



The meeting of the Board of Directors

To be held on Tuesday, 25 June 2019 at 9:15am
in the Fred and Ann Green Boardroom, Montagu Hospital

AGENDA

Part I

	Enclosures	Time
1. Apologies for absence	(Verbal)	9:15am
2. Declarations of Interest	(Verbal)	

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

3. Actions from the previous meeting	Enclosure A	
4. Doncaster Joint Commissioning Strategy & Place Plan Refresh Update Anthony Fitzgerald – Director of Strategy & Delivery, Doncaster Clinical Commissioning Group	Presentation	9:20am

Reports for Decision

5. Use of Trust Seal Richard Parker – Chief Executive Jeannette Reay – Head of Corporate Assurance / Company Secretary	Enclosure B	9:40am
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Reports for Assurance

6. Finance Report as at 31 May 2019 Jon Sargeant – Director of Finance	Enclosure C	9:45am
7. Integrated Performance Report – 31 May 2019 Led by Rebecca Joyce – Chief Operating Officer	Enclosure D	10:05am
8. Interim NHS People Plan Karen Barnard – Director of People and Organisational Development	Enclosure E	10:20am

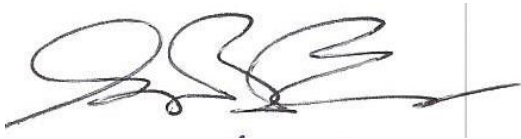
BREAK

10:35am

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|--------------------------------|---|-------------|---------|
| 9. | Corporate Objectives 2019/20
Richard Parker – Chief Executive | Enclosure F | 10:55am |
| 10. | Chairs Assurance Logs for Board Committee held 21 May 2019, 23 May 2019, 17 th Jun 2019 and 21 June 2019
Sheena McDonnell – Chair of Charitable Funds Committee
Kath Smart – Chair of Audit and Risk Committee
Neil Rhodes – Chair of Finance and Performance Committee
Pat Drake – Chair of Quality and Effectiveness Committee | Enclosure G | 11:10am |
| 11. | 2018/19 ERIC Return
Dr Kirsty Edmondson-Jones – Director of Estates and Facilities | Enclosure H | 11:15am |
| Reports for information | | | |
| 12. | Chair and NEDs’ Report
Suzy Brain England – Chair | Enclosure I | 11:25am |
| 13. | Chief Executive’s Report
Richard Parker – Chief Executive | Enclosure J | |
| 14. | Bassetlaw Integrated Care Partnership Bulletin
Richard Paker - Chief Executive | Enclosure K | |
| 15. | South Yorkshire & Bassetlaw ICS 2019/20 System Operating Plan Overview
Richard Parker – Chief Executive | Enclosure L | |
| 16. | Minutes of the Charitable Funds Committee, 26 February 2019
Sheena McDonnell – Chair of Charitable Funds Committee | Enclosure M | |
| 17. | Minutes of the Audit and Risk Committee, 19 March 2019
Kath Smart – Chair of Audit and Risk Committee | Enclosure N | |
| 18. | Minutes of the Management Board, 13 May 2019
Richard Parker – Chief Executive | Enclosure O | |
| 19. | Minutes of the Finance and Performance Committee, 20 May 2019
Neil Rhodes – Chair of Finance and Performance Committee | Enclosure P | |
| 20. | Board of Directors Agenda Calendar
Gareth Jones – Deputy Head of Corporate Assurance | Enclosure Q | |

Minutes

21. To approve the minutes of the previous meeting held on 21 May 2019 Enclosure R
22. **Any other business (to be agreed with the Chair prior to the meeting)**
23. **Governor questions regarding the business of the meeting** 11:30am
24. **Date and time of next meeting** 11:40am
Date: 30 July 2019
Time: 09:15am
Venue: Boardroom, Doncaster Royal Infirmary
25. **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



Action Notes

Meeting: Board of Directors
Date of meeting: 21 May 2019
Location: Boardroom, Bassetlaw Hospital
Attendees: SBE, KB, MH, SMc, RP, DP, PD, JS, SS, ES, KR
Apologies: KS, NR, MP

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.	JR	July 2019 September 2019	On Board Calendar – date revised to September 2019.
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 review by Kath and Kirsty to ensure they reflect the newly agreed reporting mechanisms.

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 / JR	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	Completed.
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	Deep dive completed. Report shared with Quality and Effectiveness Committee on 17 th June 2019.
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. Completed.

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.	19/4/35	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.

Date of next meeting:

25 June 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	Use of Trust Seal		
Report to:	Board of Directors	Date:	25 June 2019
Author:	Jeannette Reay – Head of Corporate Assurance / Company Secretary		
For:	For approval		
Purpose of Paper: Executive Summary containing key messages and issues			
<p>The purpose of this report is to advise of use of the Trust Seal in accordance with section 14: Custody of Seal and Sealing of Documents of the Standing Orders of the Board of Directors:</p>			
Seal No.	Description	Signed	Date of sealing
109	Park and Ride Service, the lease of 500 car parking spaces at Doncaster Racecourse.	Jon Sargeant Director of Finance	12 th June 2019
		David Purdue Deputy Chief Executive	
110	Contract for design construction and handover of project 8 – new CT scanner building at Doncaster Royal Infirmary	Jon Sargeant Director of Finance	15 th May 2019
		David Purdue Deputy Chief Executive	
Recommendation(s)			
The Board is requested to approve use of the Trust Seal.			



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

Title	Financial Performance – Month 2 - May 2019		
Report to	Trust Board	Date	
Author	Jon Sargeant - Director of Finance		
Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		X

Executive summary containing key messages and issues

The Trust's deficit (before PSF, FRF and MRET) for month 2 (May 2019) was £1,432k which is adverse against plan of £4k. The cumulative position to the end of month 2 is a £4,910k deficit before PSF, which is £194k adverse to plan (£3,242k deficit including PSF, which is £194k adverse to plan).

