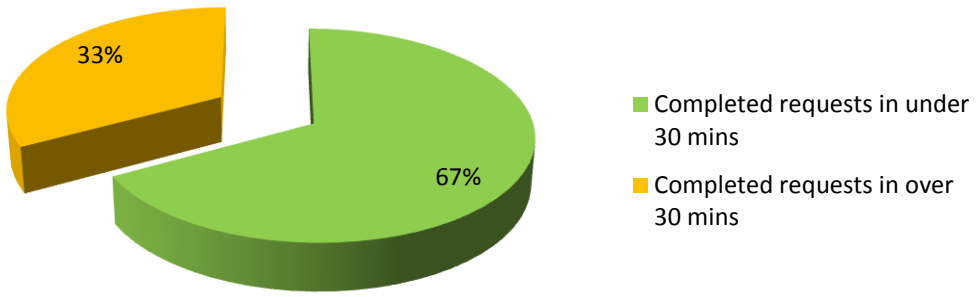
Total Movement Requests Completed BDG 2018/2019



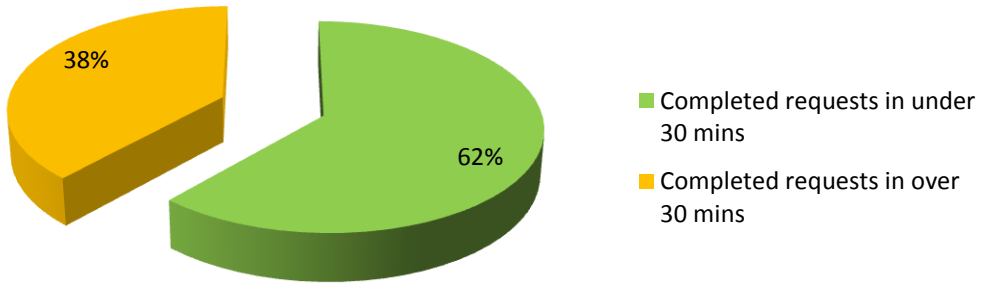
Total Movement Requests Completed BDGH 2017/2018



Total Completed Movement Requests MMH 2018/2019



Total Completed Movement Requests MMH 2017/2018



4.3 Catering

Patient Satisfaction

In response to the issues raised on 26th July 2018 by Governors, together with contract breaches identified by the Trust's retained Catering Contract Management Team regarding the standard of the Patient Catering Service, the Trust issued Sodexo with a formal Contractual Performance Warning Notice on 3rd August relating the following five areas:

- Late Meal Deliveries – KPI 3
- Failure to achieve Quality Standards -KPI 7
- Failure to provide Staff Establishment Information – KPI 8
- Failure to achieve Food Hygiene Rating of 5 stars at MMH – KPI 11
- Late/Missing Monthly Management Information – Service Level

As can be seen in the table below, Patient Satisfaction Surveys show that, as well as Sodexo continuing to hit their monthly target of >500 surveys completed, they are maintaining their Contract KPI 7 of 95% patient satisfaction.

	Sep18	Oct18	Nov18	Dec18	Feb 19	Mar 19
Combined satisfaction score KPI 7	**91%**	**92%**	**93%**	**95%**	**96%**	**97%**

5 Estates Performance

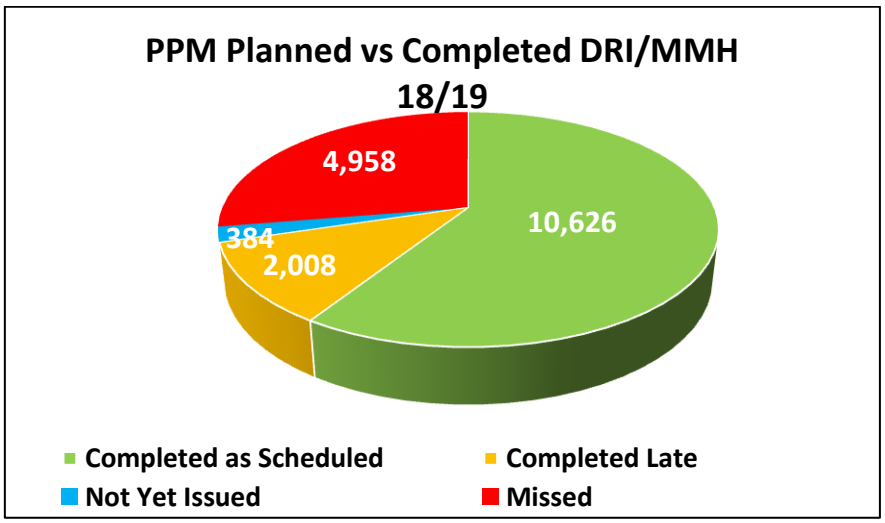
5.1 Planned Preventative Maintenance (PPM) DRI/MMH

The completion of PPM's ensures the aged estate is being maintained appropriately, and where risks have been identified, PPM's are increased as mitigation to manage the risk. For this annual review information has been provided which shows the current descriptions of PPM and reactive categories held within PLANET FM. PLANET FM is the Trust's CAFM (Computer Aided Facilities Management) system, which is used to deliver the Estates

Helpdesk and Labour Management System through handheld devices. There are two categories of PPM, category 3 is a statutory task, and category 5 is non-statutory.

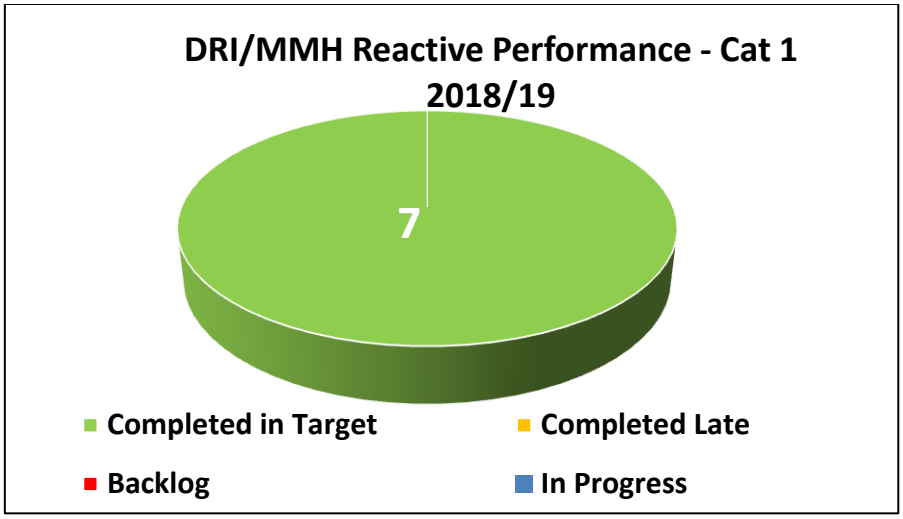
Work to review the PLANET system, and the estates workforce and skill mix, has now progressed to a stage where a multidisciplinary team, supported by the Medial Director, will review the current categories in order to expand the number from just 4 to between 7-9 categories. This will enable a more accurate assessment to take place when reactive jobs are logged, and help to ensure that jobs that may adversely affect the patient experience are not lost amongst other non-urgent tasks as would be classified in strict engineering and safety terms.

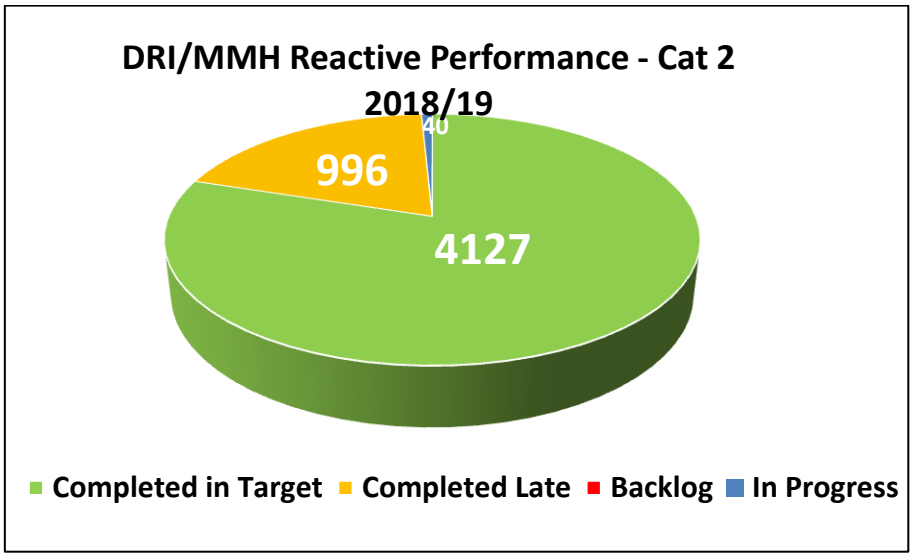
In addition, we are now at a stage where we are ready to launch the self-service client portal element of PLANET so that any member of staff who has reported a reactive maintenance job through the helpdesk or via the intranet can logon to the PLANET system with their job number and retrieve their job profile to check its progress. We are expecting this self-service facility to be of great value to our internal customers as it will provide them with immediate updates and reduce concerns raised about jobs being 'lost in the system'. Over the next few weeks Buzz and email will be utilised to promote this new self-service facility.



5.2 Reactive Maintenance DRI

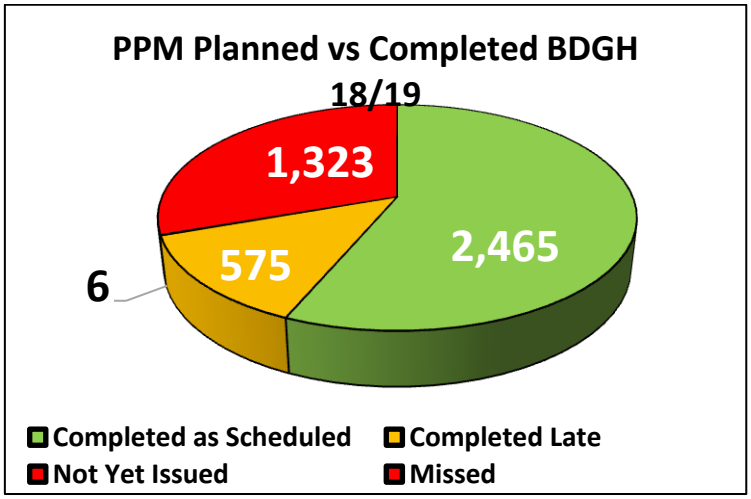
Completion of Reactive Maintenance tasks improved on 2018/19 with no category 1 or 2 jobs being outstanding on the system at DRI/MMH.





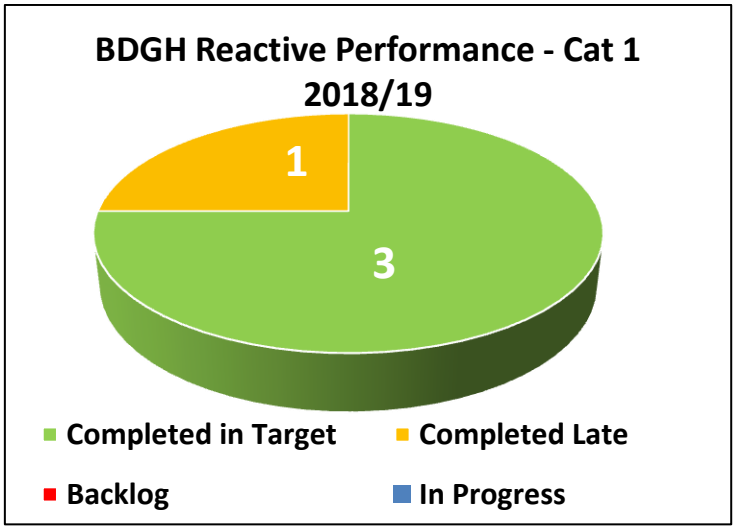
CATEGORY 1 (EMERGENCY) RESPONSE = ATTEND WITHIN 1 HOUR - RESOLVE WITHIN 8 HOURS
CATEGORY 2 (URGENT) RESPONSE = ATTEND WITHIN 8 HOURS - RESOLVE WITHIN 12 HOURS
CATEGORY 3 = STATUTORY/MANDATORY/ESSENTIAL PPM
CATEGORY 4 (NON-URGENT) RESPONSE = ATTEND WITHIN 5 WORKING DAYS RESOLVE WITHIN 10 WORKING DAYS

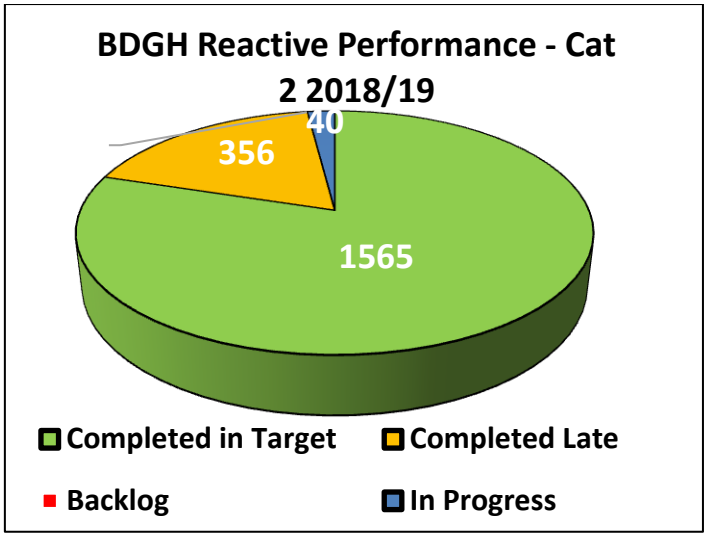
5.3 Planned Preventative Maintenance BDGH



5.4 Reactive Maintenance BDGH

Completion of Reactive Maintenance tasks improved in 2018/19 with no category 1 or 2 jobs being outstanding on the system at BDGH.





CATEGORY 1 (EMERGENCY) RESPONSE = ATTEND WITHIN 1 HOUR - RESOLVE WITHIN 8 HOURS
CATEGORY 2 (URGENT) RESPONSE = ATTEND WITHIN 8 HOURS - RESOLVE WITHIN 12 HOURS
CATEGORY 3 = STATUTORY/MANDATORY/ESSENTIAL PPM
CATEGORY 4 (NON-URGENT) RESPONSE = ATTEND WITHIN 5 WORKING DAYS RESOLVE WITHIN 10 WORKING DAYS

6 Medical Technical Services (MTS) - Annual Dashboard

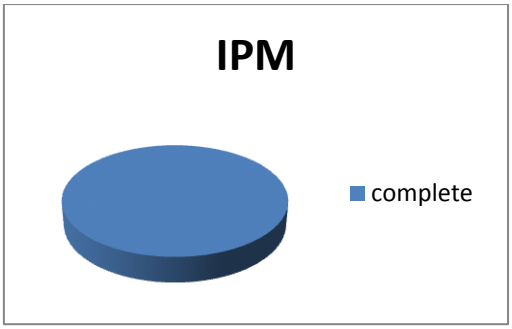
The average response times for repairs for 2018/19 is **6.5** days, this is a reduction from an average in the previous year of between 8-14 days.

Inspection /preventative maintenance (IPM) program for medical devices

There are 109 wards/departments encompassing the Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust sites including outlying areas at Retford tri. All areas are complete for the 18/19 cycle.

The addition of a second IPM technician in January has meant that we are able to target difficult areas with more flexibility, and this achieved 100% compliance across all sites in 18/19.

Site	% still in date or complete in 18/19
MMH	100
DRI	100
BDGH	100



Equipment library

The equipment library continues to develop its services, now taking on the management of the on loan/trial indemnity processes working closely with procurement to ensure that the required documentation has been completed and signed.

Development of an on-line loan request form is in progress to ensure divisional directors have sight, and are supportive, of trials of equipment within their divisions.

Bed Hire

A new on-line process for hiring beds has also been well received, costs are being better controlled due to far more visibility over patient movements and a more robust monitoring process.

Re-Turn Centre

2018/19 saw the first full year of the internally developed Re-Turn centre which is now able to manage the supply and demand and the storage of surplus assets. Recent publicity has increased the utilisation of the Re-Turn centre, which has now provided 224 assets back into use at an estimated value of over £50k.

7 Conclusion and Recommendations

The Performance KPI Data provided demonstrates the improvements to the quality and efficacy of E&F services achieved in 2018/19.

The annual declaration of Trust compliance performance against the Department of Health (DOH) NHS Premises Assurance Model (NHS PAM) has shown further improvements in 2018/19 of 5% to an assessment of 85% Good/Requires Minimal Improvement, including improvements in the 'Safety' and 'Patient Experience' domains. The summary of results of the 18/19 staff survey shows areas that have improved significantly from the previous year.

The Board of Directors is asked to note the content of this E&F Performance report and the progress made.

Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

NHS Premises Assurance Model (PAM) Assessment 2018/19

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Executive Summary

The NHS Premises Assurance Model (NHS PAM) has been developed, with the support of the Department of Health (DOH) and industry bodies to assist Trusts in reviewing their management structures and processes in a consistent manner, bringing together:

- Compliance with Quality and Safety Standards, and
- Efficiency

Safeguarding that one is not delivered at the expense of the other and helping to deliver a financially sustainable NHS that takes Quality and Safety as its organising principle, meeting the CQC Essential Standards of Quality and Safety Guidance 2015, updated in June 2017 to the Key Lines of Enquiry (KLOE).

The objectives behind the NHS PAM support the NHS constitution pledge:

"to provide services from a clean and safe environment that is fit for purpose based on national best practice" and the current regulatory requirements to ensure that "service users are protected against risks associated with unsafe and unsuitable premises".

In simple terms the NHS PAM is a complex spreadsheet that can be used to collect a snapshot of the organisation's fitness for purpose at a point in time. It does this through a series of Self-Assessment Questions (SAQ's) and produces a summary report that can be used to demonstrate the overall state of the organisation to its service users, commissioners and regulators. Its purpose is to support the organisational aim of ensuring that the premises and associated services are safe.

The NHS PAM has been utilised by a small number of trusts for several years with DBTH commencing participation in 2013 through PAM working groups and collaboration locally. A major revision released in May 2014, and updated more recently in January 2016, radically altered the extent of the PAM package reflecting changes in Policy, Strategy, Regulations and Technology. This version is built around 5 Domains and a series of common questions.

The Domains are:

- **Efficiency**
- **Safety**
- **Effectiveness**
- **Patient Experience**
- **Organisational Governance**

The first four Domains cover the main areas where Estates and Facilities (E&F) impacts on Safety and Efficiency. The Organisational Governance Domain acts as an overview of how the other four Domains are managed as part of the internal governance of the NHS organisation. Its objective is to ensure that the outcomes of the Domains are reported to the NHS Boards and embedded in internal governance processes to ensure actions are taken where required.

The following report provides an overview of PAM and the process and methodology utilised by the DBTH E&F team when undertaking the PAM assessment. The report provides information from the PAM assessment for 2018/19 and covers all 5 PAM Domains, illustrating areas of improvement made by the Trust from the previous year's 2017/18 PAM assessment providing a basis for comparison annually. The report also outlines areas of deficiency that require further improvement, and in some cases investment to bring the Trust up to an all-round Good rating.

1. Introduction

The NHS PAM is designed to provide an overview for Board level assurance purposes of the organisational management of the Trust as a whole, split into 5 Domains (with the Safety Domain sub split into Hard and Soft), and does not function based on Property or Divisional splits within an organisation.

This assessment of the DBTH PAM has been undertaken using the most up to date 2016 model and reflects the Trust's position as at end of March 2018/19. The methodology utilised has been developed previously by a number of local Trusts, information obtained from the Grovenbridge Academy (GA) and in conjunction with the identified responsible Trust management members of the DBTH PAM working Group.

This methodology takes the PAM SAQ's into a Working Group Evidence File and records responsibilities by named post holders along with evidence and commentary provided by the responsible Trust staff members against each of the SAQ working group documents.

Within the evidence file the SAQ responses have been split to reflect these disparate functionalities, with an overview taken as to the Organisational position in relation to the evidence provided from the different functional areas. This allows a Trust wide position to be established for the PAM responses.

The end scores and grading of the assessments are conditional upon the views taken by the individuals and team members conducting the assessments. For this reason, and in order to deliver consistency, the Evidence File approach allows for the same view across multiple years ensuring ongoing PAM assessments will be internally consistent with the initial assessment undertaken by the DBTH PAM Working Group.

The following section of the report provides an overview of the PAM process undertaken by DBTH and explains what constitutes evidence for the PAM Working Groups and DBTH PAM report.

2. The PAM Assessment Process

Initially a number of large PAM working groups were undertaken with various members of the E&F team, and a number of selected stakeholders including Clinical Leads, Infection, Prevention and Control (IPC) Leads and General Managers across the Trust. These large working groups included a series of presentations explaining PAM and the process that the Trust was undertaking to complete the PAM assessments. From these large working groups, smaller working groups were established to prime the PAM Evidence File and identify key names and contact details for each of the PAM SAQ's. The objective was to target the most Senior Manager who had direct responsibility for the area of the SAQ to avoid splitting the evidence collection across too many staff members. The Evidence File was then broken down into staff based working group documents which were sent individually to each responsible staff member for them to complete and return.

Once the Evidence File was considered to be complete, a review of the returns was conducted and each SAQ element given a score within the pre-determined Inadequate, Requires Moderate Improvement, Requires Minimal Improvement, Good and Outstanding grades indicated within PAM working document. There is also a Not Applicable (N/A) grade but with a Trust the size of DBTH it was agreed at the outset that there were no SAQ areas that would be classified as this, apart from the Efficiency Domain F2 – *'does the Trust have a well-managed approach to the running of PFI and LIFT contracts' as* the Trust does not currently run PFI or Lift contracts.

At various points in the process the PAM working group Evidence File scores were manually transferred into the working copy of NHS PAM and the report produced and shared with the E&F Senior Management Team by way of a PAM summary report for review. The outcome from the summary report review provides feedback to the PAM working group members, reinforcing the requirement for prompt evidence submission for the assessment year.

2.2 What Constitutes Evidence

PAM calls for documented evidence of robust policies and procedures. Rather than collect a full batch of physical policy documents that would become outdated through the anticipated lifecycle of the PAM exercise, it was accepted that evidence of these documents would be confirmed by each individual responsible person, and then audited. Within the working group Evidence File staff submit the Approved Procedural Document (APD) details linked to the Trust Intranet and

procedures stored on the DBTH Shared drive locations of relevant documentation. Approval, Review and Expiry dates are also provided to enable an auditing process through the PAM working group Evidence file.

2.3 The Report

The report provides information from the PAM assessment for 2018/19 and covers all 5 PAM Domains including an Overall Summary Position for DBTH, illustrating areas of improvement made by the Trust from the previous year's 2017/18 PAM assessment as a basis for comparison. The Trust Overall Summary Position for 2018/19 is 85% Good/Requires Minimal Improvement compared to 2017/18 Overall Position Summary of 80% Good/Requires Minimal Improvement. The report also outlines areas of deficiency that require further improvement and in some cases investment to achieve compliance with Legislation, Approved Codes of Practice (ACOP's) and Guidance, to bring the Trust up to an all-round Good rating.

The PAM report itself, is included within the Director of Estates and Facilities/Chair of the Trust H&S Committees Estates and Facilities Management (EFM) KPI Board report as a declaration of Trust H&S compliance against the NHS PAM Safety Domain for 2018/19 and ensures the Trust meets the current CQC KLOE.

During 2018/19 the PAM safety Domain has been developed into an interactive electronic assurance dashboard (See Appendix) by the EFM team. The electronic dashboard is reviewed bi-monthly by the Trust H&S Committee, and is included as an 'At a Glance' dashboard within the 6 monthly H&S reports to the Audit and Non-Clinical risk Committee (ANCR).

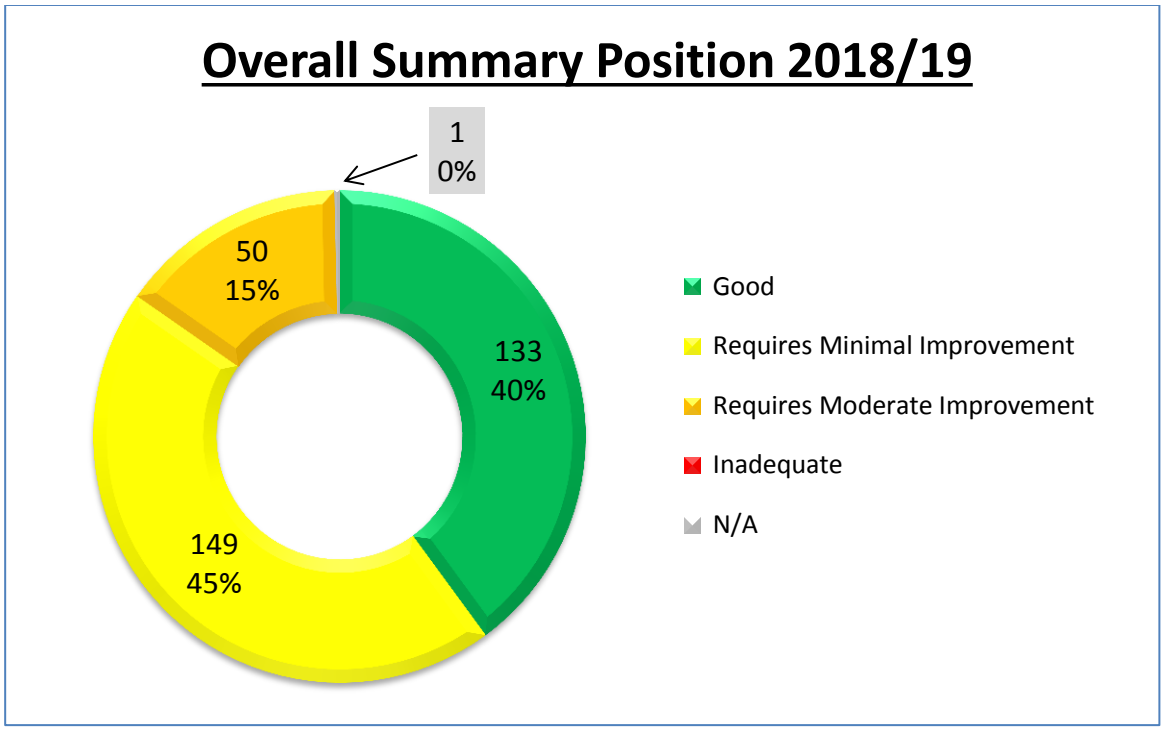
The reporting features of PAM as issued by the DOH are somewhat limited and because of the complexity of the main PAM spreadsheet within which the responses are held, it is difficult to add custom reports. Therefore the following report for DBTH 2018/19 draws on the reports that are available within the PAM working documents and the commentary provided by the PAM working group exercises undertaken.

3. Overall Summary Position for PAM 2018/19

The PAM Distribution of SAQ Ratings for 2018-19 shows DBTH to be Good in 133 elements, requiring Minimal Improvement in 149 elements, requiring Moderate Improvement in 50 elements, and N/A in one individual element. The evidence gained during the PAM assessment process has identified the need for Minimal Improvement in the majority of sections within the individual PAM SAQ's. Both Requires Moderate and Minimal Improvements will be picked up in detail within the review of each individual Domain through the PAM working group process for 2019/20 with action plans and review dates presented to individual responsible managers.