There are significant risks to delivery of the Trust's 19/20 financial control total, including:

- Delivery of CIPs, there are still savings plans to be identified and subsequently delivered.
- Robust capacity plans are still outstanding and are required from Divisions in order to maximise income that deliver in line with plan for elective and outpatients.
- Aligned to capacity plans robust workforce plans are still outstanding. Control and reduction of agency and additional sessions spend linked to challenging and robust plans and following SOPs needs to be a priority.
- Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m).
- Significant pressures on National Capital budgets mean that the ICS has been asked to reduce overall capital budgets by 25%. The Trust will come under pressure to reduce its spend further.
- The audit of emergency coding is a potential risk to income, however the Trust believes that any such funds need to be reinvested and should not cause an in year problem.

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
<p>This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR.</p> <ul style="list-style-type: none"> • 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
<p>The Board is asked to note:</p> <ul style="list-style-type: none"> • The Trust's deficit (before PSF, FRF and MRET) for month 2 (May 2019) was £1,432k which is adverse against plan of £4k. The cumulative position to the end of month 2 is a £4,910k deficit before PSF, which is £194k adverse to plan (£3,242k deficit including PSF, which is £194k adverse to plan). • The achievement with regards to the Cost Improvement Programme. • The risks set out in this paper.



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

FINANCIAL PERFORMANCE

P2 May 2019

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

P2 May 2019

1. Income and Expenditure vs. Plan						2. CIPs						
Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000	
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000			Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000		
I&E Perf Exc Impairments	614	4 A	3,274	194 A	15,491	Employee Expenses	116	3 A	165	15 A	7370	
Income	(33,782)	(969) F	(65,812)	(1,063) F	(411,669)	Drugs	212	(162) F	279	(179) F	861	
Donated Asset Income	(16)	0 A	(32)	0 A	(195)	Clinical Supplies	1	7 A	1	12 A	347	
Operating Expenditure	34,142	1,000 A	68,578	1,312 A	407,492	Non Clinical Supplies	0	0 A	0	0 A	0	
Pay	22,897	424 A	46,339	544 A	273,143	Non Pay Operating Expenses	76	9 A	147	19 A	3685	
Non Pay & Reserves	11,245	576 A	22,238	768 A	134,349	Income	6	12 A	12	22 A	937	
Financing costs	1,093	(27) F	2,177	(55) F	4,177							
I&E Performance excluding PSF	1,432	4 A	4,910	194 A	15,296							
PSF / FRF / MRET	(834)	0 A	(1,668)	0 A	(15,296)							
I&E Performance including PSF	598	4 A	3,242	194 A	0	Total	410	(131) F	604	(111) F	13,200	
F = Favourable A = Adverse						4. Other						
Financial Sustainability Risk Rating			Plan	Actual		Performance Indicator		Monthly Performance		YTD Performance		Annual
Risk Rating			3	3			Plan	Actual	Plan	Actual	Plan	
						£'000	£'000	£'000	£'000	£'000	£'000	
3. Statement of Financial Position						5. Workforce						
All figures £m			Opening Balance	Movement in year		Cash Balance	1,900	15,222	1,900	15,222	1,900	
Non Current Assets			209,108	3,878		Capital Expenditure	294	166	620	620	22,768	
Current Assets			49,291	-1,973		5. Workforce						
Current Liabilities			-54,834	40,220			Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE	
Non Current liabilities			-81,105	-36,425		Current Month	5953.74	5,412	254.32	105.62	5772.00	
Total Assets Employed			122,460	5,700		Previous Month	5955.11	5,444	256.52	102.81	5802.84	
Total Tax Payers Equity			-122,460	-5,700		Movement	1.37	31.45	2.20	-2.81	30.84	

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

1. Executive Summary

The Trust's deficit (before PSF, FRF and MRET) for month 2 (May 2019) was £1,432k which is adverse against plan of £4k. The cumulative position to the end of month 2 is a £4,910k deficit before PSF, which is £194k adverse to plan (£3,242k deficit including PSF, which is £194k adverse to plan).

The month 2 income position is £969k favourable to plan and £1,063k favourable to plan YTD. The favourable income movement in month against plan is due to £942k over performance in clinical income and £27k over performance in non-clinical income.

The reasons for the clinical income variance against plan in month is due to an over performance in elective (£317k), daycase (£30k), emergency (£300k including the blended tariff adjustment), outpatients (£79k including outpatient cap adjustment of £142k) and non-PbR Drugs (£250k). The emergency over-performance of £300k includes the blended tariff adjustment of £229k which reduces the in-month position, and therefore the underlying over-performance in month for emergency is £529k.

Non-NHS clinical income and other income is £27k ahead of plan in month 2. This is predominantly related to a release of funding deferred from 18/19 for One Stop Prostate (£33k) with expenditure now being incurred. The other key exception is car parking income which is £32k behind plan in month.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance
Commissioner Income	-337,540	-28,089	-28,784	-695 F	-55,148	-55,731	-584 F
Drugs	-19,534	-1,515	-1,762	-247 F	-3,187	-3,475	-288 F
PSF, FRF and MRET	-15,296	-834	-834	0 F	-1,668	-1,668	0 F
Trading Income	-39,104	-3,209	-3,236	-27 F	-6,415	-6,606	-191 F
Grand Total	-411,474	-33,648	-34,616	-969 F	-66,417	-67,480	-1,063 F

In month the expenditure position was £1,000k adverse to plan, of which pay was £424k adverse to plan, non-pay £932k adverse to plan and reserves £356k favourable to plan. The YTD expenditure position at the end of Month 2 is £1.3m adverse to plan. (with pay £544k adverse to plan and non-pay £1.5m adverse to plan). Non-PbR drugs are higher than planned levels (c. £0.3m which is offset by over performance on income).

Subjective Code	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
1. Pay	22,473	22,897	424 A	45,796	46,339	544 A	278,615
2. Non-Pay	9,794	10,725	932 A	19,456	20,957	1,502 A	105,238
3. Reserves	876	520	-356 F	2,019	1,285	-734 F	14,616
Total Expenditure Position	33,143	34,142	1,000 A	67,270	68,582	1,312 A	398,469

Capital expenditure is on plan YTD with spend of £620k against the YTD plan of £620k. The in-month capital spend for month 2 was £166k against an in-month plan of £294k, an underspend in-month of £128k.