The PAM Overall Summary Position for DBTH has improved in all 5 Domains rating DBTH 85% Good/Requires Minimal Improvement compared to 2017/18 Overall Position Summary Position of 80% Good/Requires Minimal Improvement. Figure 1 illustrates the breakdown of the PAM Self-Assessment Question (SAQ) score ratings for the assessment year 2018/19 with Figure 2 showing the previous year's 2017/18 Overall summary for comparison. Figure 3 shows the PAM distribution of SAQ ratings for 2018/19 including individual Domain statement, with Figure 4 providing the average scores for the 2018/19 Overall Summary position.

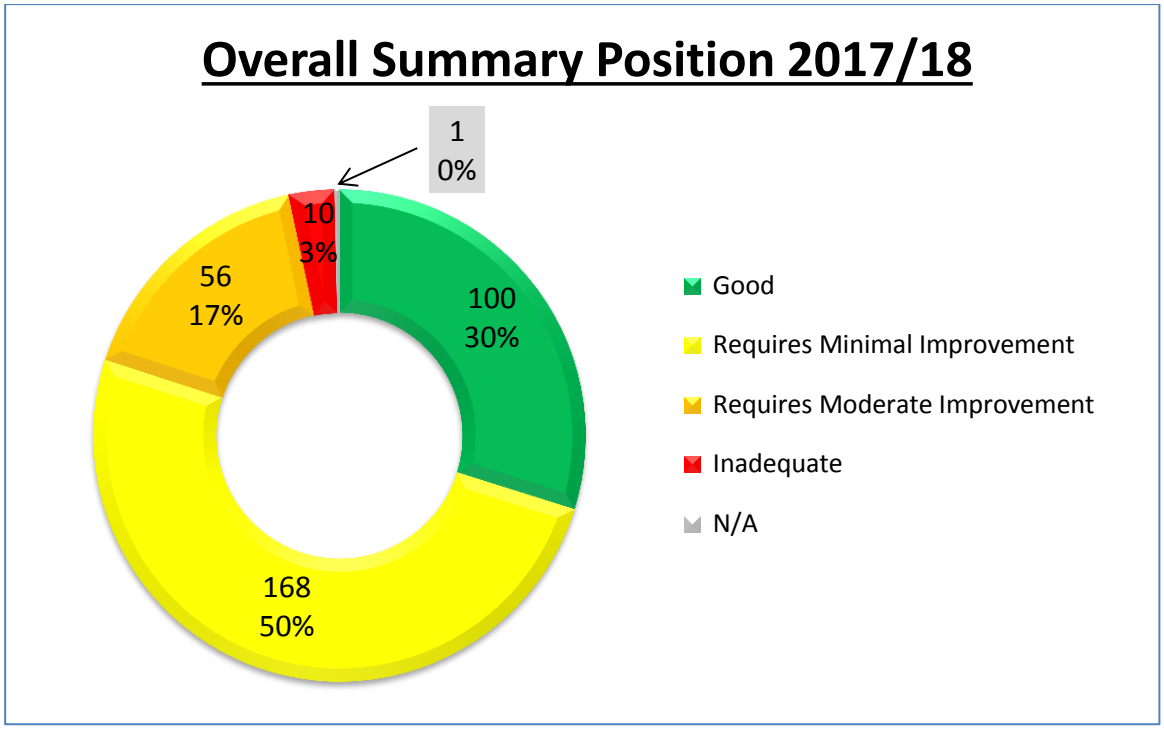
Figure 1: DBTH PAM Overall Summary Position for 2018/19



Numerical breakdown of DBTH Overall PAM SAQ scores for 2018/19 are as follows:

Outstanding	= 0
Good	=133
Requires Minimal Improvement	= 149
Requires Moderate Improvement	= 50
Inadequate	= 0
Not Applicable	= 1

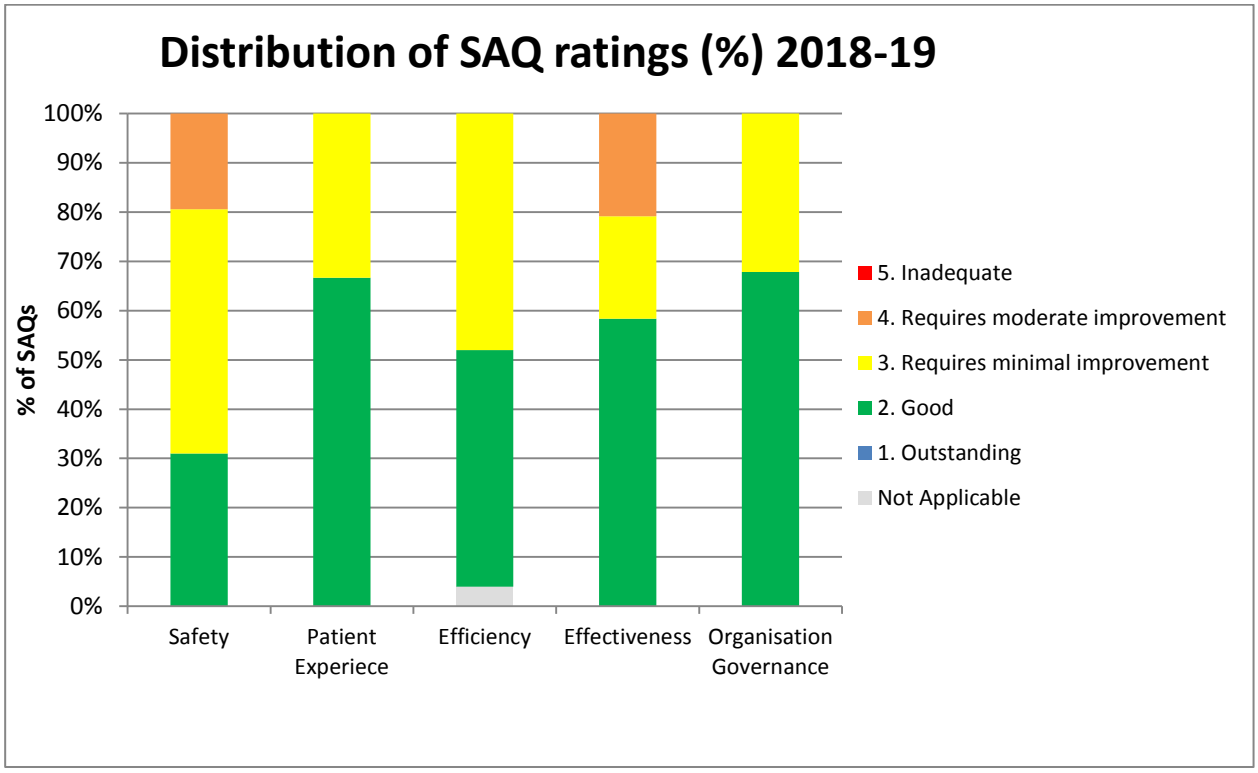
Figure 2: DBTH Overall Summary Position for 2017/18



Numerical breakdown of DBTH Overall PAM SAQ scores for 2017/18 are as follows:

Outstanding	= 0
Good	= 100
Requires Minimal Improvement	= 168
Requires Moderate Improvement	= 56
Inadequate	= 10
Not Applicable	= 1

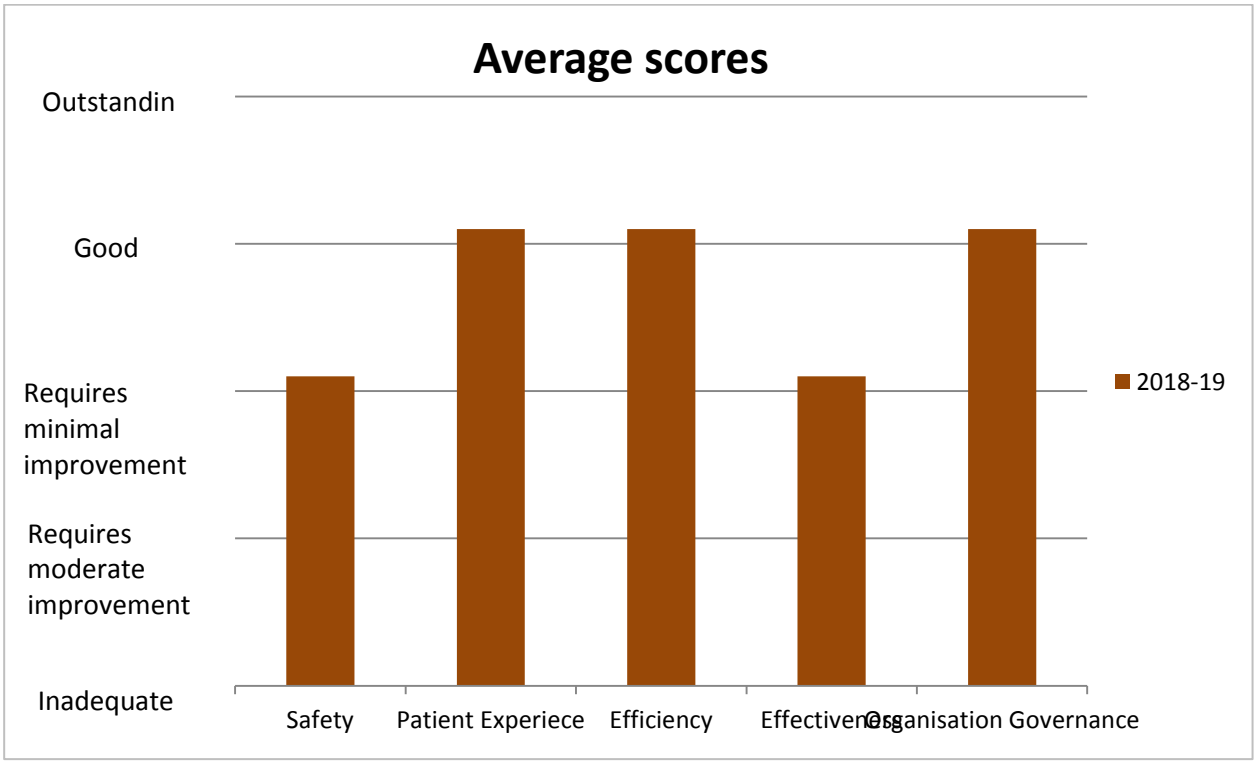
Figure 3: PAM DBTH Overall Summary Distribution of SAQ Ratings (%) for 2018/19.



Legend

Domain	Domain statement
Safety	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical and social outcomes.
Patient experience	The organisation ensures that patient experience is an integral part of service provision and is reflected in the way in which services are delivered. The organisation will involve patients and members of the public in the development of services and the monitoring of performance.
Efficiency	The organisation provides assurance that space, activity, income and operational costs of the estates and facilities provide value for money, are economically sustainable and meet clinical and organisational requirements.
Effectiveness	The organisation provides assurance that it's premises and facilities are functionally suitable, sustainable and effective in supporting the delivery of improved health outcomes.
Organisation governance	How the organisations board of directors deliver strategic leadership and effective scrutiny of the organisations estates and facilities operations. How the other four Domains are managed as part of the internal governance of the NHS organisation. Its objective is to ensure that the outcomes of the Domains are reported to the NHS Boards and embedded in internal governance and assurance processes to ensure actions are taken where required.

Figure 4: PAM DBTH Distribution of Overall Summary Average Position Scores for 2018/19



For the areas requiring improvement in the overall PAM assessment, PAM allows for the entry of "Capital Costs for Compliance" and "Revenue Consequences". The view has been taken that as PAM is a review of the management Policies and Procedures there should be No Capital Costs – as this would imply change to the physical structure of the Estate and if this is required it will be identified through the 7 Facet Condition Surveys, Strategic reviews and Operational procedures. Should PAM have highlighted that these reviews or procedures are not functioning correctly within the Organisation, then the correction is to the processes and the resultant Capital Costs should be embedded within the DBTH Capital Programme and not reported through PAM, which would have the potential to generate double accounting. However, there will be Revenue Consequences for changes within management processes for DBTH, and reviewed by the E&F Senior Management team through the review of the individual Domain summaries and resultant score.

The following section of the report is split into the 5 individual PAM Domains providing a summary for each section including the distribution of SAQ's, Questions, Average Scores and Overall Summary for the 2018/19 Domain. To enable comparison and illustrate improvements achieved by the Trust, the previous year's PAM 2017/18 Overall Summary for each Domain is included.

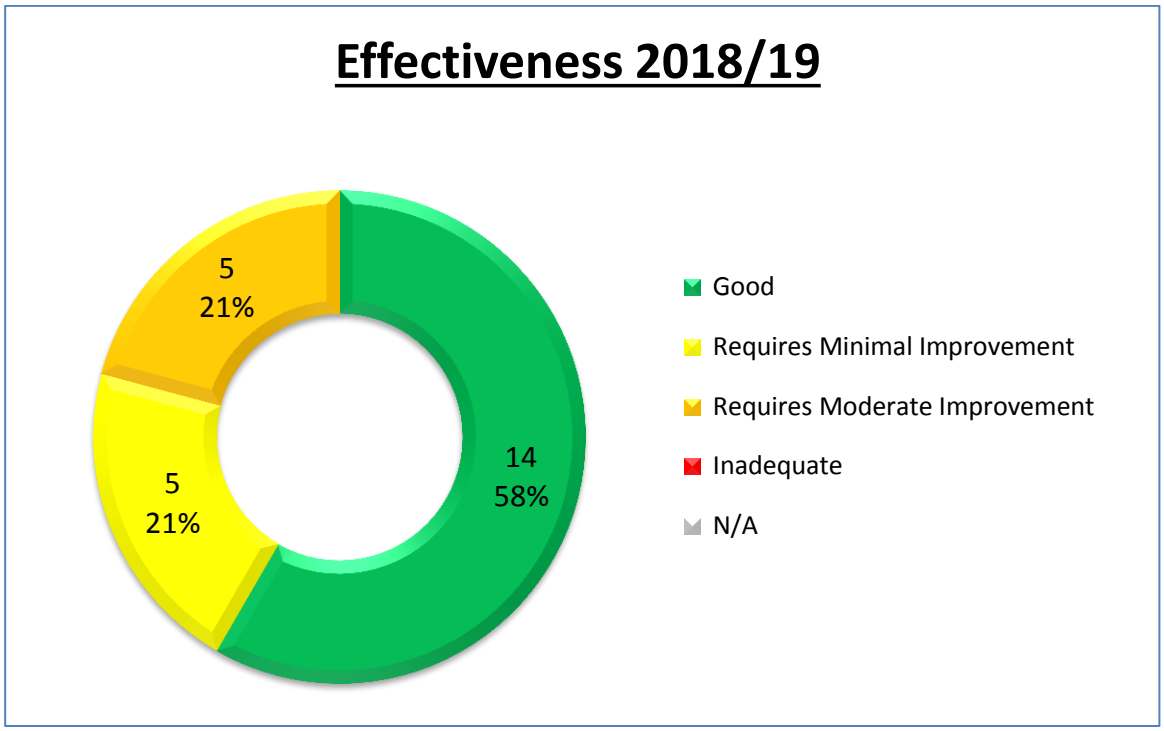
4. Domain Reviews for PAM 2018/19

4.1 Effectiveness

The PAM Distribution of SAQ Ratings for Effectiveness shows DBTH to be Good in 14 elements, requiring Minimal Improvement in 5 elements, requiring Moderate Improvement in 5 elements. The evidence gained during the PAM assessment process has identified the need for both Minimal and Moderate SAQ Improvement within this individual Domain.

The PAM Effectiveness Summary Position for DBTH demonstrates progressive improvement, with Figure 5 illustrating the breakdown of the PAM SAQ score ratings for the assessment year 2018/19 and Figure 6 showing the previous year's 2017/18 Effectiveness summary for comparison. Figure 7 shows the PAM distribution of Effectiveness SAQ ratings for 2018/19 including individual Domain statement, with Figure 8 providing the average scores for the 2018/19.

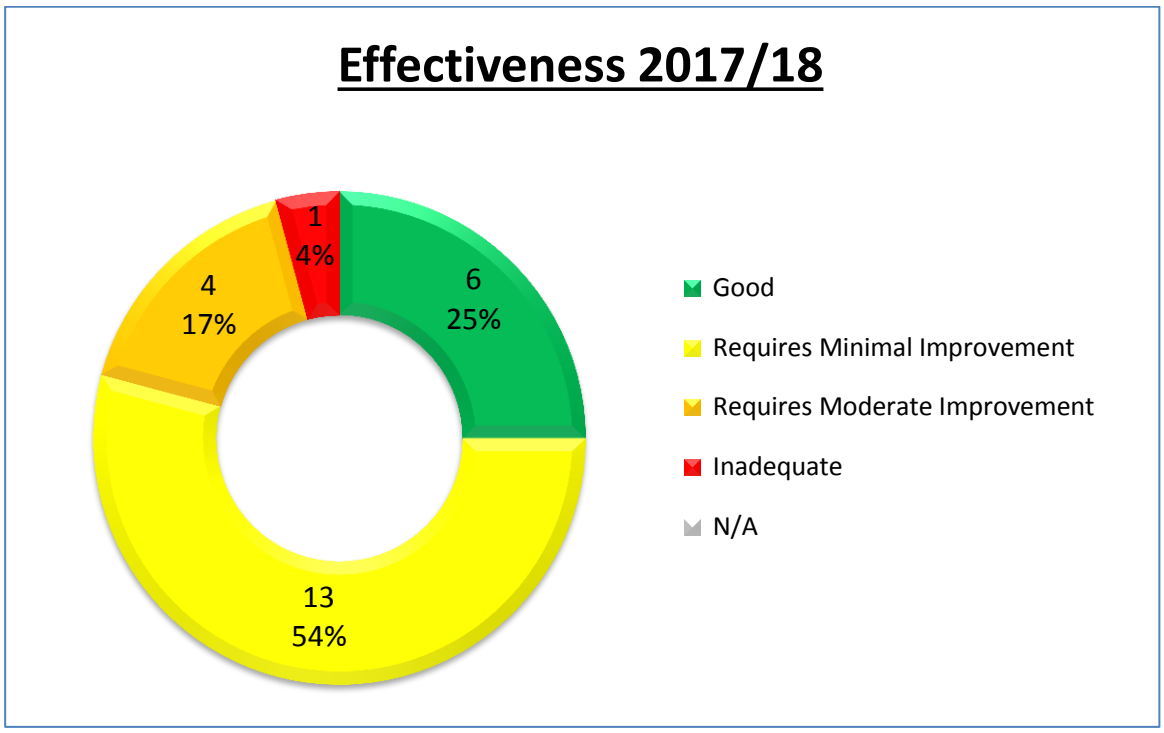
Figure 5: DBTH PAM Effectiveness Domain Summary Position for 2018/19



Numerical breakdown of DBTH Overall Effectiveness SAQ scores for 2018/19 are as follows:

Outstanding	= 0
Good	= 14
Requires Minimal Improvement	= 5
Requires Moderate Improvement	= 5
Inadequate	= 0
Not Applicable	= 0

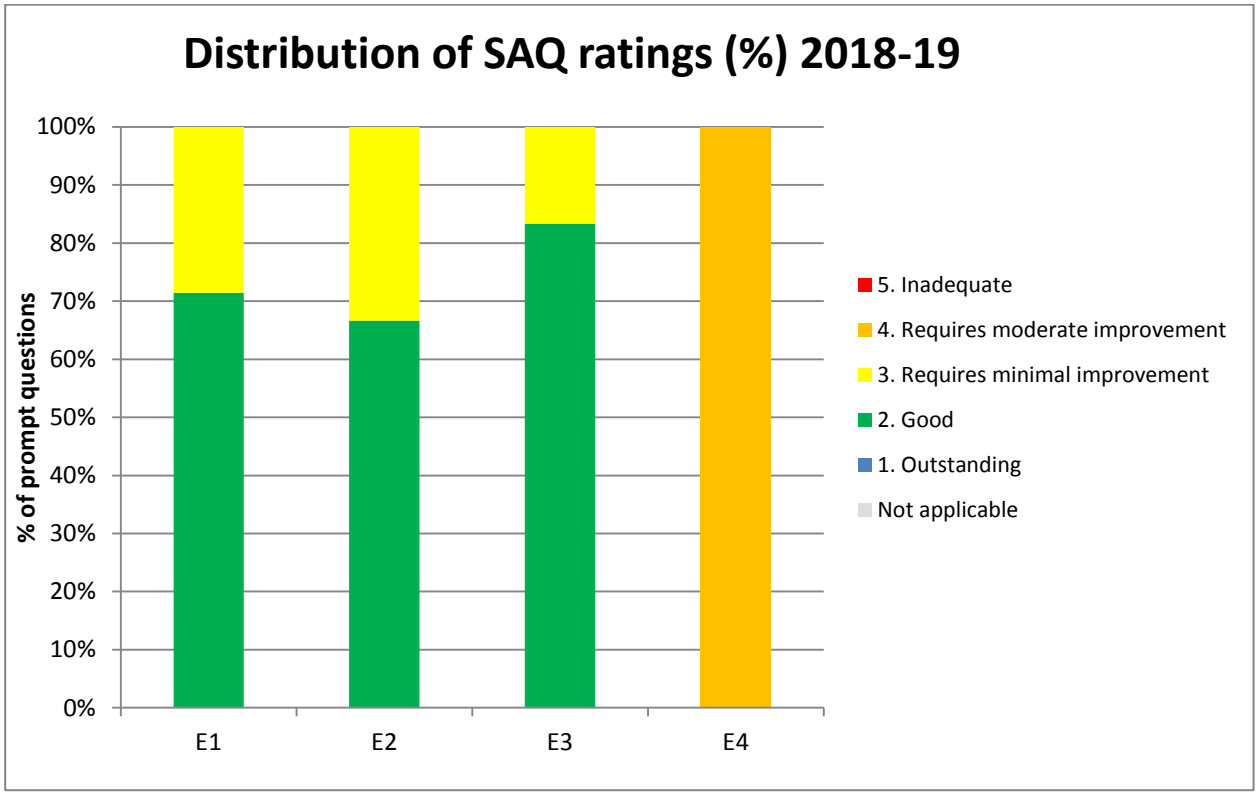
Figure 6: DBTH PAM Effectiveness Domain Summary Position for 2017/18



Numerical breakdown of DBTH Overall Effectiveness SAQ scores for 2017/18 are as follows:

Outstanding	= 0
Good	= 6
Requires Minimal Improvement	= 13
Requires Moderate Improvement	= 4
Inadequate	= 1
Not Applicable	= 0

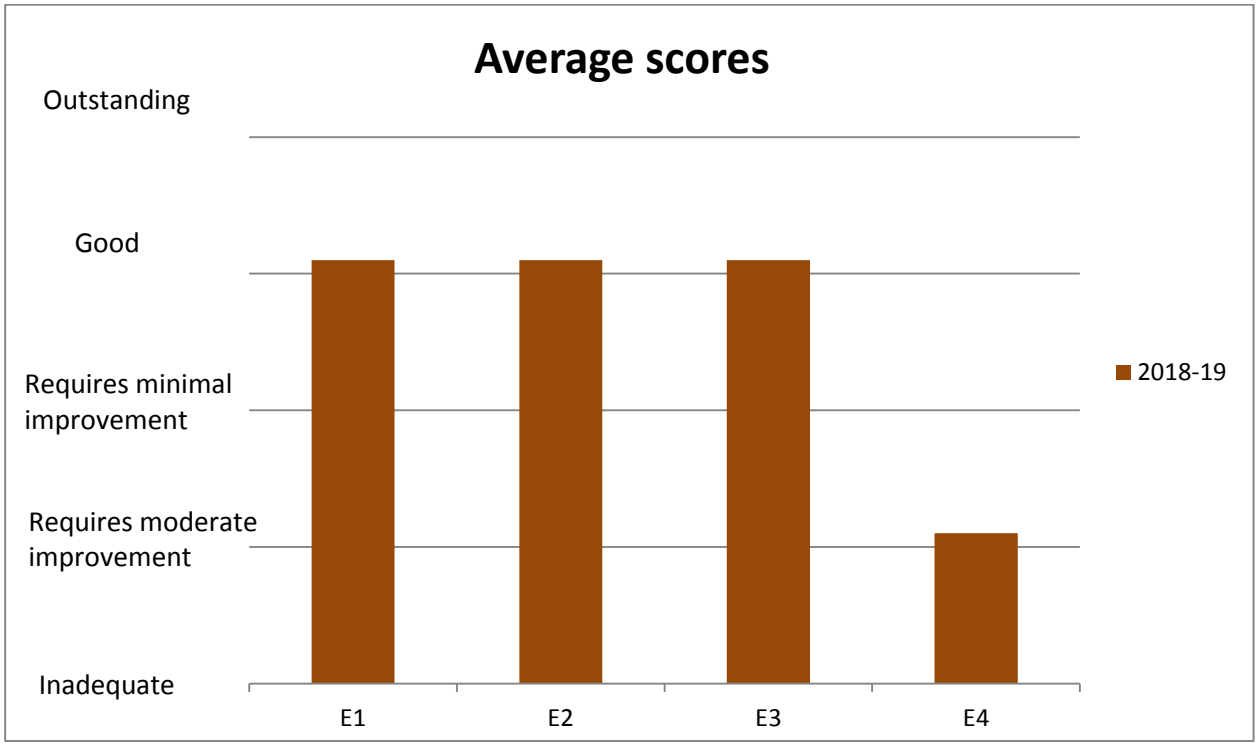
Figure 7: DBTH PAM Distribution of SAQ Ratings (%) for Effectiveness 2018/19



Legend

SAQ code	Self Assessment Question - Does your Organisation/site:
E1	A clear vision and a credible strategy to deliver good quality Estates and Facilities services
E2	A well-managed approach to town planning
E3	A well-managed robust approach to management of land and property
E4	A well-managed annually updated board approved sustainable development management plan

Figure 8: DBTH PAM Average Scores for Effectiveness 2018/2019



All SAQ elements Illustrate improvement within the Effectiveness Domain:

E1. Section 1, 3 and 6 Strategy, Development and Progress – Improvement have been made with the approved Estates and Facilities Strategy interlinked to the Trust's Key Strategies. It recognises the value that delivering E&F services can add by enabling the organisation to achieve its objectives and to continuously improve its performance and deliver outstanding care.

The Effectiveness Domain requires minimal improvement within E1, E2 and E3 with E4 requiring Moderate improvement in all areas.

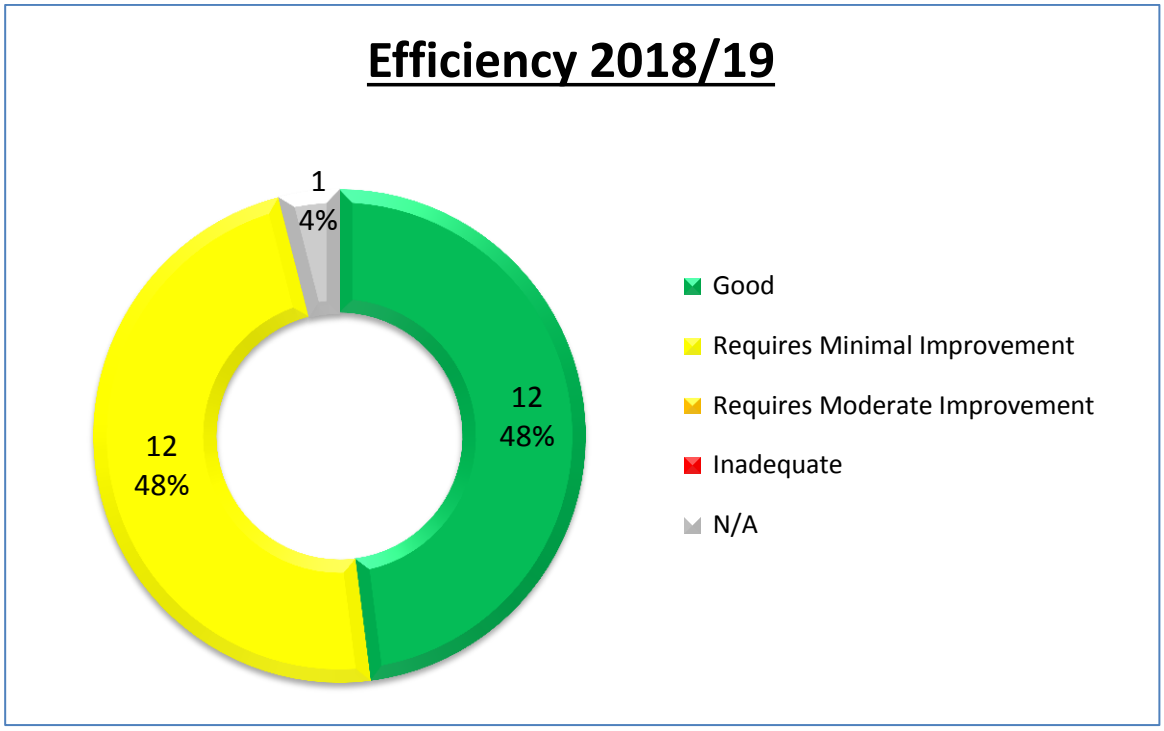
E4. Sections 1 to 5 require the Trust to have a Sustainable Development Plan, including Action Planning, Monitoring, Reporting and Governance. This area has been identified by the E&F Senior Management team as requiring improvement and is discussed in the annul plan and reported through the Estates Return Information Collection (ERIC) for the reporting period 2017/18. The Trust's Total Waste Management contract has been identified potential areas where improvements in waste segregation, recycling and reduction in carbon footprint will deliver marked improvements across the Trust.

4.2 Efficiency

The PAM Distribution of SAQ Ratings for Efficiency shows DBTH to be Good in 12 elements, requiring Minimal Improvement in 12 elements and N/A in 1 element. The evidence gained during the PAM assessment process has identified the need for Minimal Improvement in half of the SAQ's within this individual Domain.

The PAM Efficiency Summary Position for DBTH demonstrates progressive improvement, with Figure 9 illustrating the breakdown of the PAM SAQ score ratings for the assessment year 2018/19 and Figure 10 showing the previous year's 2017/18 Efficiency summary for comparison. Figure 11 shows the PAM distribution of Efficiency SAQ ratings for 2018/19 including individual Domain statement, with Figure 12 providing the average scores for the 2018/19.

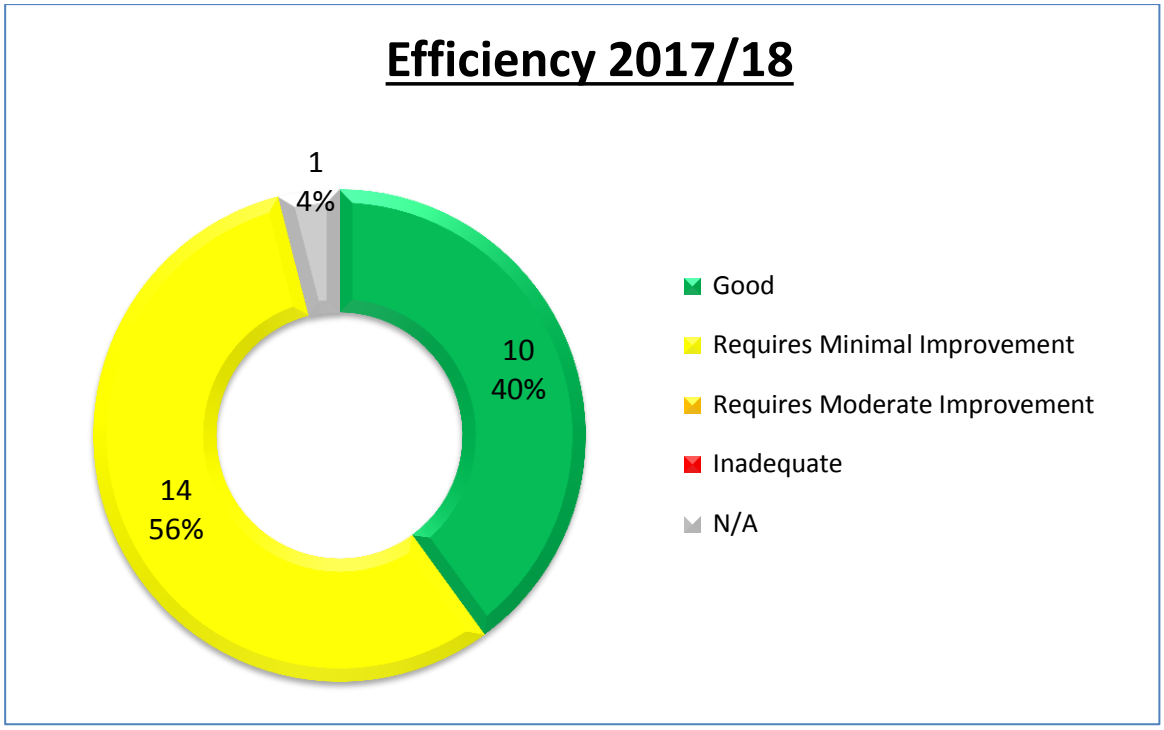
Figure 9: DBTH PAM Efficiency Domain Summary Position for 2018/2019



Numerical breakdown of DBTH Overall Efficiency SAQ scores for 2018/19 are as follows:

Outstanding	= 0
Good	= 12
Requires Minimal Improvement	= 12
Requires Moderate Improvement	= 0
Inadequate	= 0
Not Applicable	= 1

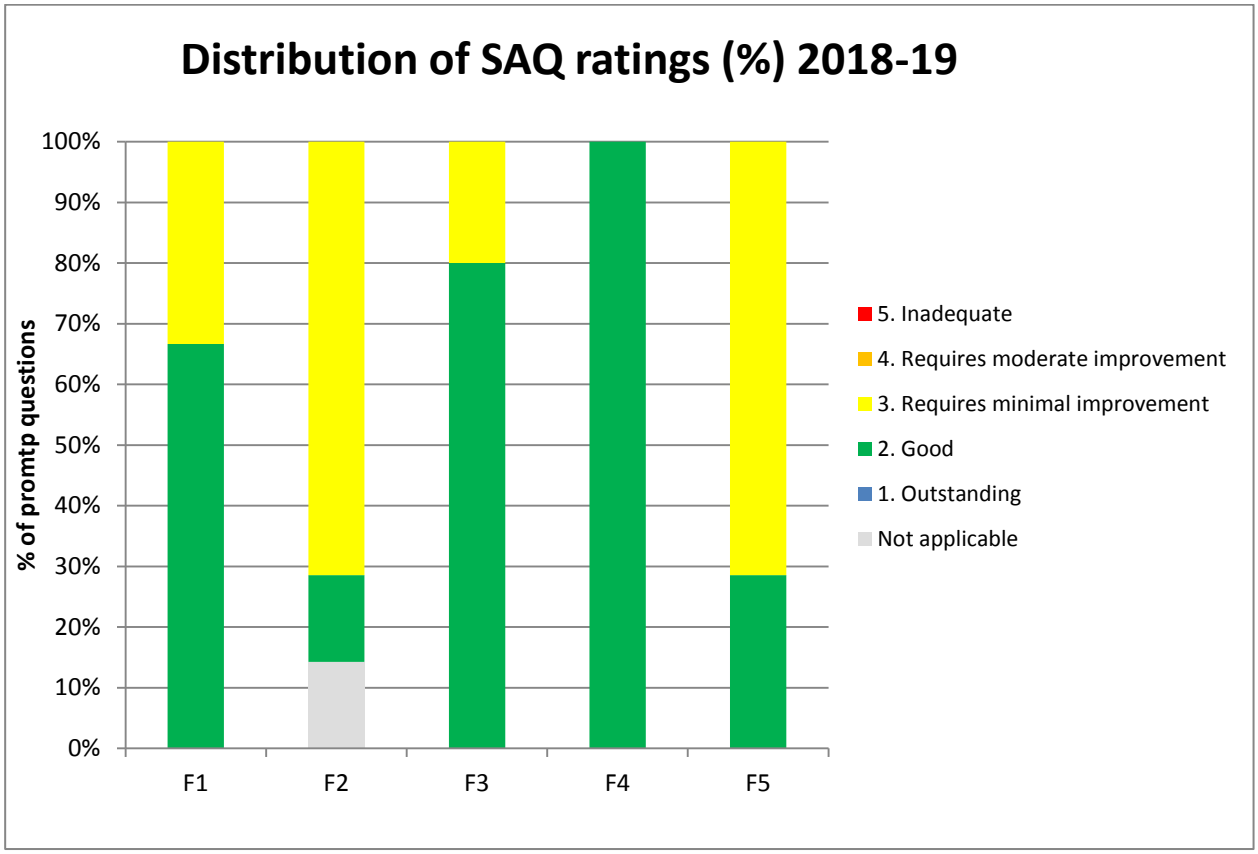
Figure 10: DBTH PAM Efficiency Domain Summary Position for 2017/2018



Numerical breakdown of DBTH Overall Efficiency SAQ scores for 2017/18 are as follows:

Outstanding	= 0
Good	= 10
Requires Minimal Improvement	= 14
Requires Moderate Improvement	= 0
Inadequate	= 0
Not Applicable	= 1

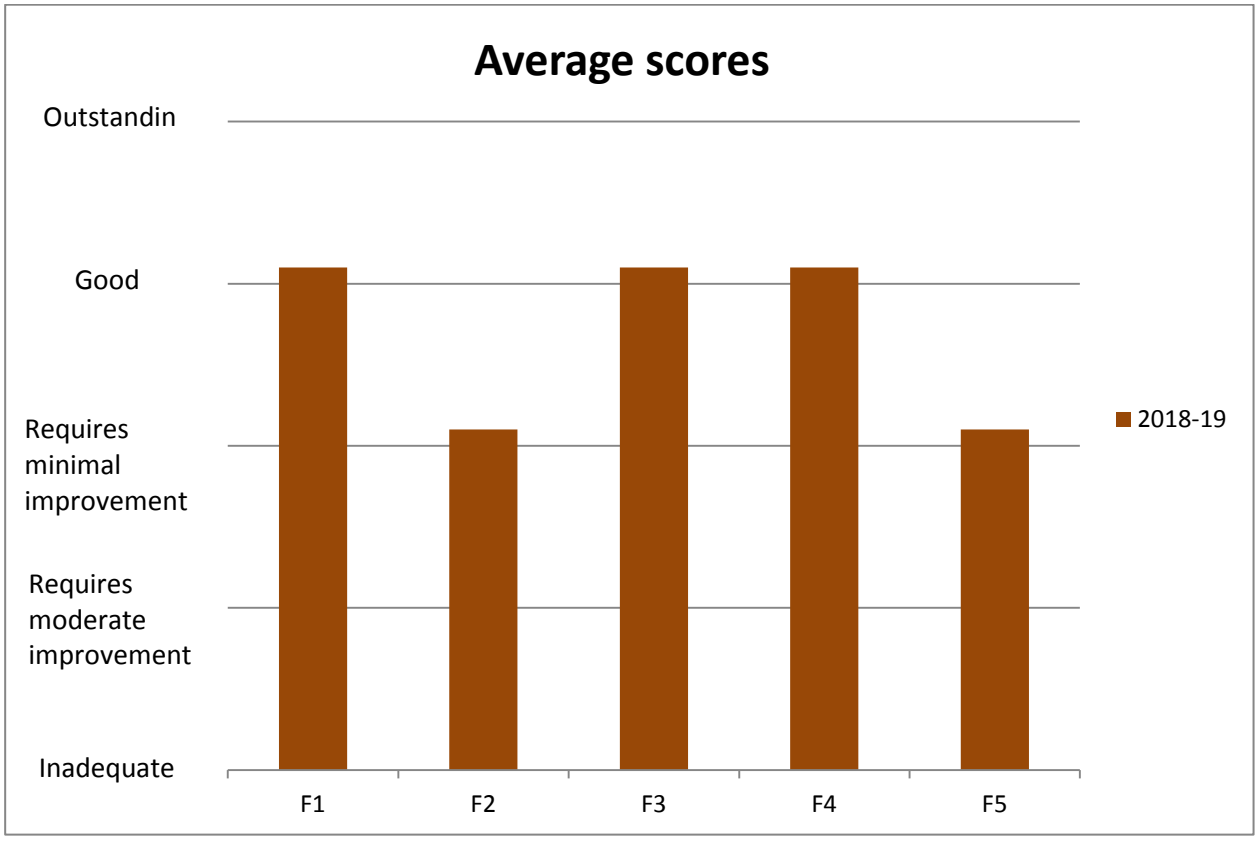
Figure 11: DBTH PAM Distribution of SAQ Ratings (%) for Efficiency 2018/19



Legend

SAQ code	Self Assessment Question - Does your Organisation/site have a well-managed approach to achieving value for money and cost improvements in relation to:
F1	A well-managed approach to performance management of the estate and facilities operations?
F2	A well-managed approach to improved efficiency in running estates and facilities services?
F3	Improved efficiencies in capital procurement, refurbishments and land management?
F4	A well-managed and robust financial controls, procedures and reporting?
F5	An Estates and Facilities services are continuously improved and sustainability ensured?

Figure 12: DBTH PAM Average Scores for Efficiency 2018/19



SAQ elements showing improvement within the Efficiency Domain are in F1, F2 and F3:

F1. Sections 1 and 2 Estates Strategy KPI,s – Provision of Director of Estates and Facilities (E&F) Strategic quarterly and annual KPI reports to Board and continued improvements in benchmarking through ERIC, PAM metrics, Health Estates and Facilities management Association (HEFMA), National Performance Advisory Group (NPAG), Carter, Naylor and the Model Hospital.

F3. Sections 1, 2, 3 and 5 Improved Efficiencies in Capital procurement, refurbishments and land management – This is evidenced through the utilisation of external procurement vehicle P21+ with the Trust preferred Partner IHP. The use of external cost advisors, contract with new preferred legal consultants and other health service frameworks including SBS.

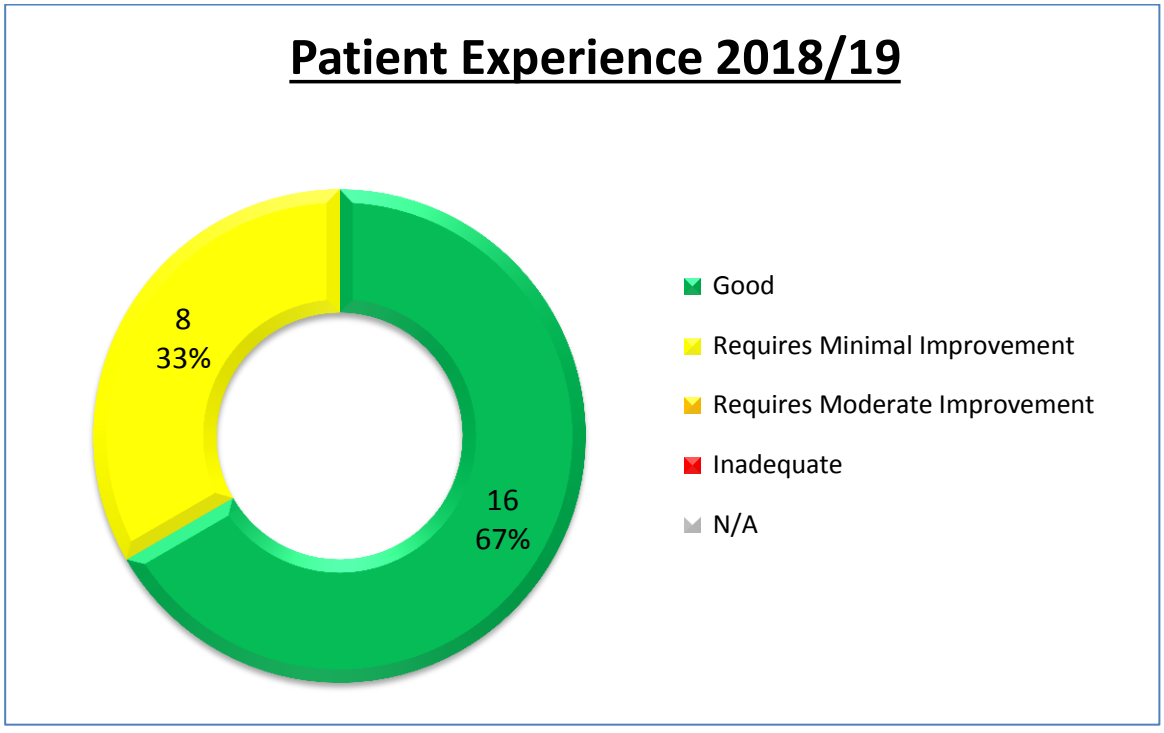
F5. Section 3 Continuous Improvement – Through NHSI Lean workshop participation; currently being driven within the E&F primarily within the Estates department through provision of a visual management dashboard underpinning the Lean methodology evidencing continuous development, learning and improvement to service delivery.

4.3 Patient Experience

The PAM Distribution of SAQ Ratings for Patient Experience shows DBTH to be Good in 16 elements, requiring Minimal Improvement in 8 elements. The evidence gained during the PAM assessment process has identified the need for Minimal Improvement within 33% of SAQ's within this individual Domain.

The PAM Patient Experience Summary Position for DBTH demonstrates continued improvement, with Figure 13 illustrating the breakdown of the PAM SAQ score ratings for the assessment year 2018/19 and Figure 14 showing the previous year's 2017/18 Patient Experience summary for comparison. Figure 15 shows the PAM distribution of Patient Experience SAQ ratings for 2018/19 including individual Domain statement, with Figure 16 providing the average scores for the 2018/19.

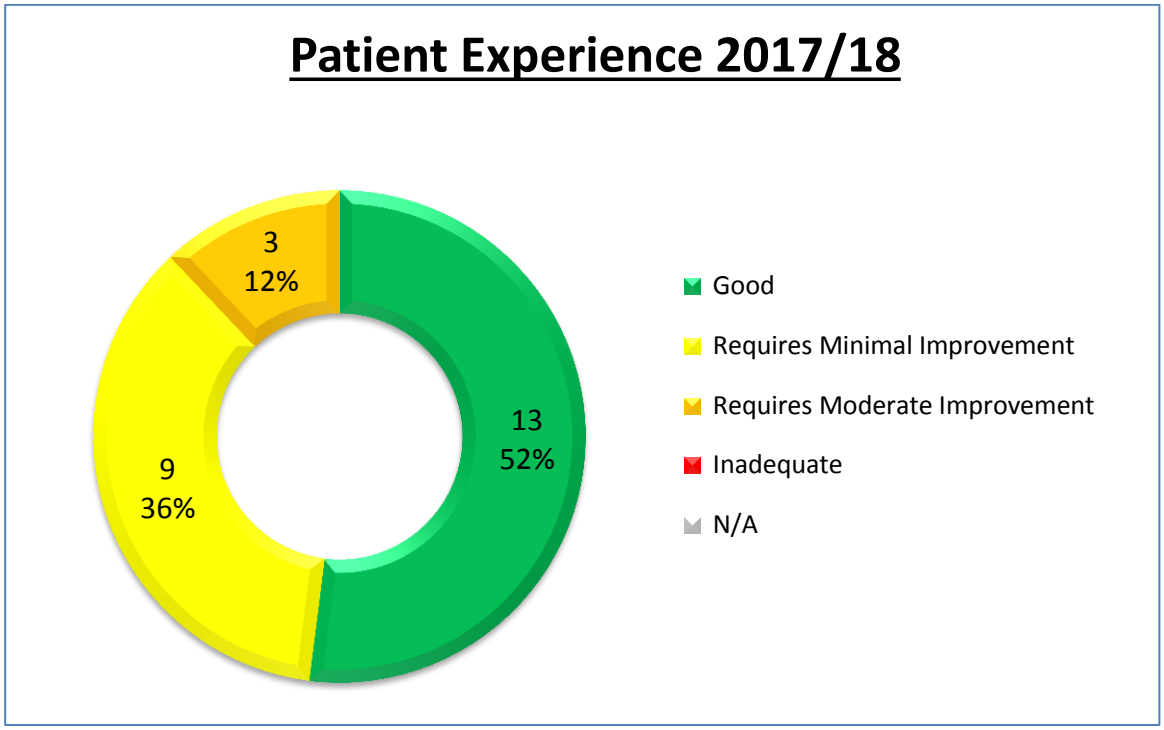
Figure 13: DBTH PAM Patient Experience Domain Summary Position for 2018/19



Numerical breakdown of DBTH Overall Patient Experience SAQ scores for 2018/19 are as follows:

Outstanding	= 0
Good	= 16
Requires Minimal Improvement	= 8
Requires Moderate Improvement	= 0
Inadequate	= 0
Not Applicable	= 0

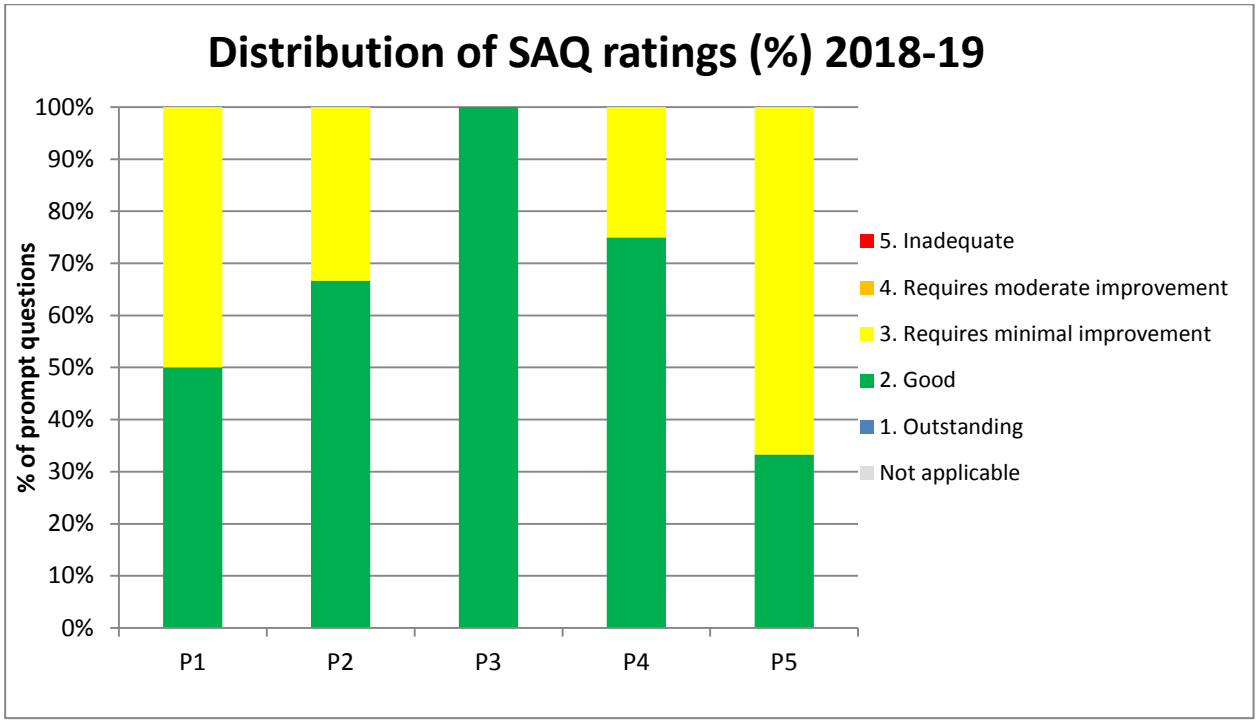
Figure 14: DBTH PAM Patient Experience Domain Summary Position for 2017/18



Numerical breakdown of DBTH Overall Patient Experience SAQ scores for 2017/18 are as follows:

Outstanding	= 0
Good	= 13
Requires Minimal Improvement	= 9
Requires Moderate Improvement	= 3
Inadequate	= 0
Not Applicable	= 0

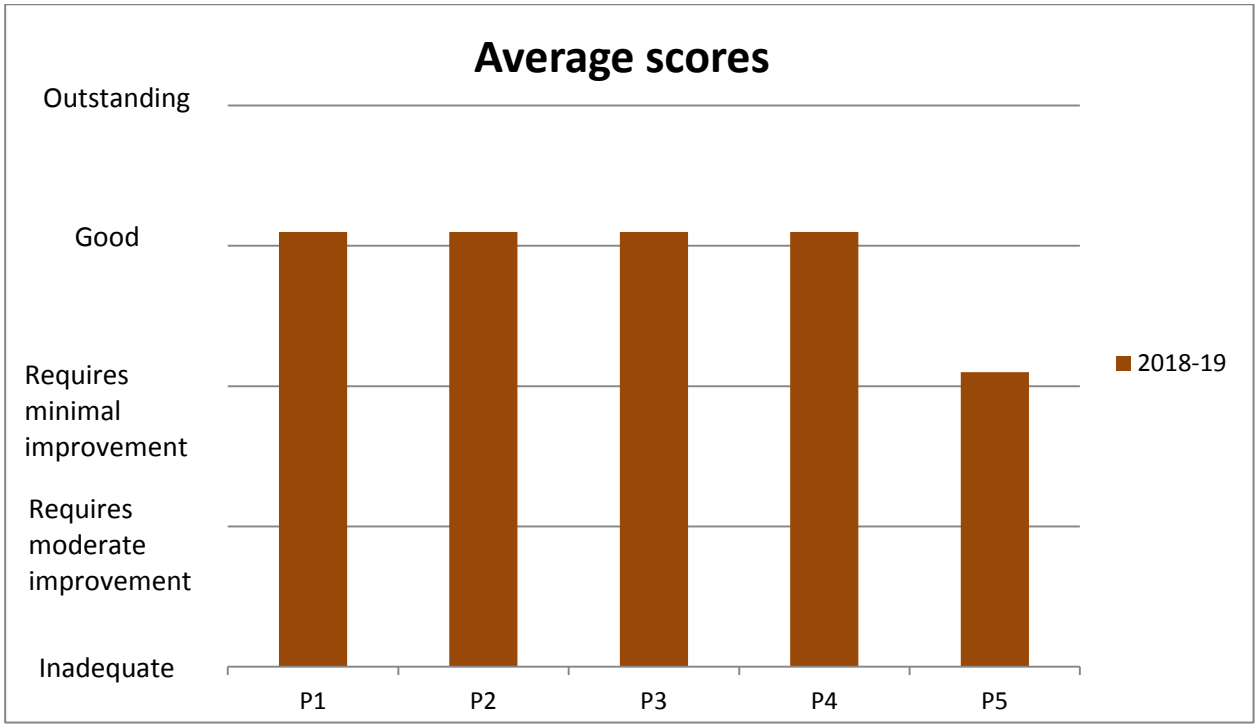
Figure 15: DBTH PAM Distribution of SAQ Ratings (%) for Patient Experience 2018/19



Legend

SAQ code	Self Assessment Question - Does your organisation:
P1	How are people who use estates and facilities services, the public and staff engaged and involved?
P2	Ensure that patients, staff and visitors perceive that the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory?
P3	Ensure that patients, staff and visitors perceive cleanliness to be satisfactory?
P4	Ensure that NHS Catering Services provide adequate nutrition and hydration through the choice of food and drink for people to meet their diverse needs?
P5	Ensure that access and car parking arrangements meet the reasonable needs of patients, staff and visitors and are effectively managed at all times?