The cash balance at the end of May was £15.2m against a plan of £1.9m. The over performance against plan is as a result of the favourable performance in Q4 of 18/19, including the achievement of Q3 18/19 PSF, which was paid before year end. The Q4 PSF and 18/19 PSF bonus have not yet been received (expected July/August). Cash decreased by £1.8m in May as a result of a loan repayment of £3.8m in month. Overdue debtors and creditors remained stable in month, both in terms of quantity and aging.

In May 2019, CIP savings of £410k are reported, against a plan of £279k, therefore an over achievement of £131k in month. Year to date the Trust has delivered £604k versus the NHSI plan of £492k an over-delivery of £111k.

There are still significant risks to delivery of the Trust's financial control total, including:

- Delivery of CIPs with savings are still required to be identified and then delivered.
- Robust capacity plans are still outstanding and are required from Divisions in order to maximise income that deliver in line with plan for elective and outpatients.
- Aligned to capacity plans, robust workforce plans are still outstanding. Control and reduction of agency and additional sessions spend linked to challenging and robust plans and following SOPs needs to be a priority for the Trust.
- Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m) in 18/19.

2. Conclusion

The Trust's deficit (before PSF, FRF and MRET) for month 2 (May 2019) was £1,432k which is adverse against plan of £4k. The cumulative position to the end of month 2 is a £4,910k deficit before PSF, which is £194k adverse to plan (£3,242k deficit including PSF, which is £194k adverse to plan).

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- Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m).
- Significant pressures on National Capital budgets mean that the ICS has been asked to reduce overall capital budgets by 25%. The Trust will come under pressure to reduce its spend.
- The audit of emergency coding is a potential risk to income, however the Trust believes that any such funds need to be reinvested and should not cause an in year problem.

3. Recommendations

The Board is asked to note:

- The Trust's deficit (before PSF, FRF and MRET) for month 2 (May 2019) was £1,432k which is adverse against plan of £4k. The cumulative position to the end of month 2 is a £4,910k deficit before PSF, which is £194k adverse to plan (£3,242k deficit including PSF, which is £194k adverse to plan).
- The achievement with regards to the Cost Improvement Programme.
- The risks set out in this paper.



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

Title	Integrated Performance Report		
Report to	Board of Directors	Date	25th June, 2019
Author	Rebecca Joyce, 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

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 report contains a review of 7 day services against the National Standard.

The Workforce report identifies vacancy levels, 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 and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	INTEGRATED PERFORMANCE REPORT (IPR)		
Report to	Board of Directors	Date	25st June 2019
Author	Jon Sargeant - Director of Finance Rebecca Joyce – Chief Operating Officer Andy Thomas - Project Director		
Purpose			Tick one as appropriate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues

Please find attached the monthly Integrated Performance Report (IPR) for the trust. The report is split into two parts:

1. The Summary IPR – this summarises performance both in-month and year-to-date and provided a forecast to the year end.
2. Commentary on exceptions – this analysis is provided by operational teams where targets have not been met.

Key items to note in the Trust’s performance in May are:

- A&E / ED “4 hour waiters” performance was 92.4% in month resulting in a YTD figure of 91.6%. 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.
- RTT performance against the “18 week” target in May was 87%, which continues to fall below the national 92% target and the locally agreed target of 89.1%. Performance has been consistently between 87% and 89% month on month since January 2019. Alongside specialty action plans to increase diagnostic, outpatient and theatre

capacity, action has been agreed to improve training available on 18 week procedures for staff to ensure a consistent approach. DBHT RTT performance remains one of seven “hotspot” performance areas for SYB ICS and was raised at the quarterly NHS I performance meeting.

- The Trust also reported 1 52 week breach at the end of May. This was a T & O patient that emerged through the validation process. The patient had not been followed up in a timely fashion following an MRI scan. The case has been thoroughly investigated, with the division submitting a full action plan with learning identified. The patient was receiving concurrent treatment for separate conditions and these pathways were not affected by the delays. The Trust has contacted the patient, apologised for the delays and the individual has now been treated. The case does indicate the wider action plan required to ensure all staff are trained on the appropriate management of RTT processes.
- The 6 week diagnostic target has been narrowly missed for May 2019 with 97.67% performance at Trust level.
- The majority of the waits longer than 6 weeks relate to Nerve Conduction and Audiology. Additional capacity has now been added to these services.
- Cancer performance has improved with all aggregate targets achieved in month. However, this was not sufficient to lift the ‘2 week wait’ figures for the year to above target.
- Elective activity, both daycases and inpatient, is above plan for the year. This reflects previous actions to improve the position for 2019/20.
- Outpatient activity is, overall, above plan for the year, particularly for follow up activity.
- Stroke performance is mixed with 2 / 5 indicators meeting the national standard and 3/5 not yet complying with national standards. Finance and Performance Committee have received a full report from the team in recent months, and the Stroke service continues to perform well in terms of SSNAP outcomes.

Key questions posed by the report

Are the committee sufficiently assured by the actions taken to ensure that the operational performance of the trust for 2019/20 delivers the various performance targets?

How this report contributes to the delivery of the strategic objectives

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

- F&P 6 - Failure to achieve compliance and delivery aspects of the SOF, CQC and other regulatory standards.
- F&P 19 - Failure to achieve income targets arising from issues with activity











How this report impacts on current risks or highlights new risks

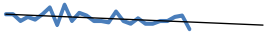

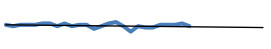




Update on the risks relating to the delivery of 2018/19 operational performance and for that of 2019/20 going forwards.

Recommendation(s) and next steps

The Committee is asked to note and comment as appropriate on the attached.