Figure 16: DBTH PAM Average Scores for Patient Experience 2018/19



SAQ elements showing improvement within the Patient Experience Domain are in P1:

P1. Section 5 Value – Do both Leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised? – Further Improvements achieved through the Patient Experience Group (PEG), Your Opinion Counts, Patient Experience Committee, Nursing & Quality Board Report, PLACE Assessment, Sharing How We Care, Complaints Policy, Staff survey and Trust strategic direction.

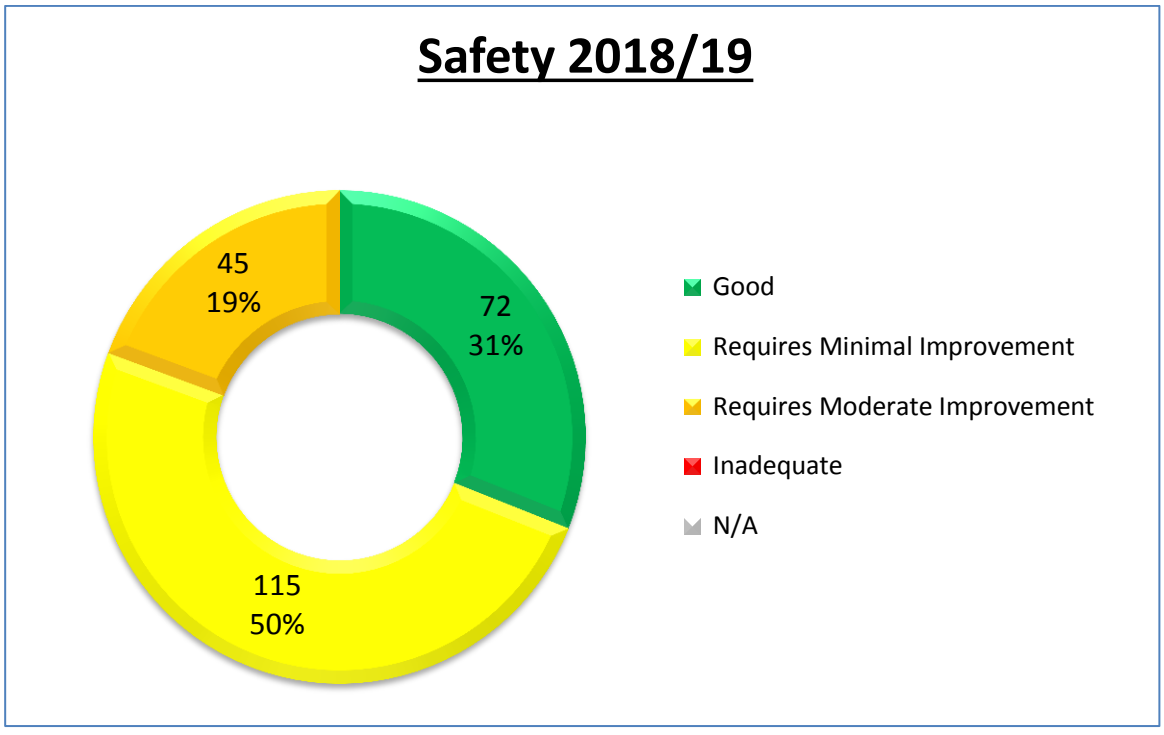
All other areas requiring Minimal improvement will be through the PAM working group process for 2018/20 with action plans and review dates presented to the individual responsible managers.

4.4 Safety

The PAM Overall Distribution of SAQ Ratings for the Safety Domain shows DBTH to be Good in 72 elements, requiring Minimal Improvement in 115 elements and requiring Moderate Improvement in 45 elements. The evidence gained during the PAM assessment process has identified the need for Requires Moderate and Minimal Improvement in the majority of SAQ's within this Domain, which is split into two sections; Safety Hard 'Hard FM' and Safety Soft 'Soft FM'.

The Overall PAM Safety Summary Position for DBTH demonstrates progressive improvement and reduction in Requires Moderate Improvement and removal of Inadequate, with Figure 17 illustrating the breakdown of the PAM SAQ score ratings for the assessment year 2018/19 and Figure 18 showing the previous year's 2017/18 Safety summary for comparison.

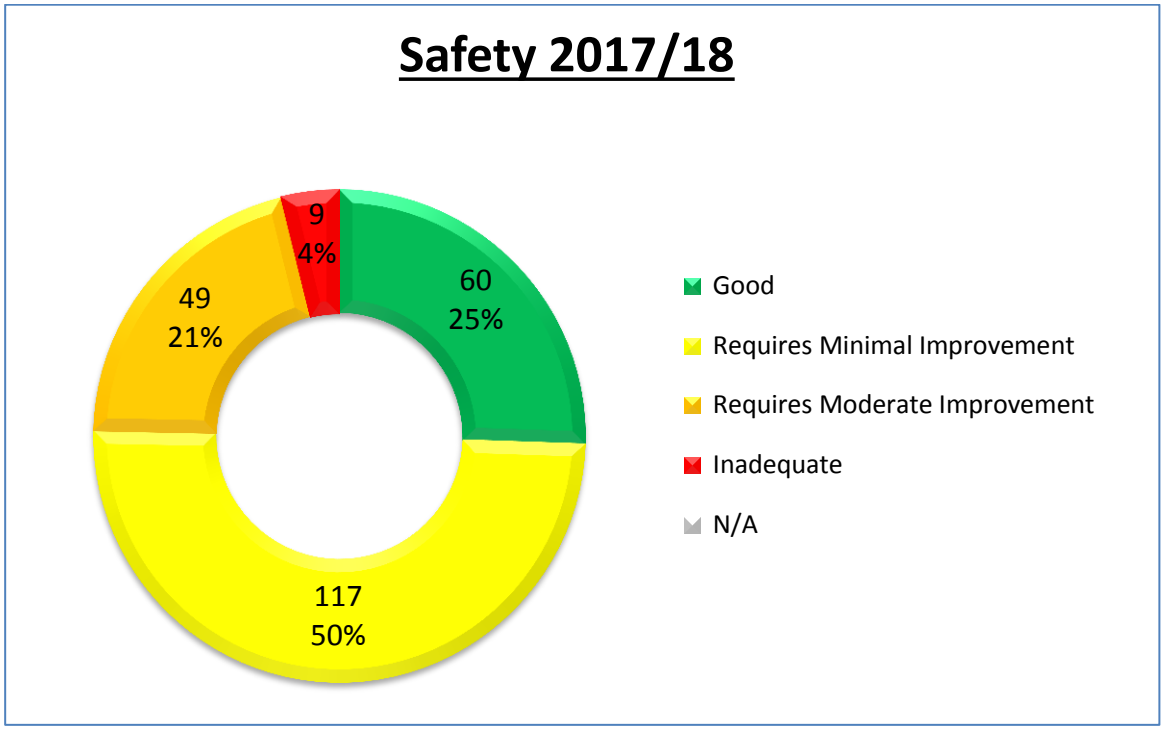
Figure 17: DBTH PAM Safety Domain Summary Position for 2018/19



Numerical breakdown of DBTH Overall Safety SAQ scores for 2018/19 are as follows:

Outstanding	= 0
Good	= 72
Requires Minimal Improvement	= 115
Requires Moderate Improvement	= 45
Inadequate	= 0
Not Applicable	= 0

Figure 18: DBTH PAM Safety Domain Summary Position for 2017/18



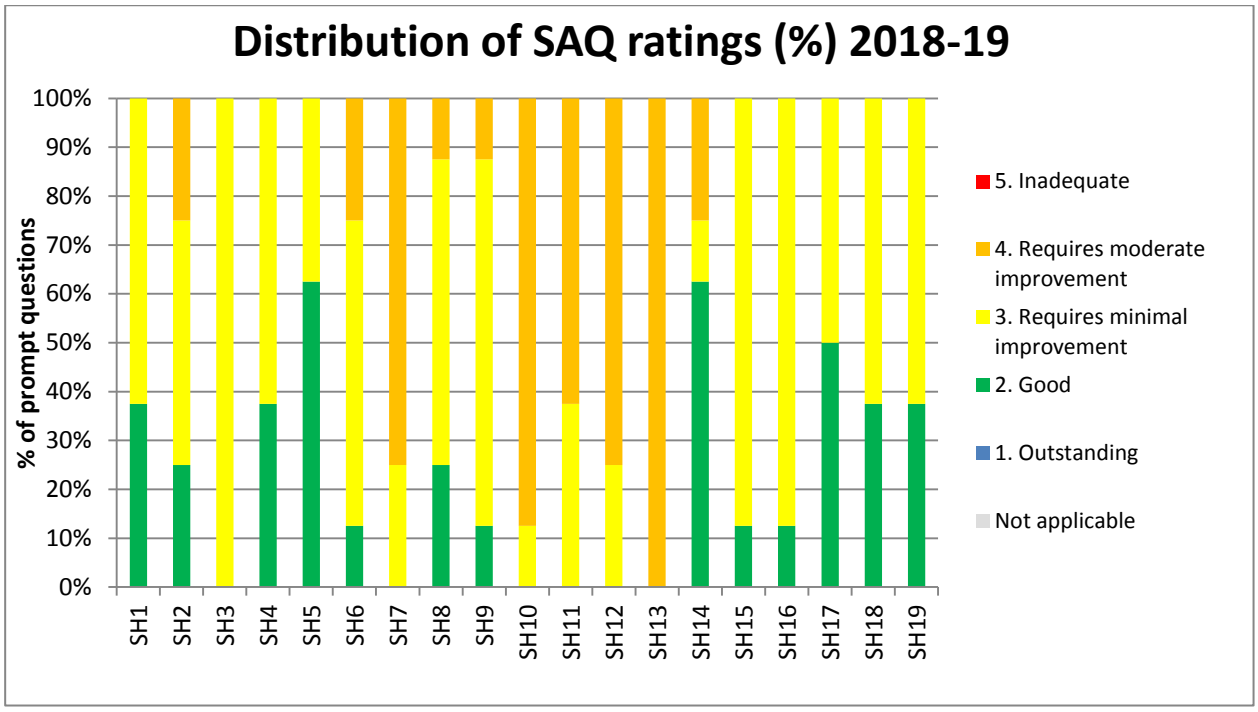
Numerical breakdown of DBTH Overall Safety SAQ scores for 2017/18 are as follows:

Outstanding	= 0
Good	= 60
Requires Minimal Improvement	= 117
Requires Moderate Improvement	= 49
Inadequate	= 9
Not Applicable	= 0

4.4.1 Safety (Hard)

Figure 19 shows the PAM distribution of Safety Hard SAQ ratings for 2018/19 including individual Domain statement, with Figure 20 providing the average scores for 2018/19.

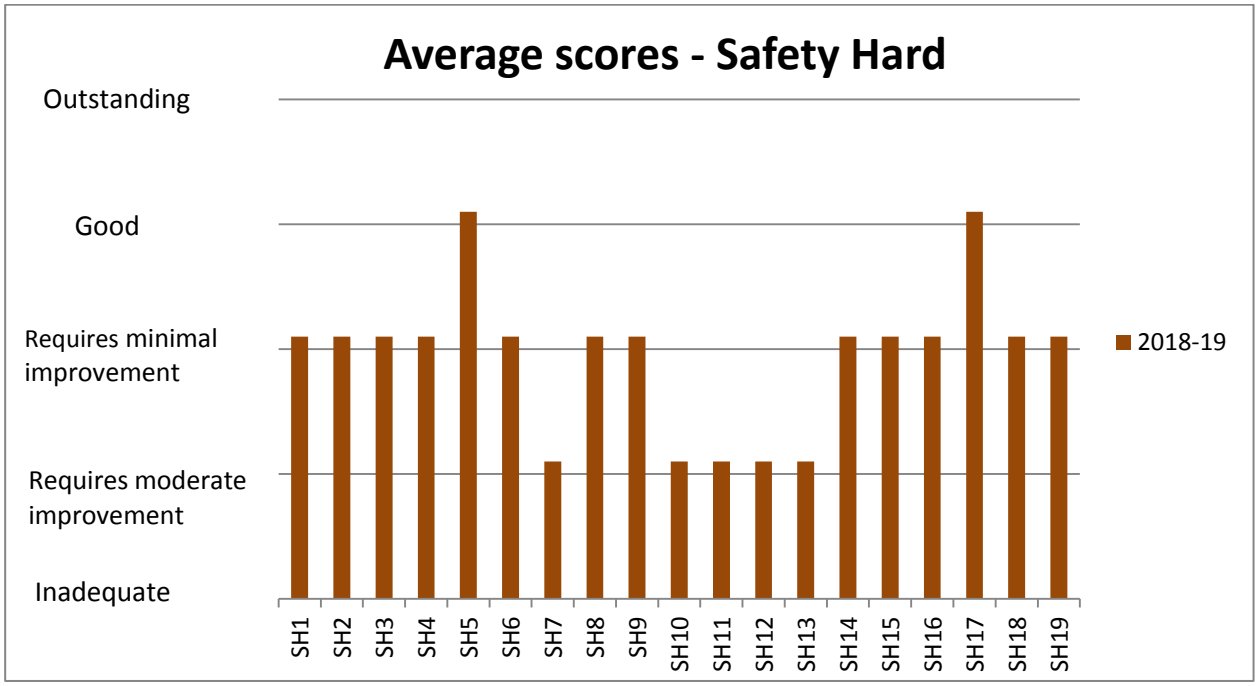
Figure 19: DBTH PAM Distribution of SAQ Ratings (%) for Safety Hard 2018/19



Legend

SAQ code	Self Assessment Question - Is the Organisation/site safe and compliant with well managed systems in relation to:
SH1	Estates and Facilities Operational Management
SH2	Design, Layout and Use of Premises
SH3	Estates and Facilities Document Management
SH4	Health & Safety at Work
SH5	Asbestos
SH6	Medical Gas Systems
SH7	Natural Gas and specialist piped systems
SH8	Water Systems
SH9	Electrical Systems
SH10	Mechanical Systems e.g. Lifting Equipment
SH11	Ventilation, Air Conditioning and Refrigeration Systems
SH12	Lifts, Hoists and Conveyance Systems
SH13	Pressure Systems
SH14	Fire Safety
SH15	Medical Devices and Equipment
SH16	Resilience, Emergency and Business Continuity Planning
SH17	Reporting and implementing Premises and Equipment issues
SH18	Contractor Management
SH19	Safety and Suitability of Premises and Services

Figure 20: DBTH PAM Average Scores for Safety Hard 2018/19



SAQ elements showing progressive improvement within the Safety Hard Domain are in SH1, SH2, SH4, SH5, SH14, SH15 and SH18:

The main improvements within the Safety Hard Domain SAQ's have consisted of provision of Suitable and Sufficient Policies and Procedures, clearly defined Roles and Responsibilities including identification of Responsible Persons and specialist Authorised Engineers signed off by the Chief Executive. A robust Risk Assessment processes and procedures including the E&F Risk Escalation Process to ensure all identified risks are managed and entered onto the E&F risk register through Datix and Health and Safety Board assurance provided through Bi-annual reports to ANCR.

The two main areas of concern in this Domain are SH7 and SH10, scoring Requires Moderate improvement in the majority of elements. The main elements of deficiency are the requirements for Draft Policy and Procedures to be ratified, Clear Identification of Roles and Responsibilities, Improving Training and Development and Review Processes. These deficiencies form part of the PAM SAQ working group action plan.

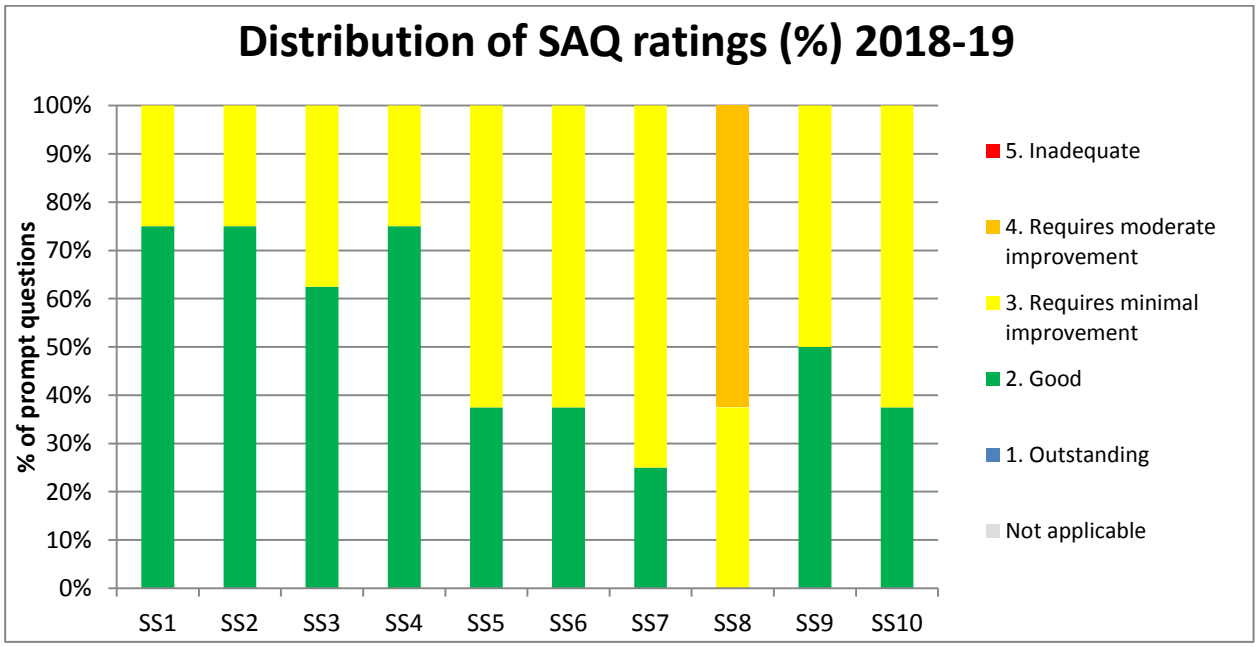
All other elements within this Domain requiring Minimal and Moderate improvement, as well as an overall requirement for further Training and Development to increase the number of Appointed

Persons (AP's) and Competent Persons (CP's) throughout the Domain, will be reviewed through the PAM working group process for 2019/20 with action and review dates presented to the individual responsible managers enabling the development of costed actions plans.

4.4.2 Safety (Soft)

Figure 21 shows the PAM distribution of Safety Soft SAQ ratings for 2018/19 including individual Domain statement, with Figure 22 providing the average scores for 2018/19.

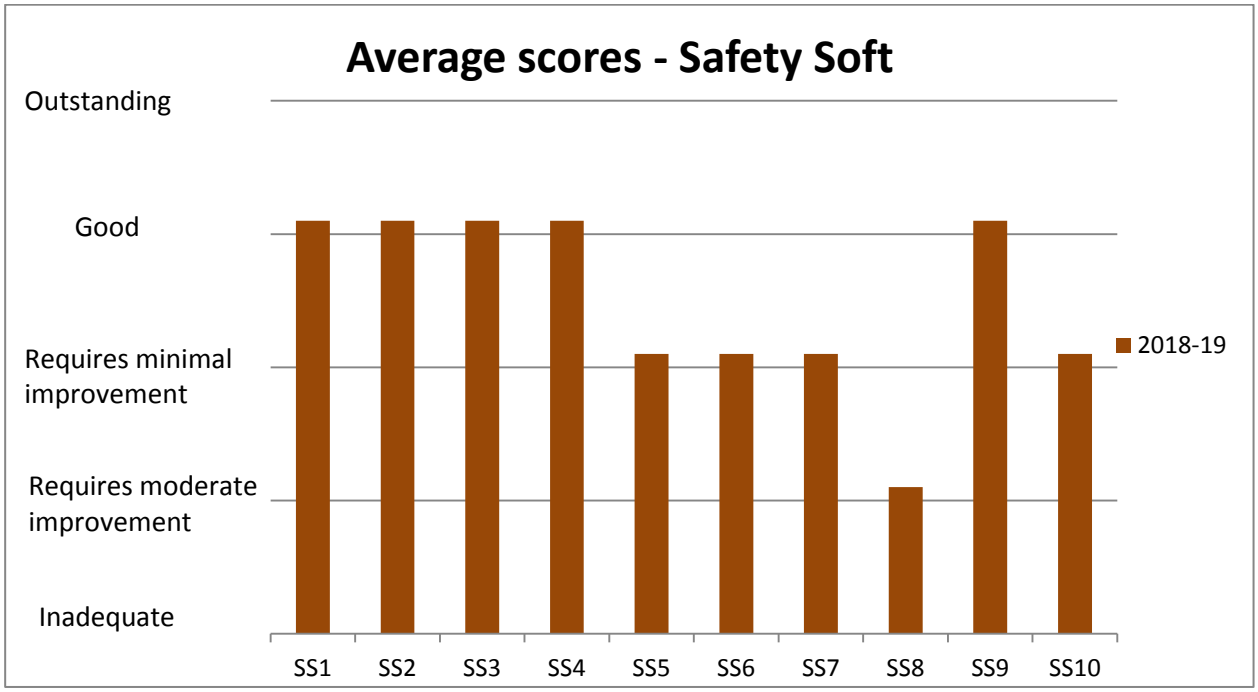
Figure 21: DBTH PAM Distribution of SAQ Ratings (%) for Safety Soft 2018/19



Legend

SAQ code	Self Assessment Question - Is the Organisation/site safe and compliant with well managed systems in relation to:
SS1	Catering Services
SS2	Decontamination Processes
SS3	Waste and Recycling Management
SS4	Cleanliness and Infection Control
SS5	Laundry Services and Linen
SS6	Security Management
SS7	Transport Services and access arrangements
SS8	Pest Control
SS9	Portering Services
SS10	Telephony and Switchboard

Figure 22: DBTH PAM Average Scores for Safety Soft 2018/19



SAQ elements showing progressive improvement within the Safety Soft Domain are in SS1, SS3, SS4, SS5, SS6, and SS9:

The main improvements in the Safety Soft Domain SAQ's have consisted of provision of Suitable and Sufficient Policies and Procedures, and Roles and Responsibilities which are clearly defined, including identification of Responsible Persons, Training and Development, improvements in Risk Assessments (Risk Assessment Procedures) and Review Processes.

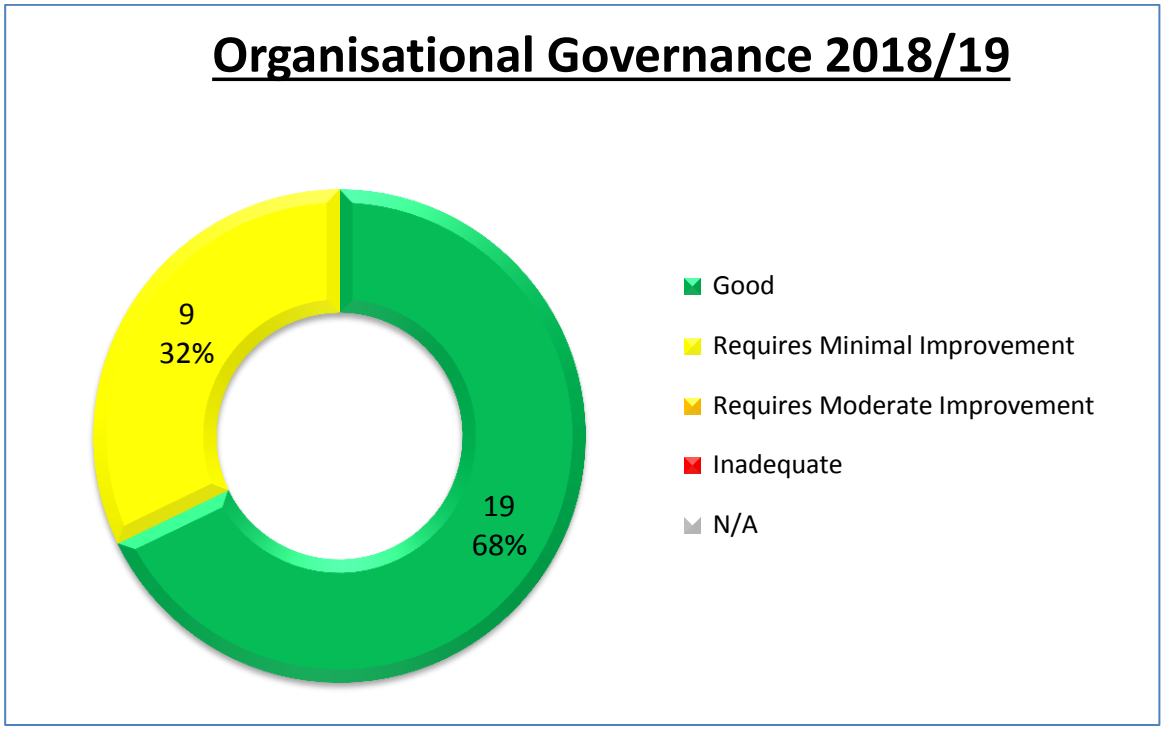
All other elements within this Domain requiring Minimal and Moderate improvement will be reviewed through the PAM working group process for 2019/20 with action plans and review dates presented to the individual responsible managers.

4.5 Organisational Governance

The PAM Distribution of SAQ Ratings for Organisational Governance shows DBTH to be Good in 19 elements, requiring Minimal Improvement in 9 elements. The evidence gained during the PAM assessment process has identified the need for Minimal Improvement in the minority of SAQ's within this individual Domain.

The PAM Organisational Governance Summary Position for DBTH demonstrates increased improvement, with Figure 23 illustrating the breakdown of the PAM SAQ score ratings for the assessment year 2018/19 and Figure 24 showing the previous year's 2017/18 Organisational Governance summary for comparison. Figure 25 shows the PAM distribution of Organisational Governance SAQ ratings for 2018/19 including individual Domain statement, with Figure 26 providing the average scores for the 2018/19.