Category	Indicator	Latest Month Reported	National Target	Peer Benchmarking	National Benchmarking	CURRENT MONTH			YEAR-TO-DATE			Trend Graph (April 17 - stated month)	NOTES 1	NOTES 2
						Target	Actual	Variance	Target	Actual	Variance			
NHSI Compliance Framework	A&E: Max wait four hours from arrival/admission/transfer/discharge	May 19	95%	88.1%	86.6%	91.0%	92.4%	1.4%	91.0%	91.60%	0.6%			A
	Max time of 18 weeks from point of referral to treatment-incomplete pathway	May 19	92%	88.8%	86.5%	90.0%	87.0%	-2.3%	90.0%	87.0%	-2.3%			B
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	May 19	.N/A	.N/A	.N/A	31,423	31,726	(156)	31,423	31,726	(156)		Waiting list grown overall	
	% waiting less than 6 weeks from referral for a diagnostics test	May 19	99%	91.4%	96.4%	99.0%	97.7%	-5.1%	99.0%	97.7%	-5.1%			C
Cancer	Two week wait from referral to date first seen: all urgent cancer referrals	Apr-19	93.0%	92.2%	89.9%	93.0%	91.6%	-1.4%	93.0%	91.6%	-1.4%			D
	Two week wait from referral to date first seen: symptomatic breast patients	Apr-19	93.0%	69.3%	75.5%	93.0%	74.1%	-18.9%	93.0%	74.1%	-18.9%			
	31 day wait for diagnosis to first treatment- all cancers	Apr-19	96.0%	95.8%	96.3%	96.0%	100.0%	4.0%	96.0%	100.0%	4.0%			
	31 day wait for second or subsequent treatment: surgery	Apr-19	94.0%	94.1%	91.3%	94.0%	100.0%	6.0%	94.0%	100.0%	6.0%			
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Apr-19	98.0%	99.8%	98.9%	98.0%	100.0%	2.0%	98.0%	100.0%	2.0%			
	31 day wait for second or subsequent treatment: radiotherapy	Apr-19	94.0%	N/A	96.9%	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%	80.1%	79.4%	85.0%	84.3%	-0.7%	85.0%	85.9%	0.9%			
	62 day wait for first treatment from consultant screening service referral	Apr-19	90.0%	91.8%	89.7%	90.0%	100.0%	10.0%	90.0%	100.0%	10.0%			
Activity	Daycase Activity - Discharges	May-19	.N/A	.N/A	.N/A	4,096	4,202	106	7,996	8,169	173			
	Other Elective Activity - Discharges	May-19	.N/A	.N/A	.N/A	690	862	172	1,346	1,556	210			
	Outpatient new activity (Contracted levels achieved)	May-19	.N/A	.N/A	.N/A	11,590	11,693	103	22,626	22,670	44			
	Outpatient Follow Up activity (Contracted levels achieved)	May-19	.N/A	.N/A	.N/A	23,484	24,486	1,002	45,853	47,382	1,529			
Ambulance Handover Times	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	Apr-19	.N/A	.N/A	.N/A	1,571	823	(748)	3,141	823	(2,318)		Target based on regional averages	
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	Apr-19	.N/A	.N/A	.N/A	159	37	(122)	319	37	(282)			
	Ambulance Handovers Breaches -Number waited >60 Minutes	Apr-19	.N/A	.N/A	.N/A	22	0	(22)	43	0	(43)			

Category	Indicator	Latest Month Reported	National Target	Peer Benchmarking	National Benchmarking	CURRENT MONTH			YEAR-TO-DATE			Trend Graph (April 17 - stated month)	NOTES 1	NOTES 2
						Target	Actual	Variance	Target	Actual	Variance			
Stroke	Proportion of patients scanned within 1 hour of clock start (Trust)	Mar-19	48.0%	.N/A	.N/A	48.0%	55.2%	7.2%	48.0%	63.0%	15.0%			E
	Proportion directly admitted to a stroke unit within 4 hours of clock start	Mar-19	90.0%	.N/A	.N/A	90.0%	52.2%	-37.8%	90.0%	65.6%	-24.4%			
	Percentage of all patients given thrombolysis	Mar-19	20.0%	.N/A	.N/A	20.0%	6.0%	-14.0%	20.0%	8.0%	-12.0%			
	Percentage treated by a stroke skilled Early Supported Discharge team	Mar-19	40.0%	.N/A	.N/A	40.0%	75.4%	35.4%	40.0%	74.1%	34.1%			
	Percentage discharged given a named person to contact after discharge	Mar-19	95.0%	.N/A	.N/A	95.0%	93.0%	-2.0%	95.0%	91.2%	-3.8%			
Theatres & Outpatients	Cancelled Operations (For non-medical reasons)	May-19	.N/A	.N/A	1.0%	0.8%	1.0%	0.2%	0.8%	0.0%	-0.8%	N/A		F
	Cancelled Operations-28 Day Standard	May-19	.N/A	.N/A	.N/A	0	0	0	0	0	0			
	Out Patients: DNA Rate	May-19	7.5%	6.30%	.N/A	7.6%	10.1%	2.5%	7.6%	0.0%	-7.6%			
	Out Patients: Hospital Cancellation Rate	May-19	.N/A	.N/A	.N/A	4.5%	13.2%	8.7%	4.5%	0.0%	-4.5%			
Effective	Emergency Readmissions within 30 days (PbR Methodology)	Apr-19	.N/A	.N/A	.N/A	TBC	6.3%	TBC	TBC	6.5%	TBC		Target TBC	
Safe	Infection Control C.Diff	May-19	N/A	N/A	N/A	3	4	1	5.0	5.0	0			
	Infection Control MRSA	May-19	N/A	N/A	N/A	0	0	0.0	0.0	0.0	0.0	N/A		
	HSMR (rolling 12 Months)	Feb-19	100	N/A	N/A	100.0	94.4	(5.6)	ROLLING 12 MONTHS			N/A		
	HSMR : Non-Elective (rolling 12 Months)	Feb-19	100	N/A	N/A	100.0	94.7	(5.3)				N/A		
	HSMR : Elective (rolling 12 Months)	Feb-19	100	N/A	N/A	100.0	70.2	(29.9)				N/A		
	Never Events	May-19	N/A	N/A	N/A	0	0	0.0	0.0	0.0	0.0	N/A		
	Sis	Apr-19	N/A	N/A	N/A	N/A	4.0	N/A	N/A	4.0	N/A	N/A	No target as such.	
	Avoidable Pressure Ulcers Cat 3&4	Apr-19	N/A	N/A	N/A	0	0	0.0	0	0	0.0	N/A		
Falls that result in a serious Fracture	Apr-19	N/A	N/A	N/A	N/A	2	N/A	N/A	2	N/A	N/A	No target as such.		

Category	Indicator	Latest Month Reported	National Target	Peer Benchmarking	National Benchmarking	CURRENT MONTH			YEAR-TO-DATE			Trend Graph (April 17 - stated month)	NOTES 1	NOTES 2
						Target	Actual	Variance	Target	Actual	Variance			
SPECIFIC THEMES :														
Fractured Neck of Femur	% of patients achieving Best Practice Tariff Criteria	May-19	N/A	N/A	N/A	N/A	33.3%	N/A	N/A	44.4%	N/A		No target as such. Reported on as an item of CCG concern.	
	36 hours to surgery Performance	May-19	N/A	N/A	N/A	N/A	37.0%	N/A	N/A	49.5%	N/A			
	72 hours to geriatrician assessment Performance	May-19	N/A	N/A	N/A	N/A	85.2%	N/A	N/A	89.9%	N/A			
	% of patients who underwent a falls assessment	May-19	N/A	N/A	N/A	N/A	94.4%	N/A	N/A	93.9%	N/A			
	% of patients receiving a bone protection medication assessment	May-19	N/A	N/A	N/A	N/A	96.3%	N/A	N/A	97.0%	N/A			
	% who underwent a pre-operative AMTS Assessment	May-19	N/A	N/A	N/A	N/A	94.4%	N/A	N/A	97.0%	N/A			
	Mortality-Deaths within 30 days of procedure	May-19	N/A	N/A	N/A	N/A	5.6%	N/A	N/A	5.1%	N/A			

PERFORMANCE EXCEPTION REPORT

A : 4hr Access Target

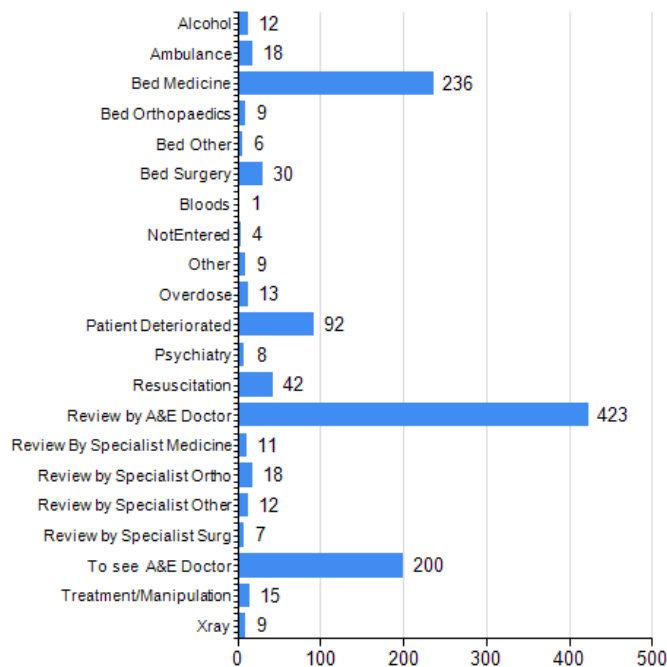
Trust

In May 2019 the Trust achieved performance of 92.41% against the 4hr access standard of 95%, in comparison to 94.54% in May 2018.

The Trust managed 15608 ED attendances across sites and streams during May 2019. This is 282 more patients than in May 2018.

1184 patients were not treated within 4 hours – this is 347 more than in May 2018:-

Breach Reasons : Trust : Month



Daily and weekly breach meetings continue to analyse breaches, with the weekly meeting focusing on Trust wide themes and actions.

The Quality Improvement 'Pivot Nurse Pilot' project concluded in May 2019 working with FCMS. A different model to achieve earlier senior review is also being trialled. Work continues in June 2019

Doncaster Royal Infirmary

In May 2019 DRI achieved performance of 89.85% against the 4hr access standard of 95%, in comparison to 94.22% in May 2018.

DRI managed 9514 ED attendances across streams, during May 2019. This is 537 more patients than in May 2018 seeing an increase of 5.64%.

Bassetlaw District General Hospital

In May 2019 BDGH achieved performance of 95.19% against the 4hr access standard of 95%, in comparison to 92.81% in May 2018 – this is the best performance for BDGH in the last 13 months.

BDGH managed 4532 ED attendances across streams during May 2019. This is 112 more patients than in May 2018 seeing an increase of 2.4%.

To note, the conversion rate at BDGH rose from 14.66% in May 2018 to 16.53% in May 2019, which demonstrates the increase of acuity of patients attending the department.

B : Referral to Treatment (RTT)

The Trust has not achieved the 92% Incomplete Pathways Target at Trust Level. The Trust Level month end performance for May 2019 is **87.0%**, lower than the April figure of 87.7%.

The total number of Incomplete Pathways has increased slightly between April and May, however the number of incomplete pathways over 18 weeks has increased too, hence the performance has fallen. The total number of Incomplete Pathways with a decision to admit for treatment is almost the same in May as it was in April. The number of new RTT periods in May is more than in April but May was a longer month. There were more Non Admitted and more Admitted clock stops in May than in April.

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

- General Medicine – increase of 104 over 18 weeks
- ENT – increase of 44 over 18 weeks
- Urology – increase of 34 over 18 weeks
- General Surgery – increase of 27 over 18 weeks

The Trust also reported 1 52 week breach at month end in May. This was a T & O patient that emerged through the validation process. The patient had not been followed up in a timely fashion following an MRI scan. The case has been thoroughly investigated, with the division submitting a full action plan with learning identified. The patient was receiving concurrent treatment for separate conditions and these pathways were not affected by the delays. The Trust has contacted the patient, apologised for the delays and the individual has now been treated. The case does indicate the wider action plan required to ensure all staff are trained on the appropriate management of RTT processes.