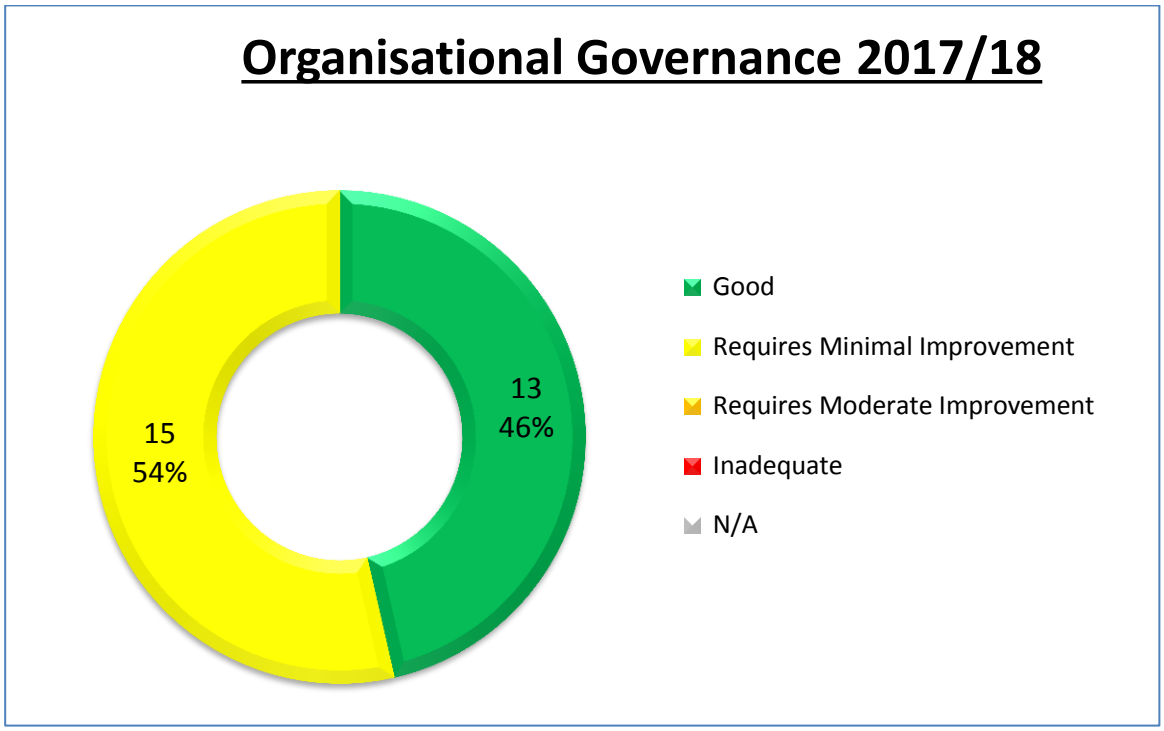
Figure 23: DBTH PAM Domain Organisational Governance Summary Position for 2018/19



Numerical breakdown of DBTH Overall Organisational Governance SAQ scores for 2018/19 are:

Outstanding	= 0
Good	= 19
Requires Minimal Improvement	= 9
Requires Moderate Improvement	= 0
Inadequate	= 0
Not Applicable	= 0

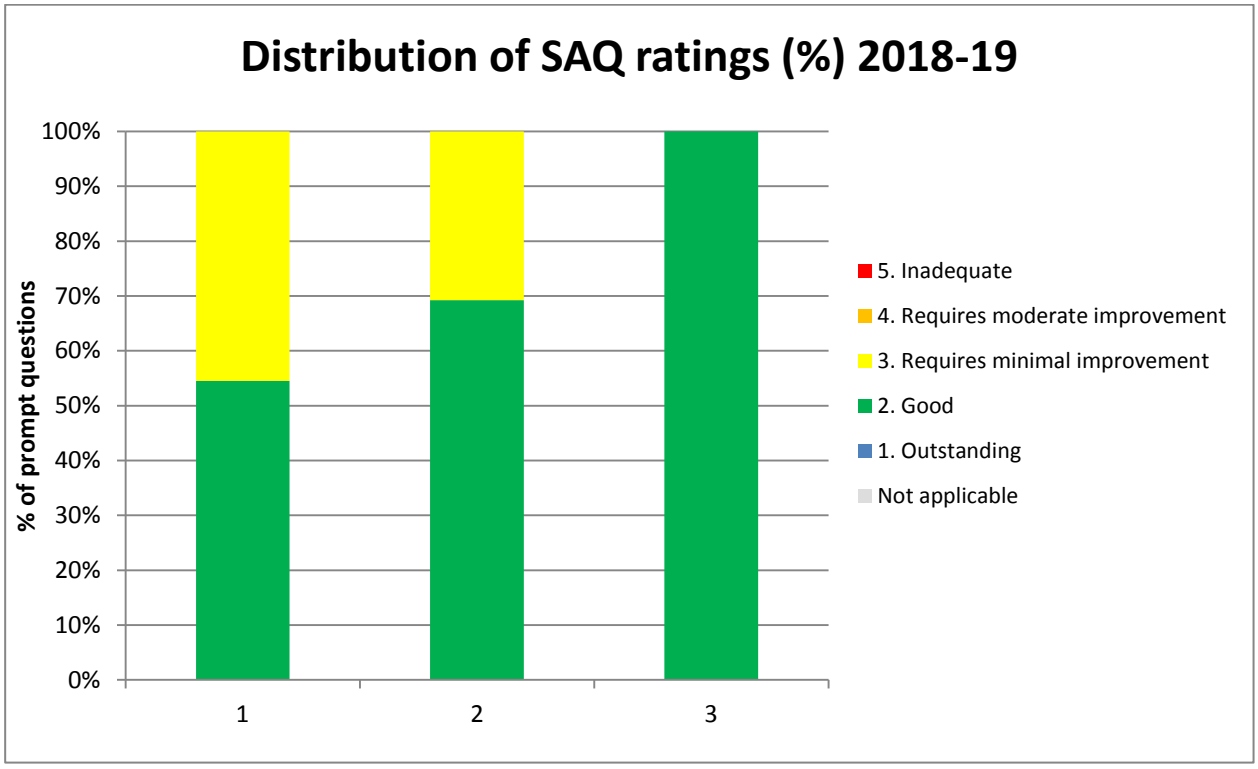
Figure 24: DBTH PAM Organisational Governance Domain Summary Position for 2018/19



Numerical breakdown of DBTH Overall Organisational Governance SAQ scores for 2017/18 are:

Outstanding	= 0
Good	= 13
Requires Minimal Improvement	= 15
Requires Moderate Improvement	= 0
Inadequate	= 0
Not Applicable	= 0

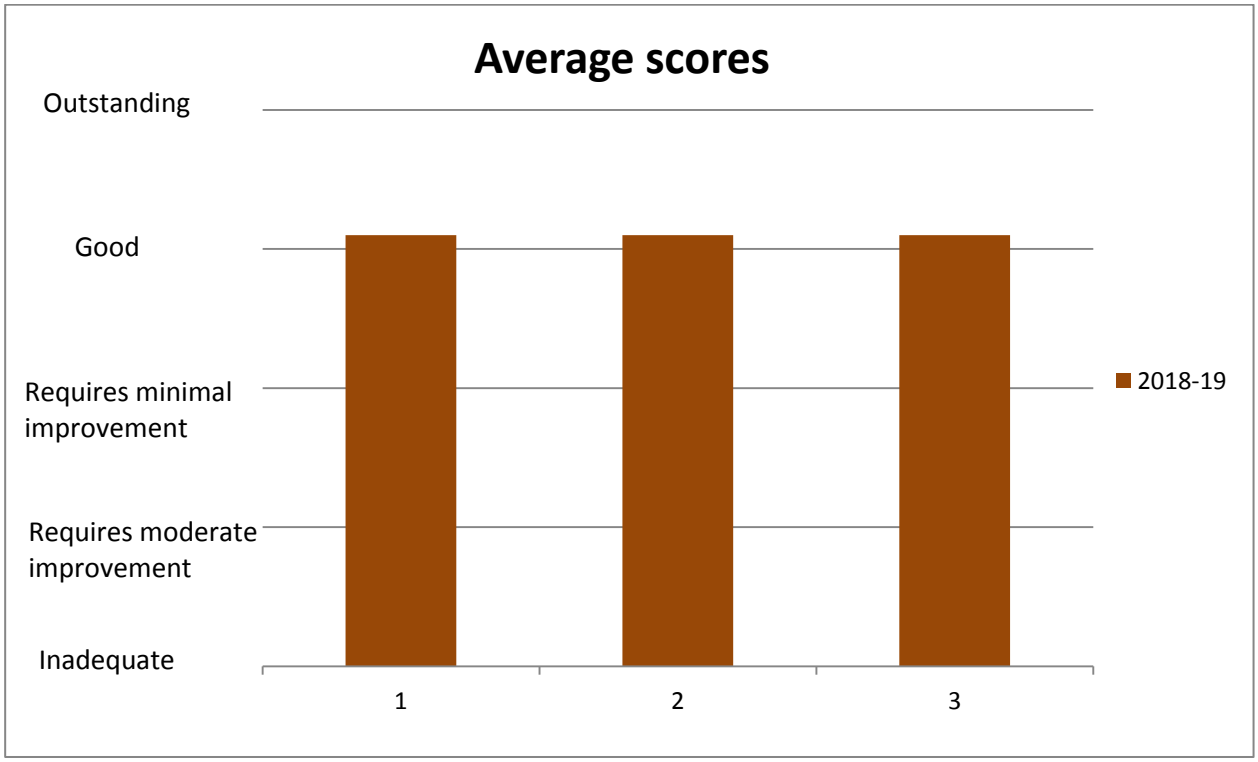
Figure 25: DBTH PAM Distribution of SAQ Ratings (%) for Organisational Governance 2018/19



Legend

SAQ code	Self Assessment Question - Does your organisation:
G1	Does the Estates and Facilities governance framework have clear responsibilities and that quality, performance and risks are understood and managed?
G2	Does the Estates and Facilities leadership and culture reflect the vision and values, encouraging openness and transparency and promoting good quality estates and facilities?
G3	Does the Board have access to professional advice on all matters relating to Estates and Facilities assurance and linked to Regulators and Inspectors requirements?

Figure 26: DBTH PAM Average Scores for Organisational Governance 2018/19



All three SAQ elements show evidence of progressive improvement within the Organisational Governance Domain: How the Organisations Board of Directors (BOD's) delivers Strategic Leadership and effective scrutiny of the Organisations E&F operations:

The Director of E&F attends a number of Board and Executive meetings, including Finance and Performance which provide opportunity for Non-Executive Director (NED) challenges and Board assurance. The Director of E&F has regular 121 meetings with the Chief Executive and Chair of the Board, enabling the BOD's to monitor the quality, performance of the E&F and its understanding of the risks associated with managing the Estate to provide a clean, safe, secure and suitable environment for its Patients, Staff and Visitors.

The Director of E&F chairs the Trust H&S Committee which reports to the ANCR Committee, providing direct feedback to Board. In addition the Director of E&F provides an E&F management KPI report to Board which includes the Trust annual declaration of Trust compliance performance against the DOH NHS PAM. The Trust NHS PAM has been developed into an interactive electronic assurance dashboard (see Appendix) which is reviewed bi-monthly by the Trust H&S Committee, and is included as an 'At a Glance' dashboard within the 6 monthly H&S report to ANCR.

Operationally the E&F hold monthly E&F Committee meetings and bi-monthly E&F H&S Committee meetings. The E&F have a document approach to Risk Management and a process for Operational Risk Escalation; Risks rated high 15-25 are fed into the Corporate Risk Register where a robust internal audit focused around key risk Corporate Risk provides Board assurance.

As with previous Domains in the PAM assessment all other elements within this Domain requiring Minimal and Moderate improvement will be reviewed through the PAM working group process for 2019/20 with action plans and review dates presented to the individual responsible managers.

5. Conclusion

The report has provided information from the PAM assessment for 2018/19 covering all 5 PAM Domains including an Overall Summary Position for DBTH and has been developed to deliver assurance for the Board on a consistent basis. The assessment has illustrated areas of improvement made by the Trust delivering a score of 85% Good/Requires Minimal Improvement, with a reduction in Requires Moderate Improvement and successful removal of Inadequate, compared to the 2017/18 PAM assessment score of 80% Good/Requires Minimal Improvement with a higher percentage of Requires Moderate Improvement and 10 elements of Inadequacy.

The report has outlined identified areas of deficiency that require further improvement and in some cases investment to achieve compliance with Legislation, ACOP's and Guidance, to bring the Trust up to a target rating for 2019/20 of 80% Good rating with a stretch target of Outstanding.

The PAM report bridges the gap between the Board and operational detail of the day to day E&F operations, through the interactive electronic assurance dashboard which is reviewed bi-monthly by the Trust H&S Committee, providing opportunity to stimulate better-informed dialogue as to how the premises can be more efficiently and effectively managed, enabling the E&F to make a contribution to the overall strategic objectives of the organisation to deliver outstanding care.

The Senior Management of DBTH E&F provided appropriate resources and support to the PAM working groups and have reviewed the process at key points providing additional resource and input as necessary to pick up deficiencies in the response from other staff.

A programme of review for PAM 2019/20 is already in place and progressing, this has placed the Trust in a good position following last year's (2018) correspondence from NHSI encouraging all NHS Organisations to use the PAM from April 2018. Two Senior E&F managers are also currently members of the NHSI PAM development group with the aim of having an online reporting platform approved similar to the ERIC reporting structure, with access for benchmarking and peer review.

6. Appendix

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Feb-19

Scoring Criteria

Outstanding - 5
Good - 4
Req's Minimal Improvement - 3
Req's Moderate Improvement - 2
Inadequate - 1

Progress: Up; Down; No Movement; Not Applicable

NHS Premises Assurance Model-Safety Domain Summary

SAQ/Prompt Questions

Present Status/Performance Overall: 100; Equal to/ >80; Equal to/ >60; Equal to/ >40; <20

CareQuality Commission KLOE

Link to:- NHS Premises Assurance Model: Safety Domain (Combined and Hard FM) - SAQ

Ref.	NHS Premises Assurance Model: Safety Domain (Combined Soft and Hard FM) >> Links below to Evidence >>>	1: Policy & Procedures		2: Roles and Responsibilities		3: Risk Assessment		4: Maintenance		5. Training and Development		6: Resilience, Emergency & Business Continuity Planning		7: Review Process		8: Costed Action Plans		Target	Stretch Target	Actual Target %	Present Status/Performance Overall		Safe	Effective	Caring	Responsive	Well-Led	Action Log/Progress Link >>	Commentary
SH0	Windows		⇧															80	100	70	Req's Minimal Improvement	😐	✓				✓		All associated Planned Preventative Maintenance (PPM) information, reports and annual inspection programmes available from E&F CAFM System Planet
SH1	Estates and Facilities Operational Management		⇩															80	100	68	Req's Minimal Improvement	😐	✓				✓		
SH2	Design, Layout and Use of Premises		⇔															80	100	60	Req's Minimal Improvement	😐	✓		✓		✓		Trust 7 year Capital Programme
SH3	Estates and Facilities Document Management		x															80	100	60	Req's Minimal Improvement	😐	✓				✓		
SH4	Health & Safety at Work																	80	100	68	Req's Minimal Improvement	😐	✓		✓		✓		Health & Safety Management System workshop to be arranged with external consultancy. Internal Stakeholders to be identified for participation
SH5	Asbestos																	80	100	73	Req's Minimal Improvement	😐	✓				✓		Asbestos Register Held on E&F CAFM system Micad electronically. Register available to all Estates staff on hand held devices for instant register interrogation
SH6	Medical Gas Systems																	80	100	58	Req's Minimal Improvement	😐	✓		✓		✓		
SH7	Natural Gas and specialist piped systems																	80	100	45	Req's Moderate Improvement	☹	✓				✓		
SH8	Water Systems																	80	100	63	Req's Minimal Improvement	😐	✓				✓		All associated Planned Preventative Maintenance (PPM) information, reports and annual inspection programmes available from E&F CAFM System Planet
SH9	Electrical Systems																	80	100	60	Req's Minimal Improvement	😐	✓				✓		All associated Planned Preventative Maintenance (PPM) information, reports and annual inspection programmes available from E&F CAFM System Planet
SH10	Mechanical Systems e.g. Lifting Equipment																	80	100	43	Req's Moderate Improvement	☹	✓				✓		
SH11	Ventilation, Air Conditioning and Refrigeration Systems																	80	100	48	Req's Minimal Improvement	☹	✓				✓		
SH12	Lifts, Hoists and Conveyance Systems																	80	100	45	Req's Moderate Improvement	☹	✓			✓	✓		
SH13	Pressure Systems																	80	100	40	Req's Moderate Improvement	☹	✓				✓		
SH14	Fire Safety																	80	100	68	Req's Minimal Improvement	😐	✓	✓			✓		All associated Planned Preventative Maintenance (PPM) information, reports and annual inspection programmes available from E&F CAFM System Planet
SH15	Medical Devices and Equipment																	80	100	63	Req's Minimal Improvement	😐	✓		✓		✓		
SH16	Resilience, Emergency and Business Continuity Planning																	80	100	63	Req's Minimal Improvement	😐	✓				✓		
SH17	Reporting and implementing Premises and Equipment issues																	80	100	70	Req's Minimal Improvement	😐	✓				✓		
SH18	Contractor Management																	80	100	68	Req's Minimal Improvement	😐	✓				✓		Management and recording of Contractors onsite through RESET terminals and RESET elctroinic WEB system.
SH19	Safety and Suitability of Premises and Services																	80	100	68	Req's Minimal Improvement	😐	✓				✓		
SS1	Catering Services																	80	100	75	Req's Minimal Improvement	😐	✓			✓			Service outsourced to SODEXO. Format presented to SODEXO Trust lead and H&S contact for future reporting
SS2	Decontamination Processes																	80	100	75	Req's Minimal Improvement	😐	✓		✓		✓		Decontamination services currently undergoing outsourcing project. External contacts required for future reporting
SS3	Waste and Recycling Management																	80	100	73	Req's Minimal Improvement	😐	✓				✓		Trust Total Waste Management (TWM) contract with provider Sharpsmart, including; clinical, domestic and confidetnial waste streams
SS4	Cleanliness and Infection Control		⇧		⇔		⇧		⇧		⇧		⇧		⇔		⇧	80	100	75	Req's Minimal Improvement	😐	✓		✓		✓		Cleaning standards monitored and managed through the E&F CAFM System Micad - MIC4C
SS5	Laundry Services and Linen		⇧		⇔		⇧		⇧		⇔		⇧		⇔		⇔	80	100	68	Req's Minimal Improvement	😐	✓		✓		✓		
SS6	Security Management																	80	100	65	Req's Minimal	😐	✓			✓	✓		New Security and Car Parking Contract successfully tendered, contract to be awarded

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	Workforce Race Equality Standards Report (WRES)		
Report to	Board of Directors	**Date**	May 2019
Author	Jayne Collingwood, Head of Leadership and Organisational Development Karen Barnard, Director of People & Organisational Development		
Purpose			Tick one as appropriate
	Decision		
	Assurance		✓
	Information		✓

Executive summary containing key messages and issues

The purpose of this report is to provide the Board of Directors with the expectations placed upon NHS organisations in relation to diversity reporting, namely the Equality Delivery System (EDS), the Workforce Race Equality Standard (WRES) and the newly introduced Workforce Disability Equality Standard (WDES).

To deliver our vision to be an outstanding organisation, we need to attract, retain and develop a racially, culturally and ethnically diverse workforce. Recent evidence indicates that diversity is associated with:

- improved access to care for minority ethnic patients
- health care professionals with BME backgrounds are more likely to serve minority and medically under-served communities than their white peers
- greater patient choice and satisfaction
- better educational experiences for all health professions students
- interactions between health care professionals helping to challenge assumptions and broaden perspectives regarding racial, ethnic and cultural differences
- different problem-solving skills found by combining those with diverse ethnic and cultural backgrounds leads to more creative thinking about clinical, research, patient satisfaction and/or cost problems.

The Equality Delivery System (EDS) for the NHS was released in June 2011, its main purpose was to help local NHS organisations improve their performance for people with protected characteristics which are protected by the Equality Act 2010 and help to deliver on the Public Sector Equality duty. The EDS has been refreshed and is now EDS2. EDS2 has 18 outcomes which we assess and grade ourselves against. The

outcomes are grouped into 4 key areas;

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive Leadership

Our assessment against these standards is published on our website, together with our action plan. We are currently undertaking our annual review of this assessment.

The WRES was introduced in 2015 and we regularly report progress against the 9 indicators. The paper provides details of our progress and includes some of the data we will be reporting this year. To focus our efforts and deliver our ambition we have developed the DBTH Workforce Race Equality Standard Action plan. This year we will continue to focus upon improving the quality of our data to better inform our targeted actions, the development of wider and deeper engagement with our local community and raising the profile of the work around Diversity and Inclusion within DBTH. Diversity and Inclusion continues to be a consistent feature and focus within the Workforce Education and Research Committee and the Quality and Effectiveness Committee.

The actions we take fall into the following key areas;

- Recruitment and shortlisting
- Data quality
- Outreach and External Engagement

We have introduced our own DBTH Equality, Diversity and Inclusion group chaired by one of the the Deputy Medical Directors and championed by one of our NEDs. This group meets on a quarterly basis to focus and drive the EDI agenda within the organisation. The group are encouraged that the next 'Hear' Masterclass will be delivered by Simon Fanshawe the author of 'Diversity – The New Prescription for the NHS' on 13th June. This will help to give a strong narrative and rationale to our leaders on the case for greater diversity within DBTH and the wider NHS.

WRES and WDES reports 2019

In order to be ready to publish our data on the Workforce Race and Disability Equality Standards Reports for 2019 we have a series of milestones and plans in place. The indicators have been chosen to be as simple and straightforward as possible and are almost entirely based on existing data sources (Electronic Staff Records; NHS Staff Survey or local equivalent) and the analysis requirements which we are already undertaking. Once this data is compiled a further report will be provided to the Board of Directors in the summer which will include an action plan to address what the data is telling us.

Key questions posed by the report

Are we clear on our strategic plan and approach to increase the diversity of our workforce, volunteers, NEDs and governors going forward?

How this report contributes to the delivery of the strategic objectives

People – As a Teaching Hospital we are committed to increasing the diversity of our work force to provide high quality, safe, efficient and effective care.

How this report impacts on current risks or highlights new risks
The actions contained within the report look to provide assurance that the Trust is taking steps to improve diversity and inclusion at DBTH.
Recommendation(s) and next steps
The Board are asked to receive this report and provide feedback on how to address the challenges of increasing the cultural, racial and ethnic diversity of people working, volunteering and governing our organisation.

Background

To deliver our vision to be an outstanding organisation, we need to attract, retain and develop a racially, culturally and ethnically diverse workforce. Recent evidence indicates that diversity is associated with:

- improved access to care for racial and minority ethnic patients
- health care professionals with BAME backgrounds are more likely to serve minority and medically under-served communities than their white peers
- greater patient choice and satisfaction
- better educational experiences for all health professional students
- interactions between health care professionals helping to challenge assumptions and broaden perspectives regarding racial, ethnic and cultural differences
- different problem-solving skills found by combining those with diverse ethnic and cultural backgrounds leads to more creative thinking about clinical, research, patient satisfaction and/or cost problems.

The Equality Delivery System (EDS) for the NHS was released in June 2011; its main purpose was to help local NHS organisations improve their performance for people with protected characteristics which are protected by the Equality Act 2010 and help to deliver on the Public Sector Equality duty. The EDS has been refreshed and is now EDS2. EDS2 has 18 outcomes which we assess and grade ourselves against. The outcomes are grouped into 4 key areas;

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive Leadership

EDS2 applies to people whose characteristics are protected by the Equality Act 2010; the nine protected characteristics are;

- Age
- Disability (includes physical, sensory impairment, learning disability, mental health conditions and long term conditions)
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation.

Additional to the assessment we have developed our action plan against the four headings above which can be found on our website.

Alongside the EDS since 2015 NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the Workforce Race Equality Standard (WRES). A Workforce Disability Equality Standard has been introduced this year.

Workforce Race Equality Standard

The standard comprises nine indicators:

For each of these four workforce indicators, we compare the data for White and BME staff

1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

2. Relative likelihood of staff being appointed from shortlisting across all posts

3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

4. Relative likelihood of staff accessing non-mandatory training and CPD

National NHS Staff Survey indicators (or equivalent) - for each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

7. Percentage believing that trust provides equal opportunities for career progression or promotion

8. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues

Board representation indicator -For this indicator, we compare the difference for White and BME staff

9. Percentage difference between the organisations' Board voting membership and its overall workforce

Each year NHS England produces a national report which enables Trusts to compare their data to the national picture.

Indicators from the staff survey	2017		2018		2019	
	White	BME	White	BME	White	BME
Percentage of staff experiencing harassment/bullying/abuse from patients, relatives or the public	26.92	26.44	25.95	29.38	26.38	35.08*
Percentage of staff experiencing harassment/bullying/abuse from staff**	23.06	32.75	22.26	32.22	22.33	31.27
Percentage of staff believing the Trust provides equal opportunities for career progression/promotion	84.92	70.19	83.09	74.07	85.55	76.11
Percentage of staff experiencing discrimination from managers/colleagues	5.61	15.03	5.75	19.1	5.56	14.79***

*this year's data indicates deterioration in the level of harassment/bullying/abuse experienced by BME staff from patients/relatives/members of the public. Work will take place to remind users of our services of our policy of zero tolerance.

** comparison with national and regional data indicates that a greater proportion of our BME staff experience harassment/bullying/abuse from staff. As indicated below our leadership development programmes include focus on this.

*** whilst last year's data indicated a poor position in comparison to benchmark data our most recent staff survey indicates an improvement in the percentage of BME staff experiencing discrimination.

Other indicators

Indicator	2017	2018
Relative likelihood of staff being appointed from shortlisting across all posts – our data compares favourably against both national and the north region data	1.03	1.16
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation – our data compares favourably against both national and the north region data	0.19	0.38
Relative likelihood of staff accessing non-mandatory training and CPD – our data is similar to the national picture but worse than data for the northern region	1.27	1.22

WRES report 2019

In order to be ready to publish our data on the Workforce Race Equality Standards Report for 2019 we have a series of milestones and plans in place. The WRES indicators have been chosen to be as simple and straightforward as possible and are almost entirely based on existing data sources (Electronic Staff Records; NHS Staff Survey or local equivalent) and the analysis requirements which we are already undertaking.

Key points to note for the WRES 2019 submission:

- This year, there are no changes to the indicator definitions or how they are calculated.
- Data collection templates to be delivered on the week commencing Monday 27 May. At this time we can proceed with data collection.
- Week commencing Monday 3 June a webinar video; how to complete WRES data will be available.
- Strategic Data Collection Services data submissions open on Monday 1 July, closing on Friday 30 August.
- ***Board or leadership sign off before 27th of September.***
- By Friday 27 September, all organisations must publish their WRES data on their corporate website.
- The 2019 WRES data report will be published in December.

It is important for Board to note that for 2019 there will be an added focus on;

WRES indicator 9 - Percentage difference between the organisations' board voting membership and its overall workforce***, the aim is to have all board members to have a declared ethnicity, resulting in no 'unknowns'.***

WRES indicator 4 – Relative likelihood of staff accessing non – mandatory training and career progression development (CPD), a record of our ***definition of non-mandatory training and CPD needs to be maintained locally in the instance there is a need for a follow up.***

Action plans

To focus our efforts and deliver our ambition we have developed the DBTH Workforce Race Equality Standard Action plan. This year we will continue to focus upon improving the quality of our data to better inform our targeted actions, the development of wider and deeper engagement with our local community and raising the profile of the work around Diversity and Inclusion within DBTH. Diversity and Inclusion continues to be a consistent feature and focus within the Workforce Education and Research Committee and the Quality and Effectiveness Committee.