Incomplete Pathways (Target 92%)

Specialty Group	Under 18 Weeks	18 Weeks & Over	Total	Percentage
General Surgery	2308	424	2732	84.5%
Urology	1357	255	1612	84.2%
T&O	5065	924	5989	84.6%
ENT	2720	533	3253	83.6%
Ophthalmology	2699	242	2941	91.8%
Oral Surgery	1797	140	1937	92.8%
General Medicine	1618	411	2029	79.7%
Cardiology	1680	340	2020	83.2%
Dermatology	1657	124	1781	93.0%
Thoracic Medicine	832	77	909	91.5%
Rheumatology	785	182	967	81.2%
Geriatric Medicine	178	31	209	85.2%
Gynaecology	1430	38	1468	97.4%
Others	3487	392	3879	89.9%
Trust Total	27613	4113	31726	87.0%

C : Diagnostics

The 6 week diagnostic target has not been achieved for May 2019 with **97.67%** performance at Trust level (97.39% at NHS Doncaster and 98.24% at NHS Bassetlaw).

There were 210 trust level breaches, the majority of these were Nerve Conduction (99) and Audiology (42). All of these breaches have been validated and confirmed by each service. The breakdown by diagnostic type is outlined in the chart below. Local action plans will be reviewed between Divisions and the Chief Operating Officer to recover the position.

There has been increased activity this month and has resulted in a reduction of patients who are awaiting a diagnostic. At trust level there were over a thousand more test/procedures carried out in May than April. Most notably, for May, the Non-Obstetric Ultrasound waiting list was 14% lower than the yearly average.

Exam Type	<6W	>=6W	Total	Performance
MRI	1684	13	1697	99.23%
CT	1843	1	1844	99.95%
Non-Obstetric Ultrasound	3382	9	3391	99.73%
Barium Enema	0	0	0	
DEXA	179	0	179	100.00%
Audiology	333	42	375	88.80%
Echo	289	12	301	96.01%
Nerve Conduction	167	99	266	62.78%
Sleep Study	38	0	38	100.00%
Urodynamic	51	20	71	71.83%
Colonoscopy	272	1	273	99.63%
Flexible Sigmoidoscopy	90	0	90	100.00%
Cystoscopy	135	10	145	93.10%
Gastroscopy	324	3	327	99.08%
Total	8787	210	8997	97.67%

At CCG level, our performance was as follows:

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	8787	210	8997	97.67%
NHS Doncaster	5562	149	5711	97.39%
NHS Bassetlaw	2288	41	2329	98.24%

D : Cancer Performance

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

Cancer Performance by Specialty - April 2019

	2ww	Non 2ww Symptomatic Breast Referrals	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	31 Day Sub - Palliative	62 Day - Classic 50/50 split	62 Day - Day 38 IPT split	62 Day Screening	62 Day Consultant Upgrades	Day 28 Shadow Reporting
Operational Std	93%	93%	96%	94%	98%	94%	85%	85%	90%	TBA	TBA
Breast	93.9%	74.1%	100%	100%	100%		100%	100%	100%		98.4%
Gynaecology	93.8%		100%				100%	100%			86.4%
Haematology	100%		100%		100%		100%	100%	100%		25%
Head & Neck	79.5%						0%	0%		100%	74.2%
Lower GI	96.1%		100%	100%			71.4%	66.7%	100%	0%	80.1%
Lung	96.8%		100%				40%	33.3%		62.5%	89.5%
Sarcoma							100%	100%			
Skin	97.6%		100%				100%	100%		100%	92.6%
Upper GI	93%		100%				88.9%	77.8%		0%	84.8%
Urological	72.1%		100%		100%		84.1%	82.2%		88.9%	73.9%

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 possible the initial consultation and diagnostics. This is currently being monitored in shadow form – April 2019 achievement at 87.5% (target not yet agreed)

2WW / Breast Syntomatic – Nationally, there has been an increase in Breast referrals putting additional pressure on services across the Network, this has been reflected at DBHT in an approximately c 15% - 20% increase in referrals in April compared to previous months (597 compared to 477, 507 and 517 in April, March and February respectively). Capacity is being reviewed in specialty clinics, but managing the increased demand remains a challenge. Additionally, 2ww administrative staff commenced in May 2019 which will increase capacity for booking.

2WW – Head & Neck – The shared OMFS Surgeon Business Case between DBHT and STHFT has now been agreed at DBHT, we are awaiting confirmation of funding from STHFT. This will improve 2WW capacit but will clearly be subject to recruitment timescales.

2WW – Urology - the service faces continuing challenges in urology around staffing / estate / capacity. Issues continue around Urodynamics capacity. The service is investigating options for alternative methods of provision – recovery plan to be produced by 30.6.19. The urodynamic machine was unavailable due to equipment failure 4-7 June 2019 which will also impact on June’s activity & performance.

2ww administrative staff commenced in May 2019 – this should improve administrative process around booking.

30 elective capacity – unexpected staffing absences at consultant level due to sickness (2 x consultants sick due to injury – locum being utilised for on call / urgent activities)

E : Stroke

The Trust level percentage for Direct Admission to the Stroke Unit for May 2019 was 52.2% against a 90% target. The Trust continues to work with its model of 24/7 Stroke Nurse Specialists to ensure timely assessment. Education and training is being provided to ED staff on an ongoing basis.

1. Direct Admission					Target = 90%		
CCG							
Direct Admission within 4 Hours	Bassetlaw	Doncaster	Other	Total	Category	Sub Category	Total
Yes	4	26	5	35	Organisational	Beds	2
No	7	24	1	32		Staff Availability	
						Pathway	Delay in Transfer from ED
Grand Total	11	50	6	67		Delay - transport BDGH to DRI	6
Performance	36.4%	52.0%	83.3%	52.2%	Clinical	Patient Presentation: secondary / late diagnosis of stroke.	12
						Patient Needs	5
					Patient Choice	Declined	
					Awaiting further validation		2

Two other stroke performance indicators were not met, namely:

- % of all patients given thrombolysis
- % of patients discharged given a named person to contact following discharge

F : Cancelled Operations %

In May 2019 30 (0.6%) of Trust operations were cancelled; this is an improvement on last month’s total and is in line with the range of performance %. All 30 operations were cancelled due to non-clinical reasons

13 / 30 were Orthopaedic cancellations (4 x Bassetlaw, 8 x DRI & 1 x MMH) and a breakdown is shown below:

Orthopaedic Theatre Cancellations – May 2019				
	BDGH	DRI	MMH	Grand Total
Equipment	1	2	1	4
Insufficient Time		1		1
HSDU	1	2		3
Staffing	1			1
No Case Notes	1			1
Other Urgent Case		2		2
Unknown		1		1
TOTAL	4	8	1	13

No other themes were identified.



Executive Summary - Safety & Quality - May 2019 (Month 2)

Seven Day Services - Self -Assessment (Board Assurance)

There is a requirement for the Trust to undertake a self-assessment of its performance against the 7DS clinical standards. This standard measurement and reporting template, allows the Trust to provide our current performance on our delivery of the 7DS clinical standards. This self-assessment is to be formally noted by the trust board prior to submission to regional 7DS leads on 28 June 2019.

HSMR:

The rolling 12 month HSMR has shown a late rise but still remains within expected range. This in the main is due to the recent rebasing of the risk . However we have had 2 particular rises in July 2018 and January 2019 which would have contributed to the overall picture. A review of a random sample of deaths confirmed the high preponderance of respiratory conditions causing death in line with the population risk profile for the area. There was no evidence of poor quality care which would have led to the deaths. There were some issues with coding both in terms of the % based on signs and symptoms and with the recording of comorbidities. Both areas are being addressed through the Learning from Deaths action plan and which includes in Medicine the re-engineering of the allocation of FCE which will commence in September as it requires a change in job plans. Coding of comorbidities is being actively pursued by both major acute specialities where the main issues lie. In terms of elective deaths the numbers are small and therefore the HSMR though still within the expected range would show a disproportionate rise for a small change. Assurance can be provided through the Learning from deaths group that ALL elective deaths are scrutinised and while some have been incorrectly classified due to well known vagaries in the system there were no instances where concerns

Fractured Neck of Femur:

The mortality from fracture neck of Femur remains low when considering the co-morbidity of this patient group and the imperative to operate to provide good pain relief. However in terms of Best Practice Tariff in respect of surgery within 36 hrs and access to orthogeriatrician within 72 hrs the situation requires improvement . To that end the unit has appointed a new lead for #NOF who will be reviewing current arrangements with a view to improving the position

Serious Incidents:

There has been a slight rise in Serious incidents reported particularly around Falls and clustered around a particular area. This is being addressed through a more intense scrutiny of the assessment process with respect to the risk of falls through an independent scoping of the incident led by the Falls Practitioner. As a result a number of changes have been implemented. With respect to Care issues these have remained fairly constant and centre around diagnostic issues and patient pathways. Of note is the fact that the SI panel load is now approximately 50% maternity cases and given that early scoping does not frequently identify preventable causes and therefore not confirming that SI criteria are met reflects the low threshold for reporting partly related to the increasing scrutiny of the unit as a result of the recent maternal death. Of concern is the 4 never events reported although in 2 of these it transpires that the criteria have not been met following a scoping assessment. Nonetheless it has highlighted that processes are not always adhered to for a variety of reasons and action is being taken to monitor this

Children & Young People

There are no concerns arising from the quality metrics for Children's and Young People

Executive Lead:

Mr S Singh

C-Diff

At the end of May we have 5 reported cases which is above the trajectory. The number of cases which in the previous counting would be on trajectory. Work continues with antibiotic stewardship and appropriate testing of patients.

Fall resulting in significant harm:

There has been a cluster of falls within the clinical decision unit at DRI, which has been investigated to ascertain if there are any key themes.

Hospital Acquired Pressure Ulcers:

Pressure Ulcers remain on line with trajectory. A number of route cause analysis are still being undertaken.

Complaints and Concerns

Claims have reduced in relation to last year. The complaints in May have reduced despite an increase in activity. The complaints resolution process is currently being reviewed.

Friends & Family Test:

Response rates continue to be below those in the region though recommendations to be treated at the Trust are above the regional rates.

Executive Lead:

Mrs M Hardy

7 Day Services (7DS) - Board Assurance (Spring/summer 2019-20)

(Data accurate as at 20/06/2019)

Site Name	April/May 2019	Weekday	Weekend	Comments
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission	96%	95%	96%	An audit programme has been developed to carry out quarterly 7DS audits to ensure that performance remains over 90%. In the April and May 2019 96% of Emergency admissions achieved clinical standard 2 (95% weekday/96% weekend)
Clinical Standard 5: Hospital inpatient must have scheduled 7-day access to diagnostic service, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy and microbiology. Consultant directed diagnostic tests and completed reporting will be available seven days a week: - within 1 hour for critical patients - within 12 hour for urgent patients - within 24 hour for non-urgent patients	91%	100%	82%	All hospital inpatients have 7-day access to diagnostic services with the exception of echocardiography on a weekend.
Clinical Standard 6: Hospital inpatients must have timely 24 hour access 7 days a week to key consultant directed interventions that meet the relevant speciality guidelines, either on-site or through formally agreed networked arrangements	100%	100%	100%	
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week unless it has been determined at this would not affect the patients care pathway.	100% (twice daily review) 96% (Once daily review)	100% (twice daily review) 93% (Once daily review)	100% (twice daily review) 96% (Once daily review)	Consultant led board rounds are carried out to ensure that care and reviews are delegated appropriately. The Trust quality dashboard which is monitored through clinical governance structures allows us to which monitor weekday/weekend mortality rates. NEWS2 has now been implemented throughout the Trust, the implementation and use of this escalation tool has been included as a Trust priority indicator for 2019/20 in our Quality Account.