The actions we are taking fall into the following key areas;

Recruitment and shortlisting

There has been a slight improvement in the gap between the recruitment of white staff v BME staff. We will continue to work with core recruitment services to increase uptake of Unconscious Bias training for recruiting managers. The unconscious bias training forms a key component of the Leadership 'Develop' programme. We will proactively monitor and review our uptake of this training.

Data quality

There continues to be a need to improve the quality of the data held and the missing data on ESR (our HR/payroll system). It is our intention that improvement in our data quality around equality and diversity will form part of the bigger piece of work on ESR data quality linked to the implementation of manager self-service in respect of ESR.

Outreach and External Engagement

Our overall ethnicity data masks the failure to reflect the local community amongst our lower pay bands. That is typically the level at which hospitals draw local people into the workforce. There has been a sustained effort to proactively reach the local community through connecting with local job centres and working with local schools through the widening participation agenda. In addition our Communications and Engagement team engage proactively with local communities through our screening programme.

Further analysis

We continue to actively engage with the Yorkshire & Humberside Equality & Diversity Regional Network, which allows us to benchmark ourselves against other organisations to share and implement good practice.

We have introduced our own DBTH Equality, Diversity and Inclusion group chaired by one of the Deputy Medical Directors and championed by one of our NEDs. This group meets on a quarterly basis to focus and drive the EDI agenda within the organisation. The group are encouraged that the next 'Hear' Masterclass will be delivered by

Simon Fanshawe the author of 'Diversity – The New Prescription for the NHS' on 13th June. This will help to give a strong narrative and rationale to our leaders on the case for greater diversity within DBTH and the wider NHS.

Future areas for consideration

- How do we further reach out into the wider community to engage with and attract people from diverse backgrounds into our organisation?
- How do we ensure that all recruiting managers adopt fair, transparent, inclusive and unbiased recruitment practices and decision making processes?
- How do we ensure that we attract and recruit staff, volunteers and governors from diverse backgrounds, cultures and groups into our organisation?
- How do we ensure that for our 2 Non-Executive Director vacancies we attract applicants from all backgrounds and cultures and we select people based upon skills, knowledge and experience and that conscious and unconscious-bias does not negatively impact upon recruitment decisions?
- How can we create opportunities for people with protected characteristics to shadow or expose them to the role of the Governor at DBTH with a view to proactively generating interest when future vacancies arise?

Workforce Disability Equality Standard

This is a new standard introduced from 1 April2019. We are required to publish in line with similar timescales as the WRES but with our data and action plan to be published by 1 August 2019. The ten metrics have some similarity to those for the WRES but are detailed below.

Workforce Metrics

- For the following three workforce Metrics, compare the data for both Disabled and non-disabled staff. Metric 1 Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Metric 2 Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.
- Metric 3 Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

National NHS Staff Survey Metrics : For each of the following four Staff Survey Metrics, compare the responses for both Disabled and non-disabled staff.

- Metric 4 Staff Survey Q13 a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
- Metric 5 Staff Survey Q14 Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- Metric 6 Staff Survey Q11 Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- Metric 7 Staff Survey Q5 Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
- Metric 8 Staff Survey Q28b Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

- Metric 9 a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Board representation

- Metric 10 Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board.

The Board of Directors will receive a report in summer in respect of both the WRES and WDES in advance of publication on the Trust website in September which will also detail the actions identified to improve the feedback we receive from the data.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Chair's and NEDs' Report**		
Report to	**Board of Directors**	**Date**	**21 May 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 April and May 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 – May 2019

Daily Site Operational Meeting Visit

At the end of April I visited the newly created Control Centre/Ops Room; located in the old ED seminar room, this is the new base for the daily operational "bed meetings".

Simon Marsh, Chief Information Officer, demonstrated the room's facilities, where visual displays show ED performance data, bed position and ambulance arrivals. We also discussed future development opportunities, the potential use of digital information as the Electronic Patient Record (EPR) progresses, and the use of artificial intelligence. As the visit was early morning I also got the opportunity to observe the 8:30am ops meeting, which provided a good insight into the daily site performance management process.

Governors' Future Model & Working Arrangements

Earlier this month I chaired a Task and Finish Group with governors, non-executive directors and our Chief Executive, Richard Parker were also in attendance. The session was to allow governors the opportunity to consider the Trust's current governor leadership model and its programme of work, which supports the fulfilment of their role, and consider options for future arrangements.

During the last three years the Trust has operated on a dual leadership model of a Vice Chair and Lead Governor. However, as both governors holding these positions reached the end of their terms of office this provided an opportunity to review arrangements going forward. Following discussions at April's Council of Governors meeting, expressions of interest for an interim lead governor were sought and following an election process Mike Addenbrooke, Public Governor for Doncaster was elected.

As the recent governor elections resulted in the appointment of 9 new governors, which represents almost a quarter of the Council of Governors, it also seemed an ideal time to review the involvement of governor in trust committees and their current timetable of training, information and briefing sessions.

The recommendations from this Task and Finish Group will be presented for ratification at the confidential Extra- ordinary Council of Governors on 22 May.

Governor Focus 2019 Conference

On 9 May I attended the excellent NHS Providers Governor Focus event in London; I was joined by Peter Abell, who spoke in his capacity as Chair of the Governor Advisory Committee (GAC) and Hazel Brand.

The event, attended by over 200 governors, provided an opportunity to hear from sector leaders on matters directly affecting the role of a governor, it facilitated the exploration of future developments and allowed delegates to network with colleagues from across the country. This year saw a return of the governor showcase exhibition, where twelve trusts shared initiatives, innovations and best practice.

Speakers on the day included Imelda Redmond CBE, Director of Healthwatch, the independent national champion for people who use health and social care services and Yvonne Coghill CBE OBE, Director of NHS Workforce Race Equality Standard (WRES). Yvonne and Dr Habib Naqvi, policy lead, spoke of the importance of equality and diversity, the implementation of WRES and the role of governors in ensuring they are holding NEDs to account to ensure diversity of its board and Council of Governors.

NHS Providers Chair and NED Network Session

The following week I chaired an action packed NED network session in Birmingham. We received an update on the interim plan for the national workforce plan, the engagement process, consultation timeline and next steps. Additional sessions included; effective and productive working between non-executives and the company secretary, peer roundtable discussions on current issues and a specific sessions where two experienced chairs reflected on “hot topics”, such as Integrated Care Systems, good governance and board development.

Miriam Deakin, NHS Providers Director of Policy and Strategy provided a detailed update on policy and strategic matters. Included within the update was the Long Term Plan/system working, the proposed legislative changes, finance/funding, regulation and the workforce challenge.

Other activities

As a co-opted director on the Board of Doncaster Chamber I have this month attended their Annual Business Conference. The event brought together key local leaders from the public and private sectors, as well as regional and national high profile contributors to explore the current economic and political issues for Doncaster and what it means for local businesses. The events organised by the Chamber provide a great opportunity to make those essential links with our local partners and businesses and our Director of People & Organisational

Development, Karen Barnard, joined the audience. As Chair of the Board it provides me with an excellent opening to share opportunities and development within the Trust as one of the largest local employers.

Unveiling of the Fred and Ann Green Blue Plaque

On Friday 17 May I officially unveiled the memorial blue plaque, placed on the premises in Mexborough town centre where Fred and Ann Green's butchers shop was once sited. The Trust had been approached by Mexborough and District Heritage Society to support the plaque in recognition of the significant contribution made to the Trust following Fred's death in 1998. Fred and Ann Green's legacy has enabled the Trust to provide many services and facilities that would not have been possible without it, including the shuttle buses connecting the three hospitals, the Eye Department at DRI and the Rehabilitation Department at Montagu Hospital. Their legacy has contributed to the health and wellbeing of the people of Mexborough, and continues to do so, under the scrutiny of the Fred and Ann Green Legacy Advisory Group. As a Trust we are eternally grateful for this donation.

Finally, since my last report we have seen the early resignation of two of our Non-executive Directors, Linn Phipps and Alan Chan. Personally, and on behalf of the Board I would like to thank them both for all they have done for the Trust, their time and support has been very much appreciated. Following the Extra-ordinary Council of Governors meeting a Nomination and Remuneration Committee will be formed to consider recruitment plans for their replacements.

NED Reports

Kath Smart

Kath participated in the recent discussion regarding the Chair's appraisal, which was led by Pat Drake, Senior Independent Director (SID). Kath also attended the Surgery & Cancer Division drop in session, talked with staff about their services, and heard about improvements made to improve quality and safety.

Kath attended the Governor Task & Finish Group where governors consider the leadership model and work plan, which is further developing Governor and NED relationships.

Finally, she had a 1:1 with the Trust Board Secretary.

Pat Drake

Pat continues to meet with her executive "buddy", Mr Singh, who provides updates on quality matters. She has also met with Lynn Goy, Freedom to Speak Up Lead Guardian.

She attended the Task and Finish Group of governors to engage with the proposed new ways of working.

Neil Rhodes

Neil has taken part in the Council of Governors' Task and Finish Group looking at the future shape of Council activity and the ways in which responsibility could be discharged. He has also attended a meeting of the main board and chaired the planning meeting for the next Finance and Performance Committee.

Before the next Board meeting, he will also have chaired the substantive meeting of the Finance and Performance Committee.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Chief Executive's Report

21 May 2019

Reflecting upon a successful and challenging year as a Trust

As we begin the new financial year, I am pleased to reflect upon the past 12 months for the Trust which have been filled with achievements, improvements and innovations. As an organisation we have consolidated the good progress we have made in patient care, treatment and experience in recent years, whilst further strengthening our links with partners both locally and nationally.

This year we have also had the opportunity to reflect upon our vision, values and objectives, clearly laying out where we want to head as an organisation. This has resulted in a revised vision for DBTH, which is 'to become the safest Trust in England, outstanding in all that we do'. While undoubtedly ambitious, I feel that with the skill, expertise and dedication we can count on amongst our colleagues, this is an entirely achievable destination for the Trust.

I am also proud of the excellent improvements in the safety and quality of care provided to our patients, many of which have been sustained for a sixth year in a row. Developments - such as further reductions in severe avoidable pressure ulcers, good performance within our mortality rates, and an increase in our overall Emergency Department performance (13th best in the country), despite significantly more attendance - have all been particularly pleasing.

I've been particularly pleased this year by the Trust's renewed focus on quality, safety and ensuring patients receive the best possible care, treatment and experience when staying with us. Throughout the past 12 months, we have launched a number of campaigns and projects such as 'Making Mealtimes Matter', 'Sleep Helps Healing', increasing visiting times and our 'Sharing How We Care' conference and newsletter, all with the aim of ensuring that patients remain at the heart of everything we do. While we do not have quantifiable data to understand their impact at this time, we are confident that this focus on getting the fundamental things right such as ensuring our patients eat well, sleep soundly and staff learn from innovations, improvements and challenges, will pay dividends in the not-to-distant future.

Finally, I'm pleased to describe good progress in terms of our financial performance. Thanks to our identified savings and continued drive towards improved 'Efficiency and Effectiveness', we have been able to meet our control total of £6.6 million deficit, slightly ahead of our plan of £27,000. This meant that, as a Trust, we qualified for bonus payments from NHS Improvement (known as Provider Sustainability Funding or PSF) which equated to £10.7m, meaning that we finished 2018/19 in the first surplus year-end position since 2015/16. However, we understand that there is still further work ahead to ensure sustainability well into the future.

Overall, I believe it is clear that our development as an organisation has been substantial as I reflect upon 2018/19 and preceding years. This is a testament to the hard-work and dedication of members of Team DBTH and speaks volumes for the talent, care and innovation we can count on amongst our colleagues.

Strike action comes to an end

Following further talks with the Trust, Sodexo and our union colleagues, an agreement has been reached to implement the 2018 Agenda for Change pay rates for catering staff. This means that the related industrial action is now at an end.

These new pay rates are effective from 1 April 2018 and will be implemented by the end of June 2019 along with a one-off payment for the back-dated pay difference since 1 April 2018. Ensuring colleagues are treated fairly and with respect is intrinsic to the values we hold as a Trust and we are pleased with this outcome.

Support offered in Doncaster for young parents to-be

I am pleased to report that a new Antenatal course has started for the first time in Doncaster for young parents-to-be and their families. The five week Solihull course offers support and guidance on all aspects of pregnancy, labour and birth but with a focus on the emotional impact of pregnancy on young mums and dads-to-be.

Nine ladies attended the course, all between the ages of 16 and 19, and brought along partners, parents and friends for support.

The session is supported by Rotherham Doncaster and South Humber NHS Foundation Trust and forms part of a national approach to pregnancy and parenthood. The Solihull-approach is based on best practice guidelines to improve emotional health and wellbeing through relationships from the antenatal period through childhood into adulthood.

Estates and Facilities Team and Director get award nod

I am pleased to announce that the senior team responsible for medical technical services, capital development, estates engineering, compliance and facilities services at Doncaster and Bassetlaw Teaching Hospitals (DBTH) have been shortlisted for a national award, acknowledging their hard work and accomplishments over the past couple of years.

The department, known as Estates and Facilities, were faced with numerous challenges back in 2016 following the departure of a number of senior staff within the directorate. However, thanks to the dedication of the new senior management team and departmental colleagues, they were able to not only stabilise services, but have also taken huge steps to introduce several quality improvement programmes that have enhanced patient experience.

In recognition of these efforts, the service had been shortlisted for a prestigious national award as “Team of the Year”, which was presented by the Health Estates and Facilities Management Association (HEFMA) at a special Gala Awards Dinner on Thursday 16 May.

Additionally, the Director of Estates and Facilities, Dr Kirsty Edmondson-Jones, has been nominated for ‘Individual Development’. This follows the pioneering work undertaken by Kirsty in the field of bioengineering.

I want to wish both the team and Kirsty the very best of luck.

Trust to go ‘smokefree’

Starting on the ‘World Health Organisations (WHO) No Tobacco Day’ at the end of the month, it will no longer be permitted to smoke within any area of Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital grounds.

From 31 May patients and visitors choosing to smoke on site will be challenged by hospital staff and the security team. They will be advised they can no longer smoke on site and offered advice and guidance on how to stop smoking.

All smokers who are admitted as patients will be advised that the site is smokefree and as part of their hospital care and treatment they will be offered nicotine replacement therapy and referred to local stop smoking services.

We're looking for sponsors to help celebrate our hospital 'Stars'

Each and every year, the Trust hosts an awards evening to celebrate the fantastic work of teams and individuals at the Trust.

These awards are one of our most important events of the year. We know that our staff make some outstanding contributions to healthcare every day and this is our opportunity to get together and celebrate these achievements so they know their efforts have not gone unnoticed.

Annually, the event is sponsored by various companies and organisations who generously offer their support every year to help celebrate the local heroes of healthcare. If you would like to sponsor an award, view our sponsorship brochure: https://www.dbth.nhs.uk/wp-content/uploads/2019/05/sponsorship-brochure-2019.pdf.

Receiving an OBE

Finally on a much more personal note, this month I was appointed 'Officer of the Order of the British Empire' for services to 'health and social care'.

Throughout my 37 years in the NHS, I have worked with some truly remarkable individuals who have used their talents to the benefit of countless patients. To have been able to contribute to improving the delivery of care throughout my career has been an utter privilege and as such I am extremely grateful to receive this recognition.

I must also extend my thanks to my family, wife Kim and children, Jake and Rhiannon, for their love and support. I would also like to share this award with my colleagues at DBTH. Members of the team go above and beyond in the delivery of high quality care, striving each day to do even better in the next. I am enormously proud to lead this organisation and hope to do so for many years to come.

NHS Long Term Plan

Engaging the health and care staff, patients, the public and other stakeholders to inform the South Yorkshire and Bassetlaw response to the Plan

1. Introduction

In June 2018, the Prime Minister announced a new five-year funding settlement for the NHS, a 3.4 per cent average real-terms annual increase in NHS England's budget between 2019/20 and 2023/24 (a £20.5 billion increase over the period). To access the funding, national NHS bodies were asked to develop a long-term plan for the service. The resulting document, the NHS long-term plan, was published on 7 January 2019.

It builds on the policy in the NHS five year forward view which explained the need to integrate care to meet the needs of a changing population. This was followed by other strategies, covering general practice, cancer, mental health and maternity services, while the new models of care outlined in the Forward View have been rolled out through a programme.

The NHS Long Term Plan sets out the requirement for Integrated Care Systems to work together with local partners to develop their local response by producing an ICS five-year strategic plan by the Autumn of 2019. As an essential part of this process, wide engagement with health and care staff, patients, the public and other stakeholders across South Yorkshire and Bassetlaw needs to take place.

This paper provides the detail around engaging with the many audiences across South Yorkshire and Bassetlaw Integrated Care System to determine what the NHS Long Term Plan means for them and to co-design the most effective ways to put the commitments into practice locally.

The engagement plan builds on the many conversations that continually take place in each of our Places (Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield) around local planning and commissioning of services and also the conversation we had with the public about their views on the SYB Sustainability and Transformation Plan (in response to the Five Year Forward View) in 2016.

Feedback from the wide engagement exercise will be collated, analysed and reported back to ICS partners to inform the South Yorkshire and Bassetlaw ICS Five Year Plan, expected to be published in the Autumn.

2. The role of communications and engagement teams

The ICS is expected to take the lead in ensuring that communications and engagement staff from all the organisations involved in the local system are involved in delivering the activity. We will support teams in local organisations with materials, to conduct conversations and to ensure we are co-ordinating resources.

Engagement will take place working with and across our communications, engagement and patient experience colleagues in all the partner organisations within SYB ICS. We have an important role in:

- Informing health and care staff in particular, as well as patients, members of the public and other stakeholders, about the ambitions the Long Term Plan sets out, as well as the process by which we will translate it into local action.

- Involving all relevant stakeholders in thinking about how local services should adapt to implement the improvements and ambitions set out in the plan, and co-producing the resulting system-wide strategies.

- Influencing debate by making the case for change, articulating the benefits and implications of how our services and others across our local health system will change once local strategies are developed and put into action.

Communications partners within the ICS are best placed to decide how they can best support the operational objectives of their organisations, including adapting 'business as usual' activity and aligning messaging on the Plan with their existing narratives to ensure that it makes sense in a local context. A pack of core materials to support partners to have conversations has been developed, it includes: Web copy for partners' websites, copy for partners' staff and public bulletins, social media assets, focus group scripts, press release, key messages document and flyers for the regional public event.

To support the work, NHS England is investing nationally in local Healthwatches and the Health and Wellbeing Alliance to provide extra capacity to support additional engagement with the local public, and in particular seldom heard groups, to that which partners are expected to deliver.

3. Target Audiences

The engagement focuses on four areas:

- Local communities
- Health and care staff
- Local government
- Governors, non-executives and lay members

3.1. Involving people and communities in taking forward the NHS Long Term Plan

We have used the NHS England framework for 'what good engagement for Integrated Care Systems looks like' to shape our approach with patient and community engagement.

The action plan below has been compiled with our stakeholders for engagement across our system, based on the framework. It endeavours to bring together online and face to face/ paper-based opportunities as well as broader opportunities for anyone who would like to have their say to get involved, and more targeted engagement with seldom heard communities.

3.2. Involving health and care staff and clinicians

We want staff across the whole system have an opportunity to influence and be part of changes to our health and care service. To be engaged, they need to feel empowered, involved in decisions and able to act as leaders and ambassadors for change. It is also important that they have an understanding about what those proposals are and how they will impact them and their ways of working.

We want to ensure all staff have a chance to be involved in conversations, from hospital doctors, GPs, allied health professionals, nurses, local authority and social care staff, finance managers, administrative staff and the third sector as well as those who have a role to play in planning, commissioning or delivering services.

We are not starting engagement with staff from scratch. Partners have been setting out and discussing the impact of the Five Year Forward View and Long Term Plan with their teams. Many areas have already made good progress in engaging and involving staff in changes to health and care services locally, but we acknowledge that this is a challenging area of work.

We will use the NHS England framework to help take this forward.

Our partners are already well advanced in many of these areas and so we will work together to identify system wide opportunities. Work is already underway with clinicians to strengthen multi-professional engagement and the action planning from this work will inform our approach.

3.3. Involving local government

Our local government partners are connected with work that is developing in the emerging partnerships in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. We will work with our partnerships to have conversations about the Plan with:

- Health and Wellbeing Boards
- Council Executives
- Health Overview and Scrutiny Committees (HOSC), including the Joint HOSC

We are also working with our local authority partners to shape proposals for partnership working and to identify a number of strategic priorities which would benefit from system collaboration. We will tailor our system wide approach following these discussions.

3.4. Working with Foundation Trust governors, non-executives and lay members

These key stakeholder groups are involved in the development of and decision-making connected to strategic planning and we will engage with them via established organisational routes as well system wide arrangements and events.

4. Key Messages

- The NHS is changing and it needs your help. As medicine advances, health needs change and society develops, we have to continually move forward so that our services are the best they can possibly be, now and in the future.
- Nationally, the NHS published a document called the Long Term Plan which advises how we can do just that. The plan sets out how services will develop over the coming years to improve people's health and wellbeing. It aims to give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.
- Organisations responsible for health and care services in South Yorkshire and Bassetlaw are working together in new and more joined up ways to deliver the best

health and care for patients, in a partnership called the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS).

- Following the publication of the Long Term Plan, SYB ICS wants to know how you think we can better support the health and wellbeing of people of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield to help develop a South Yorkshire and Bassetlaw five year plan.

- We have an opportunity to work together better to deliver the best care for patients – wrapping support, care and services around people as individuals, removing organisational barriers and putting the needs of people and patients first.

- You can take part in our survey to give your views: https://www.healthandcaretogethersyb.co.uk/get-involved/supporting-development-south-yorkshire-bassetlaw-5-year-plan

- Your local Healthwatch is also gathering opinions for us so you may have seen and contributed to their survey (in which case there's no need to do both)

- You can attend one of our regional events taking place on Thursday 6 June at 10.30am or 5.30pm at The Source near Meadowhall. To find out more details about the event see the 'Current Events' tab on the Get Involved page https://www.healthandcaretogethersyb.co.uk/get-involved/get-involved or contact Eleri Fowler on 0114 305 1197.

- You can find out more about the NHS Long Term Plan here: https://www.england.nhs.uk/long-term-plan/

5. Action Planner

Date	Action	Audience	Notes inc promotion/ channel	Delivery organisation
January 2019	Doncaster partnership for carers	Carers in Doncaster	Early views in developing the joint health and social care commissioning strategy, aligned to key priorities from the Long Term Plan (LTP)	Doncaster CCG and Healthwatch
February 2019	Doncaster health ambassadors network	Doncaster health ambassadors	Early views in developing the joint health and social care commissioning strategy, aligned to key priorities	Doncaster CCG and Healthwatch

			from the Long Term Plan (LTP)	
February 2019	Doncaster Patient Participation Group (PPG) network	Doncaster patients	Early views in developing the joint health and social care commissioning strategy, aligned to key priorities from the Long Term Plan (LTP)	Doncaster CCG and Healthwatch
February 2019	Doncaster College	Doncaster students	Early views in developing the joint health and social care commissioning strategy, aligned to key priorities from the Long Term Plan (LTP)	Doncaster CCG and Healthwatch
February	Bentley Library	People from Bentley	Early Long Term Plan (LTP) conversation and taking more control over people's own health and wellbeing	Doncaster Clinical Commissioning Group (CCG)
March	Rotherham Health and Wellbeing Board (HWBB)	Rotherham HWBB	Early LTP conversation	Rotherham CCG
March	Rotherham GP Professional, learning, training and commissioning event	Rotherham GPs	Early LTP conversation	Rotherham CCG
March	Rotherham Healthwatch Health and Wellbeing	General patients/ public in Rotherham	Early LTP conversation	Rotherham Healthwatch

	meeting			
15 March	Engagement with deaf community and Rotherfed	Deaf community in Rotherham	Promoting Healthwatch survey	Rotherham Healthwatch
19 March	Rotherham Parent Forum	Parents in Rotherham		Rotherham Healthwatch
20 March	Thurcroft Luncheon Club	Members of community in Thurcroft		Rotherham Healthwatch
20 March	Sheffield Children's Trust (SCT) Youth Forum	Young People (patients)		South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) team
25 March	Healthwatch Survey Monkey	General patients/ public	Online (inc social advertising) Healthwatch Networks	All SYB Healthwatches
W/c 25 March	Focus group crib sheet	N/A – to be tailored as appropriate to group meeting		SYB ICS team
W/c 25 March	Briefing sheet for Stakeholders (inc MPs/ Councillors etc)	MPs/ Health and Well Being Boards/ Overview and Scrutiny Committees (OSCs)		SYB ICS team to develop for CCG teams to deliver
26 March	Council members seminar	Rotherham Cllrs		Rotherham CCG
26 March to 2 April	Tag conversation into Mental Health System Perfect week – Doncaster and Bassetlaw	Patients and members of the public/users of mental health services	Social media – online survey and information via website. News release and links to mental health support detailed in NHS Long Term Plan.	Doncaster CCG/ Doncaster Healthwatch

27 March	Be Cancer Safe Event in Rotherham	Cancer survivors and general public in Rotherham		Rotherham Healthwatch
27 March	Crossroads Care group	Rotherham carers and people with care needs		Rotherham Healthwatch
1 April	Launch of new Doncaster CCG staff intranet	Doncaster CCG staff	Dedicated area on new staff intranet with links to Long Term Plan and how this will be delivered locally via the joint health and social care commissioning strategy	Doncaster CCG
4 April	Lesbian Asylum Support Sheffield at Together Women Project	Young Lesbian, Gay Bisexual and Transgender (LGBT) Asylum seekers in Sheffield (includes some Black and Minority Ethnic communities)		SYB ICS Engagement Team
8 April	Barnsley Central library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
12 April	Rotherham military veterans group	Military veterans from Rotherham		Rotherham Healthwatch
12 April	Deaf Futures meeting	Members of the deaf community in Rotherham		Rotherham Healthwatch
15 April	Barnsley Central library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch

18 April	Sheffield Family Voices	Black and Minority Ethnic (BME) women in Sheffield		SYB ICS Engagement Team
23 April	Firvale Women's Group	BME and Roma women in Sheffield		SYB ICS Engagement Team
23 April	Barnsley Chief Nurse to attend Overview and Scrutiny Committee/ CCG Liaison Meeting	Barnsley Overview and Scrutiny Committee	ICS Briefing sheet for Stakeholders	Barnsley CCG
23 April	Walderslade surgery, Hoyland	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
23 April	Mapplewell library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
24 April	Goldthorpe library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
25 April	Wombwell library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
25 April	Worsborough library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
29 April	Rotherham Maternity Voices Partnership	Pregnant and new mothers in Rotherham		SYB ICS Engagement Team
29 April	Barnsley Interchange	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
30 April	Dodworth library	Patients/ public in Barnsley	Encouraging people to fill in survey	Barnsley Healthwatch
30 April	Hoyland library	Patients/ public in Barnsley	Encouraging people to fill in	Barnsley Healthwatch

			survey	
Early April TBC	Launch of joint health and social care commissioning strategy	Patients and members of the public	Your Life Doncaster – linking through to CCG website: Including strategy itself and direction of travel, setting context and links with national NHS LTP. This will lead into bi-monthly themes to enable patients and public to co-design services and care pathways	Doncaster CCG / Doncaster Council / Healthwatch Doncaster
April/ May/ June	Staff/ GP bulletins briefing and link to survey	All partner staff	All partners to share ICS copy in their staff/GP bulletins, some are doing additional face to face briefings (see other rows in plan). Work is currently taking place with Trusts to agree face to face opportunities for their staff	All partner organisations
April/ May/ June	Council of Governors	Sheffield Children's Trust Governors		Sheffield Children's Trust
April/ May/ June	Open Meeting Presentations	Sheffield Children's Trust Staff		Sheffield Children's Trust
April 2019	Your Life Doncaster	Doncaster Community Engagement Group - more		Doncaster CCG and Healthwatch

		than 1,500 community groups		
April	Brief Doncaster MPs	Doncaster MPs	ICS Briefing sheet for Stakeholders	Doncaster CCG
April	Brief Doncaster HWBB	Doncaster HWBB	ICS Briefing sheet for Stakeholders	Doncaster CCG
April	Tag conversation on to existing Learning Disabilites (LD) & Autism Strategy engagement in Doncaster	Doncaster LD / Autism communities	Survey/ focus group crib sheet	Doncaster CCG/ Doncaster Healthwatch
April	Brief Bassetlaw MPs	Bassetlaw MPs	N/A	Bassetlaw CCG
April	Brief staff and GPs	Bassetlaw CCG staff & GPs	N/A	Bassetlaw CCG
April	Brief Nottinghamshire Health and Well Being Board	Nottinghamshire Health and Well Being Board	ICS Briefing sheet for Stakeholders	Bassetlaw CCG
April	Brief Rotherham MPs	Rotherham MPs	ICS Briefing sheet for Stakeholders (and with offer of follow up face to face or phone conversation with CCG AO or GP Chair)	Rotherham CCG
April	Doncaster Minority Representation Group	Members of Doncaster minority community groups	Empowering representatives to go back to their communities, encouraging discussion and completion of	Doncaster CCG

			surveys	
April	Barnsley Healthwatch focus group – refugee council am – women's group pm – men's group	Barnsley refugees		Barnsley Healthwatch
April	Barnsley Healthwatch focus group – macular society	Visually impaired communities in Barnsley		Barnsley Healthwatch
April	Nottinghamshire Healthwatch focus group – Bassetlaw LGBT group	LGBT community in Bassetlaw		Nottinghamshire Healthwatch
April	Nottinghamshire Healthwatch focus group – Bassetlaw Talk to Us point	General public/ carers/ older people in Bassetlaw		Nottinghamshire Healthwatch
April	Doncaster Healthwatch focus group – Sea cadets	Young people in Doncaster		Doncaster Healthwatch
April	Doncaster Healthwatch focus group – older people volunteering group	Older people in Doncaster		Doncaster Healthwatch
April	Doncaster Healthwatch focus group – Doncaster prisons	Prisoners/ prison staff in Doncaster		Doncaster Healthwatch
April	Rotherham Healthwatch	Deaf community in Rotherham		Rotherham Healthwatch

	focus group – deaf community			
April	Rotherham Healthwatch focus group – military veterans group	Military veterans in Rotherham		Rotherham Healthwatch
April	Sheffield Healthwatch focus group – young people's group	Young people in Sheffield		Sheffield Healthwatch
April	Sheffield Healthwatch focus group – under-represented groups	People with learning disabilities/ ethnic minorities/ homeless people in Sheffield		Sheffield Healthwatch
April	Sheffield children's hospital patient involvement day	Young patients in Sheffield		Sheffield Healthwatch
April/ May	Brief Barnsley MPs	Barnsley MPs	ICS Briefing sheet for Stakeholders (and with offer of follow up face to face or phone conversation with member of CCG Senior Management Team)	Barnsley CCG
April/ May	Brief Barnsley Health and Well Being Board	Barnsley Health and Well Being Board		Barnsley CCG
30 April	Equality Hub members	Cross Hub Health Working Group	Verbal update and distribution of information to Equality Hub members	Sheffield CCG

May	Patient Participation Group Network	Sheffield residents		Sheffield CCG
May	Membership Office at Sheffield Teaching Hospitals	Members of Sheffield Teaching Hospitals	Copy and link to survey	Sheffield CCG
May	Involve Me	People in Sheffield interested in commissioning	Copy and link to survey	Sheffield CCG
13 May	Arthritis Society	Those who suffer from arthritis in South Yorkshire and Bassetlaw		SYB ICS Engagement Team
18 May	Rotherham Sight and Sound	Deaf and blind community in Rotherham		SYB ICS Engagement Team
May	Epilepsy support group	Those who suffer from epilepsy in South Yorkshire and Bassetlaw		SYB ICS Engagement Team
May	Rotherham CCG all staff meeting	Rotherham CCG staff		Rotherham CCG
May	Rotherham Health and Wellbeing Board meeting	Rotherham Health and Wellbeing Board	Follow up conversation	Rotherham CCG
May	Staff briefing	Doncaster CCG staff	Update on joint health and social care commissioning strategy and how it links with chapters of LTP – reinforcing their role of commissioning services to deliver national and regional	Doncaster CCG

			priorities.	
May/ June	Staff briefing session – Barnsley CCG	Barnsley CCG staff	Regarding both Long Term Plan and Barnsley Health and Wellbeing strategy refresh	Barnsley CCG
3 June	An audience with the CCG meeting	Voluntary Community sector organisations		Rotherham CCG
4 June	Rotherham Patient Participation Group (PPG) Network meeting	Rotherham GP Patient Participation Group Network members		Rotherham CCG
6 June AM	Regional open event	General patients/ public	Online Leaflet with date to be distributed widely Media release Existing SYB network and partner patient/ public networks Internal comms	SYB ICS Team
6 June early evening	Regional open event	General patients/ public (inc working population)		SYB ICS Team
June	School of Nursing, Sheffield Hallam University	Nursing students		SYB ICS Engagement Team
June	Doncaster prison	Prisoners and prison staff		SYB ICS Engagement Team
June	Barnsley Patient Council members (membership	Barnsley Patient Council members	Direct invite and via Barnsley Practice	Barnsley CCG

	drawn from GP Practice Patient Groups)		Managers	
June	Attendance at Community coffee morning – Emmanuel church	Barnsley patients/ public		Barnsley CCG
June	Barnsley CVS Network Event	Voluntary Community sector organisations		Barnsley CCG
3 July	Rotherham Health and Well Being Event (including CCG AGM and Place Board)	General patients/ public in Rotherham		Rotherham CCG
July	16 face to face conversations (per neighbourhood) via community organisations and telesurvey (to reach 2000 people)	General patients/ public in Sheffield	Promotion in the neighbourhoods via the community organisations	Sheffield CCG
July	Focus group with Chinese community centre attendees	Sheffield Chinese community	Focus group crib sheet	Sheffield CCG
July	Focus group with Sheffield refugee council	Sheffield refugee community	Focus group crib sheet	Sheffield CCG
July	Sheffield MPs/ Overview and Scrutiny Committee/ Health and Well Being Board briefed as part of briefing on joint	MPs/ Councillors		Sheffield CCG

	Sheffield commissioning strategy			
July	‘Big Chat’ day, inc market stalls across SYB/ events in Trusts/ workplaces etc	All patients/ public/ staff		All partner organsiations

Minutes of the Meeting of the Management Board
of
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
on
Monday 15 April 2019 at 2:00pm
in the Boardroom, Bassetlaw Hospital

Present:

David Purdue (Chair)	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
Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
Sewa Singh	Medical Director
Jochen Seidel	Divisional Director – Clinical Specialities
Nick Mallaband	Divisional Director – Medicine
Alex Crickmar	Deputy Director of Finance *(for Jon Sargeant)*

In attendance:

Kirsty Edmondson-Jones	Director of Estates & Facilities
Gareth Jones	Trust Board Secretary
Simon Marsh	Chief Information Officer
Jayne Collingwood	Head of Leadership & Organisational Development
Dr Gillian Payne	Deputy Medical Director Efficiency & Effectiveness
Dr Sarah Lever	Attain Associates

Apologies:

Richard Parker OBE	Chief Executive
Jon Sargeant	Director of Finance
Marie Purdue	Director of Strategy & Improvement

Action

Welcome, Introductions and apologies

MB/19/4/1 Apologies as recorded above were noted.

Actions last meeting

MB/19/4/2 The action log was discussed and updates acknowledged.

Presentations

MB/19/4/3 **Leading to Outstanding**

MB/19/4/4 Management Board received a presentation from Jayne Collingwood on the Leadership Development Programme 'Leading to Outstanding'. It set out how the Trust had translated the 5-year strategic objectives, the '*True North Objectives'*, in to specific objectives that everyone in the organisation could relate to and help deliver. Below the True North Objectives sat the *Breakthrough Objectives* that the Trust aimed to deliver within the first year.

True North Objectives:

- Achieved and maintain CQC outstanding
- 100% of staff know how they contribute to the vision
- In top 10% for staff and patient feedback
- Trust in recurrent surplus

Breakthrough Objectives (Archive in 1 year)

- Achieve CQC good
- Level 1 of QI rollout (train 40 practice coaches and 30 Kata coaches)
- Higher than average for staff and patient feedback
- Achieve Control Total

MB/19/4/5 Achieving the Strategic Direction depended on engaging everyone in quality improvement. The remainder of the presentation covered how culture is created, leadership development programmes, learning outcomes and outputs. Management Board considered what development topics would make the most impact / enable an environment for improvement the Divisions, the proposed structure and what they felt would make the programme a success. Management Board particularly welcomed the introduction of a shadow Board.

MB/19/4/6 Management Board NOTED the presentation and ENDORSED the direction of travel.

MB/19/4/7 **Reducing Follow Ups**

MB/19/4/8 Management Board received a presentation from Gill Payne that provided an update on the scope and progress of work to reduce follow-up appointments. Appended to the presentation was a Follow-up policy that set out principles / specialty specific guidelines and protocols for follow up care. The Presentation highlighted Specialities where there had been a focus. Specialities had been asked to take a clinically led and patient centred approach to:

- Develop guidelines and protocols
- Quantify follow ups (i) not required (ii) could be delivered in an alternative way
- Make recommendations for change

MB/19/4/9 An overview of the outcomes and impacts of this work were provided along with a High Level Action Plan. Management Board noted that next steps were to be agreed with commissioners in terms of the size of the opportunities.

MB/19/4/10 Management Board NOTED the opportunities to reduce follow ups and free up Outpatient capacity. SUPPORTED implementation of the policy, subject to final agreement of clinical guidelines at specialty level. NOTED the specialties with outstanding actions - divisional leads were asked to address these at specialty level:

- T&O
- Ophthalmology
- Urology
- General Surgery
- Agree the delivery plan

MB/19/4/11 **Strategy**

Clinical Governance Strategy & Patient Experience & Engagement Strategy

MB/19/4/12 The Medical Director and the Director of Nursing, Midwifery & Allied Health Professionals presented updates on their strategies which provided details of work being undertaken to deliver the Strategies and key milestones. An update on activities so far was provided along with an overview of key challenges, interdependencies, opportunities, benefits realisation, achievements and next steps.

MB/19/4/13 In terms of the Clinical Governance strategy there was a brief discussion about staff engagement and how that could be improved.

MB/19/4/14 Management Board NOTED to Enabling Strategy Updates

Corporate Issues

ICS Update

MB/19/4/15 The Deputy Chief Executive & Chief Operating Officer provided an update on the Hospital Services Review in terms of next steps and what they meant for the Trust and this was briefly discussed.

MB/19/4/16 The Update was NOTED.

EU Exit Scenarios Update

MB/19/4/17 The Deputy Chief Executive & Chief Operating Officer advised that the Trust was no longer required to submit daily SitRep reports due to the extension of Brexit. The Trust had been asked to complete a questionnaire for NHS Improvement (NHSI) on the Trusts view of the SitRep reporting.

MB/19/4/18 The Update was NOTED.

Finance Report as at 28 February 2019

MB/19/4/19 Management Board received the report of the Director of Finance which set out the Financial Position at Month 11(February 2019) which was a favourable variance against plan of £855k before PSF funding and a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 was a £21.7m deficit before PSF Funding, which was £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.

MB/19/4/20 The Trust now expected to deliver its control total at year end. This was a result of; the improved position against forecast and plan (especially in income), following final discussions with Doncaster CCG who were funding any undelivered CQUINs monies and delivery of the waiting list recovery plan, the funding agreed from the ICS and reduced spend on agency in February by more than forecast. The Trust's key remaining risk was the delivery of the Waiting List recovery plan, which attracted incentive payments of c.£2.4m, which was yet to be included in the Trust's position.

MB/19/4/21 During discussion about 2019/20 budgets, Divisional Directors agreed that there were no significant issues with budgets for 19/20 and they were happy to sign them off.

MB/19/4/22 Management Board NOTED:

- The Trust's deficit for month 11 (February 2019) was £224k, which was a favourable variance against plan of £855k before PSF. This was a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 was a £21.7m deficit before PSF, which was £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.
- The achievement with regards to the Cost Improvement Programme.
- The improved financial position and that the Trust was forecasting to deliver its control total at year end subject to delivery of the Waiting List

position.

- The risks set out in this paper.

Corporate Risk Register

MB/19/4/23 Management Board considered a report of the Trust Board Secretary which set out the latest corporate risk register for consideration. Three risks had been escalated via Datix in the month and Management Board was asked to consider whether these should be escalated to the risk registers.

MB/19/4/24 Management Board NOTED the report and APPROVED the escalation of risks 2141, 2144 and 2148 to the Corporate Risk Register.

Clinical Risk Review

MB/19/4/25 Management Board received the report of the Medical Director which related to a review by the Patient Safety Review Group (PSRG to quantify the clinical risk relating to a number of key issues namely Medical Records, Workforce, Infrastructure, Supply of Drugs & Consumables and Finance. The report summarised the discussion and proposals around risk ratings for approval at Management Board. It highlighted a number of risks affected by the national issues where work was continuing to reduce the risk to an absolute minimum with some areas needing to target their risks more aggressively.

MB/19/4/26 There was a wide ranging discussion about the report during which the Medical Director pointed out that a number of risks had been sitting on a range of risk registers and whilst individually the risk rating had not triggered for escalation to the Corporate Risk Register (this would require a rating of >15), collectively they warranted further consideration. Reflecting on this the Trust had resolved that any risk rated 12 or above sitting on more than one risk registered should be considered by Management Board for escalation and this would be reflected in the risk policy which was currently under review.

MB/19/4/27 Management Board NOTED the report and APPROVED all highlighted risk for update / inclusion in the risk registers. **GJ/SS**

Divisional Issues

Recruitment of Consultant Breast Surgeon

MB/19/4/28 The Recruitment of a Consultant Breast Surgeon was APPROVED

Information Items

MB/19/4/29 The following items for information were NOTED:

- Business Intelligence Report as at 28 February 2019
- Chief Executive's Report
- Minutes of the CIG Meeting held on 28 January 2019
- Elective Care Steering Group Report April 2019
- Children and Families Board Update April 2019

Minutes of the meeting held on 11th March 2019

MB/19/4/30 The minutes of the meeting held on 11 March 2019 were agreed as a true record.

Any Other Business

MB/19/4/31 Update on Risk 2003 relating to Unsustainable situation to provide out of hours cover in anaesthesia – Discussion was deferred to be covered in a wider discussion about Bassetlaw Clinical Site. **ALL**

Date and time of next meeting

MB/19/4/32 The next meeting of Management Board would take place 13 May 2019 at 2pm in the Boardroom at Doncaster Royal Infirmary.

DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Minutes of the Finance & Performance Committee
held at 9:00am Friday 23 April 2019
in the Boardroom, Bassetlaw Hospital

PRESENT	:	Neil Rhodes, Non-Executive Director (Chair) Pat Drake, Non-executive Director Kath Smart, Non-Executive Director Jon Sargeant, Director of Finance Karen Barnard, Director of People & Organisational Development David Purdue, Deputy Chief Executive & Chief Operating Officer
ALSO IN ATTENDANCE:		Kate Sullivan, Corporate Governance Officer Andy Thomas, Project Director Gareth Jones, Trust Board Secretary Andrew Barker, Chief Pharmacist Paul Mapley, Efficiency Director
OBSERVERS	:	Bev Marshall, Governor Observer

Action

Agenda Review

19/04/1 Agenda Item 10 - Going Concern – The paper was deferred to May.

Agenda Item 5 – Outpatient reminder Service – would be taken after Agenda Item 11, the Integrated Performance Report.

Agenda Item 6 – CIP Governance Process – The CIP section (Section 5) of the Finance Report (Pages 109 to 114 of the PDF Pack), would be considered under this item.

Apologies for Absence

19/04/2 Apologies as recorded above were note.

Action Notes from Previous Meeting

19/04/3 The actions log was reviewed an updated.

OPD Pharmacy

19/04/4 As reported at the March 2019 meeting, the Trust's current provider of the outpatient pharmacy service, Well Pharmacy, had notified the Trust that it no longer wished to continue to provide the service past the expiry of the current contract. Therefor an alternative methodology was required, and the Committee had been updated on a range of options being considered by the Trust at that time, including the establishment of a subsidiary. The Committee now received the full business case for the development of a wholly owned subsidiary to provide the Trust's outpatient pharmacy service, presented by Andy Thomas, Project Director. A number of options had been considered with the establishment of a subsidiary, wholly owned by the Trust, identified as the preferred option. This solution would both maintain the quality of the current service, reduce costs, provide a service with ongoing longevity, and maintain the already existing current favourable VAT regime. List of key features of the subsidiary were set out in the covering report.

19/04/5 The Committee considered the report in detail and Kath Smart made a number of comments and raised several questions; the key points of discussion included:

- The Trust would be required to fund the subsidiary's initial cash requirements of £1.1m. This would be 50% loan, 50% share capital; Kath Smart commented that there needed to be clarification around any potential conflicts of interest, exactly what the loan was funding, for example was it all set up costs and any potential risk; this was briefly discussed and it was agreed to ensure the contract was robust in this regard.
- The Committee welcomed the sensitivity analysis and went on to discuss how this might be monitored going forward; would it be a retained matter for the Trust Board or a matter for the Subsidiary. This led to discussion about monitoring of the contract overall and where the Trust Board would have oversight of it and what the role of the Finance & performance Committee and the Audit & Risk Committee would be in this. The Contract would be monitored in the same way as other contracts and reported on in similar way to how the Catering Contract had been reported on. It was agreed to consider a quarterly sensitivity analysis to be included in an overall quarterly report.
- The Committee endorsed the schedule of reserved powers for the Trust Board; the role of the Managing Director of the Subsidiary was briefly discussed.
- The Committee discussed the reaction to the proposal of a Subsidiary from staff currently employed by Well Pharmacy and whether there were any risks to recruitment.
- It was planned to commence the subsidiary in September 2019; The Committee considered the risk of delays to the plan and the timeline for approval by the Trust Board.

19/04/6 The Committee commended the hard work that had gone in to developing the Outpatient Pharmacy Business Case which it NOTED and RECOMMENDED for APPROVAL by the Trust Board.

DEEP DIVES

CIP 2019/20 Governance Process

19/04/7 The Committee received a presentation from Paul Mapley, Efficiency Director, which provided an update on the governance process for CIPs. It was noted that the Committee had received a more detailed update the previous month which was summarised in the new report (included in the papers) Paul Mapley went through the following key points in detail and the paper was discussed;

- Process and rationale for target setting
- CIP Program Structure – Including the different types of schemes; Local/Cross Cutting/Strategic change. Details of the subcatagorisation of these were provided.
- Governance structure – details of the role of the steering groups were provided including clarification of the Executive leads. It was noted that all Executives and Divisional Directors sat on the Efficiency & Effectiveness Committee – The minutes of these meetings would be received by the Finance & Performance Committee from May 2019.
- CIP Development Process
- Approval Process – All CIPS were signed off by operational leads and budget holders.

19/04/8 Pat Drake asked for assurance that all CIPs had been assessed for clinical quality impact; All CIPs were quality impact assessed and were signed off by the Medical Director and Director on Nursing, Midwifery & Allied Health Professionals. They were also checked by commissioners.

19/04/9 In terms of links to quality improvement, Kath Smart asked if Divisions were clear about whether schemes were cost saving, quality improvement, service improvement or cash releasing and this was discussed; certain schemes were flagged as being supported by Quality Improvement. The Trust was running workshops with staff in these cases and Paul Mapley gave some examples of work being done with staff.

19/04/10 Paul Mapley took the committee though section 5 of the finance report (Agenda Item Pages 109 to 114 of the PDF Pack) which set out Month 12 CIP Performance and year end variance analysis; The Trust had delivered £12.1m CIP in 2018/2019, an overachievement of £150k against the month 7 forecast. Paul Mapley went through the various workstreams line by line highlighting what had gone well, what hadn't gone so well, lessons learned and further opportunities.

19/04/11 The Chair commented that the Committee had found the bubble diagram, which rag rated schemes by value and complexity, very helpful and he expressed a wish to see this in future reporting. The Committee discussed how the report could be made more helpful, which reporting formats it had found most useful in terms of reports on individual schemes (presentations or reports) and the Committee's role in oversight of CIPs going forward. It was noted that in terms of individual schemes there was a clear escalation process; if schemes were not delivering, they were escalated via the EEC to F&P and CIP performance would continue to be reported on in the Finance report to the Committee.

19/04/12 The Committee Commended the report which was NOTED.

Overtime

19/04/13 The Committee received the report of the Director of People & Organisational Development which provided an update on the use of overtime.

19/04/14 Escalation process for the use of Overtime - It was clarified that the normal escalation process for the use of overtime was first to utilise part time staff to work additional hours up to 37.5hrs, to be worked as normal time, after that departments should use bank staff (through NHSP), then overtime and finally agency staff.

19/04/15 The committee considered a range of detailed graphs that illustrated the cost of overtime use, month by month over the year by:

- Pure Overtime by Division with corporate areas grouped together.
- By Element – for example night, bank holiday, weekday.
- Overtime including extra hours worked – Gross spend
- Individual graphs for each division and corporate director for gross cost by element and overtime spend gross cost.

19/04/16 The report was discussed in detail during which it was clarified that in terms of budget setting, overtime was not separately budgeted for; budgets included the hours required to run the service with a percentage for sickness / holiday / absence cover. The Director of People & Organisational Development provided an update on areas where there were issues in terms of recruiting to vacancies and what work was being done in these areas to improve the speed of the recruitment process in terms of pre-employment checks.

There was a discussion about how overtime use was discussed monitored at divisional level; this was the first time the Trust had collated the information provided in the report and Executives would consider how this would be used in Grip & Control meetings and how performance would be monitored going forward. The Committee reflected on what kind of reporting/assurance it would like to see in the future; The planning group would consider this more detail outside of the meeting. **Planning group**

19/04/17 The Overtime Deep Dive Presentation was NOTED.

PERFORMANCE & PEOPLE

Finance Report M12 and Draft 2018/19 Financial Accounts

19/04/18 The draft year-end financial position showed that the Trust has delivered its control total for 2018/19, with a £23k favourable variance. It was noted that this position was subject to review by external audit, the agreement of balances process and confirmation of PSF funding including any potential bonus PSF. The draft accounts for 2018/19 were presented separately to the paper for the Committee's information. The Committee received the report of the Director of Finance which set out the Financial Position at Month 12(March 2019) which £1.1 (before PSF), which was an adverse variance against plan of £1.4m. This however was a favourable variance against forecast of £2.7m in month. The cumulative position to the end of month 12 was a £22.8m deficit before PSF Funding, which was £23k favourable to plan and £3.8m favourable to forecast before and after PSF. Including PSF the Trust delivered a surplus of £4.6m in Month 12, reflecting that the full quarter of PSF (£5.7m) has been accounted for in M12 due to the Trust achieving the Control Total. The Report set out in detail key remaining risks, the Year to Date position for income, expenditure, capital expenditure, cash and CIP.

19/04/19 The Committee were advised that since the time of reporting the Trust had been advised that, because it had delivered its target and achieved the control total, it would receive additional PSF of £10.3m; The Director of Finance provided a detailed update of the revised financial position after this; it was noted that the draft accounts for 2018/19 would be adjusted accordingly.

19/04/20 There was a brief discussion about capital plans for the year ahead; the Committee wished to receive a detailed update on this and it was agreed to bring a report to the May meeting to include an update on Theatres and fire safety work if the plans were well enough developed by that time. **JS**

19/04/21 The Committee NOTED:

- The draft year-end financial position shows that the Trust has delivered its control total for 2018/19, with a £23k favourable variance. This position is subject to review by audit, the agreement of balances process and confirmation of PSF funding including the bonus PSF as described during the meeting.
- The Trust's deficit for month 12 (March 2019) was £1.1m, which was an adverse variance against plan of £1.4m before PSF. This was however a favourable variance against forecast of £2.7m in month. The cumulative position to the end of month 12 is an £22.8m deficit before PSF, which is £23k favourable to plan and £3.9m favourable to forecast before and after PSF. Including PSF the Trust delivered a surplus of £4.6m in Month 12, reflecting that the full quarter of PSF has been accounted for in M12 due to the Trust achieving the Control Total and delivering A&E performance.
- The achievement with regards to the Cost Improvement Programme.
- The risks set out in this paper.
- The indicative 2018/19 accounts, as well as noting the likelihood for changes.

- The Committee DELEGATED authority to the Director of Finance to submit the draft year end accounts to the Trust's external auditors and NHSi.

Integrated Performance Report

19/04/22 The Committee considered the new monthly Integrated Performance Report (IPR). The report was presented in three parts:

1. The Summary IPR – This summarised performance both in-month and year-to-date and provided a forecast to the year end.

2. Commentary on exceptions – this analysis was provided by operational teams where targets have not been met.

19/04/23 The Deputy Chief Executive & Chief Operating Officer went through the year end performance in detail and these were discussed, key items to note included:

• A&E / ED "4-hour waiters" performance was 93.1% in month resulting in a YTD figure of 92.6%. Whilst this is below the national 95% target it exceeds the 91% target included in the trust's contracts for 2018/19. This is despite increased activity year on year. Indeed, the trust's performance was the 20th best nationally for the year.

• RTT performance against the "18 week" target was 88.8% YTD. This is below the national 92% target and the locally agreed 89.1% target. Actions were in place to improve performance against this measure into 2019/20.

• The Diagnostics tests "6 weeks wait" of 99% was marginally missed with trust wide performance of 88.8%. The majority of the waits longer than 6 weeks relate to Nerve Conduction and Urodynamics. Additional capacity has now been added to these services.

• Cancer performance has improved with all aggregate targets achieved in month. However, the this was not sufficient to lift the '2 week wait' figures for the year to above target.

• Elective activity, both day cases and inpatient, is below plan for the year. Actions are in place to improve the position for 2019/20.

• Outpatient activity is, overall, above plan for the year. This is particularly the case amongst follow up appointments (as opposed to 1st appointments).

• Stroke performance is mixed with some targets being achieved and others not. In particular the "directly admitted within 4 hours" is below plan for both March 2019 and the figures for the year.

19/04/24 There was discussion about 4hr wait performance, specifically the sustained increase in attendances compared to previous years, and in response to several questions the Deputy CE / COO advised that the Trust had experience a slightly higher increase than other Trusts in the region. The Trust was working with CCGs to look at the front door model and he provided details of the discussions. The Committee reflected on the outcomes from the survey undertaken as part of System Perfect which had provided new information on behaviours and why people attended ED and how this information had been viewed by commissioners.

19/04/25 The committee welcomed benchmarking data where it was available and expressed a wish to see more of this where possible.

19/04/26 The Integrated Performance Report was NOTED

Outpatient Reminder Service

19/04/27 The Committee received a brief update from the Deputy Chief Executive and Chief Operating Officer about progress to agree a contract for an electronic outpatient reminder service. He outlined key issues and areas of dispute with the provider which centred around the omission of details of software licence costs from the contract. The Trust was in negotiations with the provider and an update would be provided once an agreement had been reached.

19/04/28 The Update was NOTED

Workforce Report

19/04/29 The Committee considered the report which provided data in relation to month 12 including the vacancy profile, agency spend and usage, sickness rates, and rostering data. Links to BAF risks highlighted on the report cover sheet were welcomed. The vacancy rate was 9.1% against a target of 5%; when considering the use of temporary staff this was a 3.88% vacancy rate, although this varied by staff group. Agency targets had been set for each Division which had also been split by staff group. The Division of Clinical Specialties continued to spend below target; with regards to staff groups the use of agency workers to cover unqualified nurses has ceased and therefore spend up to month 12 was below target as was the admin and clerical and other staff groups. Updated benchmark data had been provided from the model hospital portal for both vacancies and agency and bank spend which on the whole indicates that we benchmark favourably although there are areas which require focus. Within the refreshed efficiency programme the workforce workstream would focus on recruitment to vacancies, reduction in sickness absence, reduction in need to cover enhanced care needs, and agency prices (and demand).

19/04/30 In response to a query from Pat Drake about the level of vacancies in Imaging it was noted that at the moment this was being covered by agency staff; they had gone out to recruit against new model; there had been a good response so far and the Trust was expecting to recruit to all vacant posts. The Committee discussed medical recruitment and plans for the future; The Trust had seen an improvement in in medical recruitment but there were still key issues around middle grade posts. There was more work to do to look at workforce model redesign, not just recruitment and the Trust was working on this.

19/04/31 The Workforce Report was Discussed and NOTED.

GOVERNANCE & RISK

Corporate Risk Register and BAF Highlights

19/04/32 The Committee received and NOTED the Corporate Risk Register and BAF Highlights. The relevant risks had been considered actively with each paper received at the meeting. Since the last meeting updates had been received for a number of controls and these would be updated in time for the next meeting; the Trust Board Secretary provided details of the updates. Meetings were planned with Executives to review the BAF & CRR over coming weeks. Management Board had recently considered 3 risks for escalation to the Corporate Risk Register; details were provided, and it was noted that any changes would be reflected in the next report. The Chair welcomed the update; he felt it would be helpful if this narrative could be

included in future reports to give the Committee a better understanding of progress to review risks and this was agreed; the Trust Board Secretary would include an additional column for his comments.

EU Exit Update

19/04/33 The committee received the report of the Deputy Chief Executive and Chief Operating Officer provided an update on preparations for an EU Exit including next steps. He gave a brief update on reporting requirements noting that, following the delay of Brexit, the requirement to submit daily situations reports to NHS England had been paused. In response to a query he reported that the Trust was not anticipating any staffing issues as a result of Brexit.

Sub-committee Minutes

The Minutes of the Capital Monitoring meeting held on 21 February were NOTED. The Minutes of the EEC meeting held on 1 April 2019 would be received at the next meeting.

19/04/34 **Not Available – to be approved at the next meeting.**

Minutes of the Meeting held on 22 March 2019

19/04/35 The Minutes of the Meeting held on 22 March 2019 were APPROVED.

Work plan

19/04/36 The Work Plan was NOTED.

Items for escalation to the Board of Directors

19/04/37 None.

Time and date of next meeting:

Date: 20 May 2019
Time: 9:00am
Venue: Boardroom, DRI

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

Board of Directors – Work-plan
(Updated 25/04/19)

	SRO/Author	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Regular Reports for Assurance													
Finance Report	*DoF*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Performance Report	*COO (DP&OD/MD/DNMAHPs)*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thematic P&OD Report	*DP&OD*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Executive Team Objectives	*TBS / Execs*	~~Q3~~	Q3		Q4						Q1/Q2		
ICS Update	*CE*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BAF/CRR Quarterly	*TBS*	✓			✓			✓			✓		
Report from Guardian for Safe Working (QTRLY)	*DP&OD*		✓	✓ Annual Report		✓			✓			✓	
Estates & Facilities Report (Quarterly)		✓			✓			✓			✓		
Regular Reports for Information													
Presentations *(arranged by Chair/TBS)*	*Various*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chief Executives Report	*CE/TBS*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chair & NEDs' Report	*Chair/TBS*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Board Committee Assurance Logs	*F&P*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	QEC		✓		✓		✓		✓		✓		✓
	ARC			✓		✓		✓		✓		✓	
Minutes *(to Board after approval)*													
Finance & Performance Committee	*CGO*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quality & Effectiveness Committee	*CGO*		✓			✓		✓		✓		✓	
Audit & Risk Committee	*CGO*			✓			✓		✓	✓		✓	
Management Board	*CGO*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fred & Ann Green Legacy Advisory Group	*CGO*		✓										

	SRO/Author	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Charitable Fund Committee	*TBS*	~~✓~~	✓	✓			✓				✓		
Reports for Approval/Decision													
Minutes	*TBS*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Budget Setting / Business Planning / Annual Plan	*DoF/DS&T*			✓ P2									
Annual Financial Accounts 2018/19 (April or May)	*DoF*				✓?	✓?							
NHSI Plan	*DoF/DS&T*			✓									
Staff Survey Improvement Plan (?P1/P2)	*DP&OD*		✓										
Staff Survey Results	*DP&OD*			✓									
Staff Survey Action Plan	*DP&OD*				✓								
Annual Report	*TBS*				Draft	✓							
Quality Account	*DNMAHPs Deputies Comms*				Draft	✓							
Standing Orders, SFI's, *standards of business conduct* and powers reserved for the Board *reviewed by ARC in march '19)*	*TBS/DOF*			✓									
"ISA 260" *(considered by ARC in May '19)*	*DoF*					✓							
Winter Plan	*COO*									✓			
BoD Work Plan	*CE/TBS*		✓										
Review ToRs	*TBS*		✓										
CCG Contracts	*DoF*			✓									
Reference Costs *(Date TBC)*	*DoF*												
Procurement Update – *KS to check with R Somerset (Date TBC)*	*DoF*												
Other Annual / Ad Hoc Reports													
EU Exit			✓										
Car Parking and Security Contract (approve)	*DF&E*		✓										

	SRO/Author	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Mixed Sex Accommodation *Kate to Check*	*DNMAHPs ??*												
Bassetlaw Place Plan Update	*CE*	✓						✓					
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 30 April 2019
In the Boardroom, Doncaster Royal Infirmary

Present:	Suzy Brain England OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Cindy Storer	Acting Deputy Director of Nursing, Midwifery and Allied Health Professionals
	Sheena McDonnell	Non-executive Director
	Richard Parker OBE	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
	Emma Shaheen	Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Liz Staveley Churton	Governor
	Geoffrey Johnson	Governor
	Peter Abell	Governor
	Phil Beavers	Governor

ACTION

Welcome and apologies for absence

19/4/1 Apologies were received on behalf of Alan Chan and Moira Hardy. The Chair of the Board welcomed Lauren Akroyd, General Manager, who was in attendance as part of her personal development.

Declarations of Interest

19/4/2 No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

19/4/3 The list of actions from previous meetings were noted and updated.

Item 2 (19/1/65) – Kath Smart sought clarification on the progress of the refresh of Board Committee Terms of Reference and asked what next steps would be undertaken. Pat Drake further requested that where actions are needed in respect of the relevant health and safety assurance area that these are also included in the terms of reference for the responsible committee. The Board were advised that Kirsty Edmondson-Jones would be undertaking a review of the terms of reference for each committee and would provide a further update to Board in May 2019. **KEJ**

Item 5 – (19/2/9) – Richard Parker confirmed that a deep dive of Executive mandatory information governance training had been completed and could therefore be removed from the action plan.

Item 11 – (19/3/32) – Karen Barnard confirmed that a deep dive took place at WERC in May 2019 and would be reported to QEC and Board in June 2019. **KB**

Item 12 – (19/3/42) – Kath Smart advised that she did not recall seeing the dates of the mock CQC dates circulated to NEDs. Cindy Storer agreed to re-circulate to NED's. **CS**

Presentation slot – National End of Life Care Audit 2018

19/4/4 The Board considered a presentation from Karen Lanaghan, End of Life Coordinator at the Trust.

19/4/5 The presentation outlined the results of the National End of Life Care Audit undertaken in 2018 that had been commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government. Karen provided the Board with a statistical comparison from the audit measured against national and local statistics.

19/4/6 The overarching aim was to improve the quality of care of people at the end of life in acute, mental health and community hospitals. The audit monitored progress on five priorities for care set out in the One Chance to Get It Right and NICE Quality Standard 144, which addresses last days of life. Karen Lanaghan drew Boards attention to the three key components to include; an organisational level audit, a case note review and a quality survey.

19/4/7 Karen Lanaghan provided an overview of the work that had taken place and summarised the key points to include; the detailed work around hydration and nutrition, the recognition of a lack of care plans in place, the discussions and decisions made late. improved documentation when end of life care plans are used, and a review of end of life mandatory training for staff.

19/4/8 Sheena McDonnell asked about the opportunities available in capturing qualitative feedback from patients and their families and whether there were opportunities of learning from these. Sheena noted the sensitivities to families of undertaking quality checks but recognised that this feedback would support future learning. Karen Lanaghan advised that the patient's families were involved in every step of their care and further feedback is gained from the bereavement questionnaire.

19/4/9 Linn Phipps commended the team on the outcome of the audit and the overall picture of achievement. Linn Phipps queried the societal approach to death as many patients and families found it difficult to talk about dying and asked where opportunities existed for the conversation of death could be normalised. It was suggested that further work with health and social

care partners and schools could promote the normalisation of the thinking on death. Karen Lanaghan advised that patients start their treatment on an individualised care plan that included early discussion around death in line with their own wishes and that of their families. Rapid discharge conversations are held with every patient on individualised plans of care and facilitation of a return to their preferred place of death.

19/4/10 Pat Drake asked about the understanding of cultural needs of families and stated that more effort should be focused on equality and diversity aspects when dealing with death. Sewa Singh advised that work had started in communities, palliative care teams and within the Trust to take a wider overview of patient needs and this also included the elderly and frail patient and not just those diagnosed with cancer. Mr Singh further highlighted that a digital platform that holds an advanced care plan that can be accessed by a range of different stakeholders is needed should further progress is to be made going forward.

19/4/11 The Chair of the Board extended thanks to Karen and the Team and wished to invite Karen to present at the Council of Governors in due course. Karen thanked the Executive Team for their support in the achievement of the audit and to healthcare colleagues that have helped deliver the care.

The Board NOTED the presentation.

Reports for Decision

Use of the Trust Seal

19/4/12 Board APPROVED the use of the Trust Seal in the following instances:

Seal No.	**Description**	**Signed**	**Date of sealing**
106	Lease of part of land at Doncaster Royal Infirmary, Bassetlaw Hospital, and Montagu Hospital sites between DBTH and Saba Park Services UK Limited	Richard Parker Chief Executive Jon Sargeant Director of Finance	3 April 2019
107	Contract for security, car parking, smoking enforcement, and capital investment between DBTH and Saba Park Services UK Limited.	Jon Sargeant Director of Finance David Purdue Deputy Chief Executive	3 April 2019
108	Contract for the provision of services relating to Tier 3 Adults Weight Management	Richard Parker Chief Executive Jon Sargeant	24 April 2019

	Service between Doncaster Council and DBTH.	Director of Finance	

Reports for Assurance

Finance Report as at 31 March 2019

19/4/13 The Board considered a report of the Director of Finance that set out the Trusts financial position at month 12 and the draft year-end financial position. The paper reported the Trust had delivered its control total for 2018/19 with a £23k favourable variance. The Director of Finance reminded members that this position was subject to review by External Audit, the agreement of balances process and prior bonus PSF funding which had been notified to be £10.7m by NHS Improvement. Jon Sargeant was pleased to report that the Trust had delivered a surplus financial position.

19/4/14 The Director of Finance reported on the Trusts major risk in month 12, the delivery of the recovery plan which attracted an incentive payment of c£2.4m. Of the £2.4m reported, Doncaster Clinical Commissioning Group had provided £2.1m. £0.3m from Bassetlaw Clinical Commissioning Group had not been paid. Jon Sargeant advised that had been held with Bassetlaw CCG but at the time of the CCG closing its position the year-end waiting list had not been fully validated and the final waiting list position had not been confirmed.

19/4/15 Neil Rhodes commended the Executive Team on the achievement of the financial position and the work that had taken place with partners for the Trust to achieve its control total. Neil Rhodes highlighted that the CIP plans had worked on the approach the Trust would undertake in the coming year to remain in a strong financial position in 2019/20.

19/4/16 Richard Parker requested a communication to staff highlighting the achievement of a £23k surplus on £385million budget but stressed that this had been tight and more work would be needed going forward if the Trust is to remain in surplus for 2019/20. Kath Smart supported this suggestion and further requested that the communication to staff identifies what the Trust plans are with the post PSF surplus. **ES**

19/4/17 The Chair of the Board sought assurance from the Director of Finance that contracting is in line with achievement of the agreed 2019/20 financial plan. Jon Sargeant reported that contracts had been signed with all of the Trusts main commissioners in line with the agreed timetable. The CIP target had been set at 3%, which is £13.2million of the Trusts budget and provided assurance to the Board that the CIP was on track to deliver and the Trust had begun the start of the new financial year in a good position.

19/4/18 In response to a question raised by Sheena McDonnell around the issues

with capital and underspend, Jon Sargeant advised that the underspend was due to the CT scanner where the Trust was successful in the bid but a delay occurred in being given the permission to spend. It was noted that the approval for the bid was given in late January early February 2019. Jon also reminded members of the Board of the emergency fire improvement and theatre capital bids that had bee and advised that these would be submitted shortly.

19/4/19 The Board NOTED:

- The draft year-end financial position shows that the Trust had delivered its control total for 2018/19, with a £23k favourable variance (before additional PSF of £10.7m), subject to a review by the Trusts Auditors.

- The Trusts deficit for month 12 (March 2019) was £1.1m, which is an adverse variance against forecast of £2.7m in month. The cumulative position to end of month 12 is a £22.8m deficit before PSF, which is £23k favourable to plan and £3.9m favourable to forecast before and after PSF. Including PSF the Trust delivered a surplus of £4.6m in Month 12, reflecting that the full quarter of PSF has been accounted for in M12 due to the Trust achieving the Control Total and delivering A&E performance.

- The achievement with regard to the Cost Improvement Programme.

19/4/20 **Thematic People and Organisational Development Report**

The Board considered a report of the Director of People and Organisational Development that outlined the NHS Workforce Implementation Plan. The Plan set out the need for sufficient staffing with the rights skills that are given adequate support to work effectively within the NHS.

19/4/21 Karen Barnard advised of a letter from Baroness Dido Harding, Chair NHSi, and Julian Hartley (CEO of Leeds Teaching Hospitals) that set out a clear statement and highlighted five themes and potential actions for 2019/20. The progress of local work that was underway against the achievement of the national actions were discussed for each theme.

19/4/22 The focus of the 2019/20 milestones for the People and Organisational Development Strategy would ensure that the Trust had an effective workforce planning framework that would deliver all requirements set out in the implementation plan.

19/4/23 The Board had received a detailed presentation of the Director of People and Organisational Development that set out the work undertaken within the team and the general update on the Trusts workforce. The key aim is to reduce turnover rates at the Trust by at least 1% over 12 months.

19/4/24 In respect of the Trusts aim Karen Barnard spoke of the five key initiatives

to support achievement to include; band 6 & 7 Leadership Development Programme, internal transfer & career-coaching scheme, Band 5 skills in practice and flexible working arrangement. The Trust continued to work with Universities to encourage capacity in clinical staff and particularly nursing graduates. This work would feed into the Workforce, Education and Research Committee.

19/4/25 Pat Drake raised a concern around the skill mix of the Trust workforce going forward recognising that 35% of the workforce is 50 years and over and could pose a problem in certain professional groupings.

19/4/26 In response to a question raised by Pat Drake on how the Trust Values were being incorporated into the appraisals, Karen Barnard confirmed that the appraisal paperwork had been refreshed to include explicit instruction on the Trust values and True North objectives. Karen Barnard advised that consideration would be given to employees pay progression framework for the coming year based on the incorporation of the Trust values and managers completion of quality appraisals.

19/4/27 The Board discussed education opportunities and how these could be used to address workforce gaps. Richard Parker discussed bursaries and the apprenticeship levy that was available to support training and development. Board recognised that staffing was a national issue and local plans had been put into place that sets out the Trusts workforce requirements and how these would be managed going forward.

19/4/28 Linn Phipps queried theme 2 of the report that detailed leadership and the equality of investment in leadership across the Trust and sought assurance that the Trust would be investing in its workforce across the board. Karen Barnard advised that leadership offer is around national bodies and the behaviour and relationship between arm's length bodies and provider organisations; the Trust had developed its own programme locally in line with its 'Develop' 'Belong' 'Thrive', 'Here' model and gave assurance that there was development programmes in place from supervisory to Executive level.

19/4/29 Kath Smart reflected on a recent interview she had been involved with noting the discussion around the uptake of skill mix issues and queried whether there was enough work taking place to address the gaps and fulfil the Trusts workforce going forward. Karen Barnard stated that an understanding of service delivery needs and pathways is required over a five year period with an in depth exploration of skill mix and succession journeys. Colleagues were advised that strategic change discussions take place at Executive Team Meetings to review the demands placed on Trust services in the coming years.

19/4/30 Sheena McDonnell discussed how thought should be given to the future of the workforce based on the Trust being an employer of choice and emphasis on the Trust being a good place to work. Attention was drawn to the staff survey results that had negatively reflected engagement and

commitment and that action must be taken to address these issues if the Trust were to achieve its ambition of 'CQC outstanding'. A suggestion of a communications piece with an ambassador of the Trust as a great place to work would encourage those looking for a job to choose the Trust as the preferred employer. Karen Barnard stated that work had commenced on utilising social media sites and other forms of media to attract a wider audience and this had seen a positive shift in applications to the Trust.

19/4/31 Richard Parker took an opportunity to draw the Boards attentions to the publications that had been displayed in the Boardroom that detailed the Trusts strategic aims, 'We Care' values and the Trust North Objectives. Richard Parker advised that these publications would be displayed in all decision making rooms to further remind colleagues of the Trust vision and goal when discussing the future of the Trust, its workforce and its patients.

19/4/32 The Board NOTED the content of the paper.

Performance Report at 31 March 2019

19/4/33 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 12, 2018/19.

19/4/34 Performance against metrics included:

- RTT – The Trust remained below target at 88.8%, which is an improved position compared the previous reporting of Month 11.
- Diagnostic wait is 98.8% against the standard of 99.5%.
- 2 week waits – The Trust achieved 96.1% and was compliant with the national target of 93%.
- The 62-day performance achieved 90%, which was above target.
- Four Hour Access Target – The Trust achieved 93.12% against national standard of 95%. This was marginally below the 93.23% achieved in March 2018. This placed the Trust at 20th nationally for the year.
- HSMR rolling 12 months remained better than expected at 93.3%.
- Appraisals – The Trusts appraisal season commenced on 1 April 2019 and would continue to 31 July 2019; therefore, no reporting would take place until the season had been concluded.
- SET Training – The Trust's SET training rate was 82.44% at the end of March.

- Sickness Absence – The year to date figures had decreased slightly at 4.03% and the cumulative year-end position was 4.39%.

19/4/35 Pat Drake raised her concerns around the increase in accident and emergency attendances but was reassured by the Chief Operating Officer that although an increase had been seen the conversion rate to admission remained the same. Further discussion were held around the 7.3% compounded growth that had been bought by Bassetlaw CCG but that may not meet the requirements needed and could potentially end with a significant financial challenge to the CCG, and significant clinical challenge to the Trust. The Chair of the Board requested for a deep dive to be undertaken in Finance and Performance Committee to understand A&E attendances and for solutions to manage the increase be presented to a future Board of Directors Meeting. **DP**

19/4/36 The Medical Director reported a higher crude mortality rate in January due to pneumonia and flu but noted that this figure had decreased in February and March which will be reflected in HSMR going forward.

19/4/37 Pat Drake sought assurance on the plans for the C Diff target that would be set for the Trust in the coming year. Mr Singh stated that the Infection Prevention and Control Team were in discussion with community services on how the reduction in the use of antibiotics could be influenced as this had a large impact on the successful treatment of C Diff.

19/4/38 Karen Barnard was pleased to report that the Trust had ended the year below target on sickness absence and an improvement had been made particularly on long-term absence.

19/4/39 Richard Parker highlighted that the Trust had achieved all of the cancer standards in March and recognition should be given to the efforts made by the services and provided examples of success such as the one stop shop clinics and improved testing. The Board were asked to note this achievement and improvement in performance.

19/4/40 The Board NOTED the update.

Board Assurance Framework & Corporate Risk Register

19/4/41 The Board considered a report of the Trust Board Secretary that set out the quarter 4 2018/19 position in respect of the Corporate Risk Register and Board Assurance Framework.

19/4/42 In the year, three risks had seen their ratings reduced, two risks had seen their ratings increased and twenty-three stayed the same. The Trust's top risks remained around finance and estates. Two new risks had been escalated in the year as a result of the Care Quality Commission inspection of November 2018.

19/4/43 Kath Smart raised a concern on the ability for Non-Executives to challenge

the risk due to not being able to track the progress and changes each time this is updated by Executives. This had previously been discussed at Finance and Performance Committee where it was felt that an additional column that provided a timeline of changes would be beneficial for tracking purposes. It was agreed that this should be taken forward as an initial trial. Richard Parker advised Board that this report is only seen in the format presented once per year and therefore further consideration should be made to whether the report should be seen on a quarterly basis.

19/4/44 The Board NOTED the report.

Chairs Assurance Logs for Board Committee held 23 April 2019 and 24 April 2019

19/4/45 The Board considered an update from the Chair of the Finance and Performance Committee from the meeting held on 23 April 19. Neil Rhodes reported that the committee had undertaken a detailed exploration of finance and performance with particular attention made to the Trusts control total for 2018/19, CIP governance and organisational tracking of overtime monies. Finance and Performance received detailed presentations on efficiency and workforce.

19/4/46 The Board considered an update from the Chair of the Quality and Effectiveness Committee from the meeting held on 24 April 19. Linn Phipps reported that the committee had undertaken a detailed exploration of estates and facilities contribution to quality, clinical specialities vision for quality, staff survey action plan, quality assurance and learning from deaths.

19/4/47 Kath Smart asked for clarification on a particular section of risk that had been highlighted in the report of Linn Phipps that commented on the cross cover of risk between committees. Linn Phipps confirmed that a discussion had taken place regarding risk repetition and relevant identification of committee assurance of risks that are repeated to ensure a consistent approach across the board.

19/4/48 The Board NOTED the updates for assurance.

19/4/49 **Pressure Ulcers – Revised definition and measurement**

The Board considered a report of the Acting Director of Nursing, Midwifery and Allied Health Professionals which set out the two recommendations of NHS Improvement (2018);

(1) revised definition and measurements for pressure ulcers and,

(2) The implementation of the pressure ulcer framework in local reporting systems and the reporting to NRLS.

19/4/50 Cindy Storer stated the recommendations had been introduced from 1 April

2019. The paper drew the Boards attention to a number of severe pressure ulcers that would have been reported in the year 2018/19 should the new definitions been in force at the time of reporting, and the actions that would have been required to comply with the new recommendations.

19/4/51 There had been 30 key recommendations to improve pressure ulcer reporting and these would see a potential doubling of cases at the Trust as all reporting would now include hospital acquired pressure ulcers and non-hospital acquired.

19/4/52 Pat Drake sought assurance that the quality report would include avoidable and unavoidable pressure ulcer reporting going forward so that a comparison could be made. Cindy Storer confirmed the quality report would include a comparison, and root cause analysis would be undertaken for any lapse in care that would further report the areas of concern.

19/4/53 Kath Smart observed that the changes in reporting seemed to be a statistical change in reporting rather than achieving safer care, and this is where the benefit needed to be made. Richard Parker advised that the Trust reported on a monthly dashboard with a rate of pressure ulcers recorded per episode of care for national comparison.

19/4/54 Board NOTED the report.

Executive Teams Objectives

19/4/55 The Board considered a report of the Chief Executive that outlined the progress of the Executive Teams Objectives at Q4, 2018/19. Executives had undertaken the assessment on their achievement of those objectives.

19/4/56 Richard Parker advised that satisfactory progress had been achieved for the 2018/19 objectives and the detailed progress to date was outlined within the paper. The Executive Team had undergone their appraisals in recent weeks as part of the Trusts appraisal season and objectives would be set in alignment with the True North objectives.

19/4/57 The Board NOTED the paper for assurance.

Reports for Information

19/4/58 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Management Board, 11 March 2019
- Minutes of Quality and Effectiveness Committee, 20 February 2019

Items to Note

19/4/59 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/4/60 The minutes of the meeting of the Board of Directors on 26 March 2019 were APPROVED as a correct record.

Any other business

19/4/61 The Chief Executive provided an update on the Sodexo Strike action that would commence on 01 May 2019 and expressed his disappointment that it had reached this position. Richard Parker advised that the strike action was being taken as a result of the agenda for change pay deal but for which Sodexo had not received national funding. Discussions were being undertaken with both parties to ensure that disruption to staff and patients was minimal and further efforts continued for a speedy resolution.

19/4/62 The Chair of the Board announced that Linn Phipps would stepping down as Non-Executive Director on 30 April 2019 to pursue her singing and other interests and thanked Linn for her support and hard work for the Trust during the past 3 years.

Governors questions regarding business of the meeting

19/4/63 Peter Abell asked about stroke performance at Bassetlaw and referred to the transport issues that appeared to be affecting the targets and asked Executives to elaborate on the issues. David Purdue advised that if a positive fast test is confirmed then patients would bypass Bassetlaw and attend Doncaster Royal, but if patients had no symptoms on the initial assessment then they would be referred to Bassetlaw. Hospital Transport was now being utilised which would see a shift from the use of East Midlands Ambulance Service in Bassetlaw. David Purdue reassured Peter Abell that outcomes measures have not decreased but acknowledged the impact of time when moving patients to the stroke service. David Purdue agreed to breakdown the SNAP data for Governors. Peter Abell requested presentation to Council of Governors on stroke performance and it was agreed that Neil Rhodes and David Purdue would present at a future meeting.

19/4/64 Liz Stavely-Churton congratulated the Board and staff at the Trust for their hard work in achieving the financial surplus.

Date and time of next meeting

19/4/65 9:15am on Tuesday 21 May 2019 in the Boardroom at Bassetlaw District Hospital.

Exclusion of Press and Public

19/4/66 It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England **Date**
Chair of the Board