Self-Assessment of Performance against standards 1, 3, 4, 7, 10

Standard 1 - Patient Experience - Consultant reviews take place 7 days per week which allows patients/relatives/carers the opportunity to discuss and be actively involved in shared decision making. As part of the mortality case note review process it is also evident that these discussions are taking place and documented within the patient records. The results of the 2018 inpatient survey also demonstrate that our patients feel involved in shared decision making, feel informed about their care/treatment and treated with respect and dignity.

Standard 3: MDT Review - All emergency inpatients are assessed for complexity as part of the daily board rounds. These reviews will indicate the management plan for each patient.

Standard 4: Shift handovers - Senior led electronic handover's continue in the majority of specialities

Standard 7: Mental Health - There is access to crisis team on-site, available 24/7

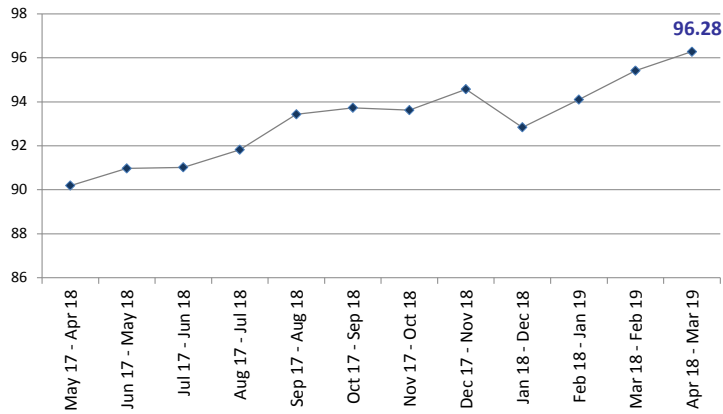
Standard 10: Quality Improvement - The Trust continues to use the quality dashboard as a means to monitor and gain assurance on a range of outcome measures. This dashboard reviewed on a monthly basis at the Clinical Governance Committee and divisional governance teams.

7DS and Urgent Network Clinical Services

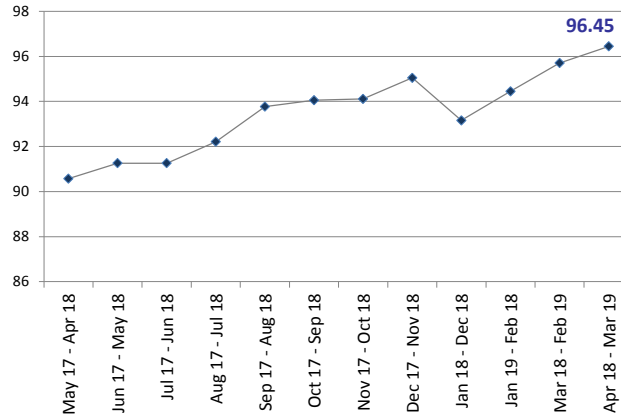
	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 8	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency

Hospital Standardised Mortality Ratio (HSMR) - March 2019 (Month 12)

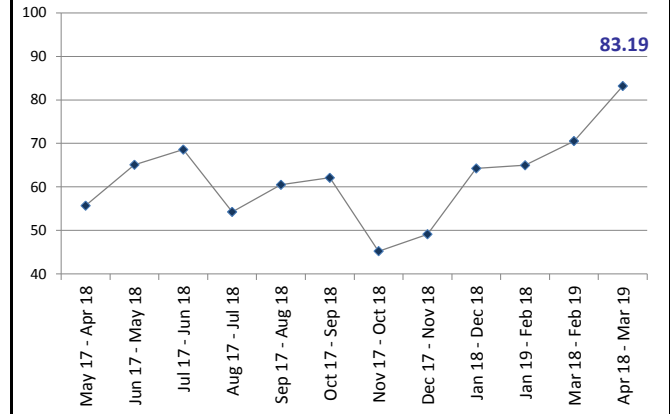
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

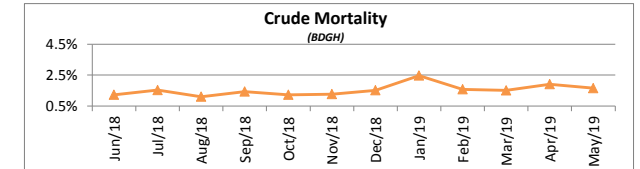
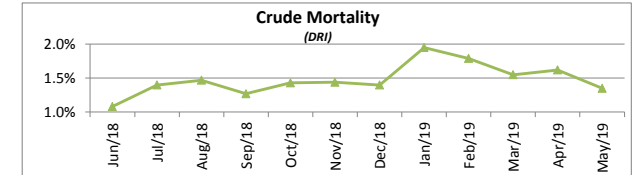
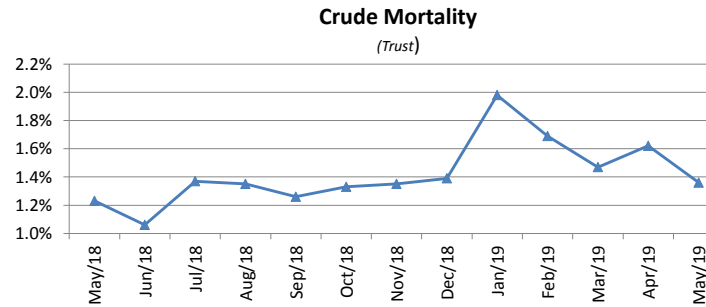


HSMR Trend (monthly)

	2016	2017	2018	2019
January	116.80	99.21	94.86	106.12
February	99.94	97.73	105.44	98.09
March	90.54	97.37	88.42	97.44
April	105.91	88.50	99.07	
May	101.15	96.60	92.24	
June	80.27	93.67	90.46	
July	92.56	97.73	107.89	
August	100.27	87.52	95.19	
September	90.26	95.34	90.48	
October	90.29	88.66	97.12	
November	88.98	82.30	99.57	
December	82.30	93.52	80.78	

Crude Mortality (monthly) - May 2019 (Month 2)

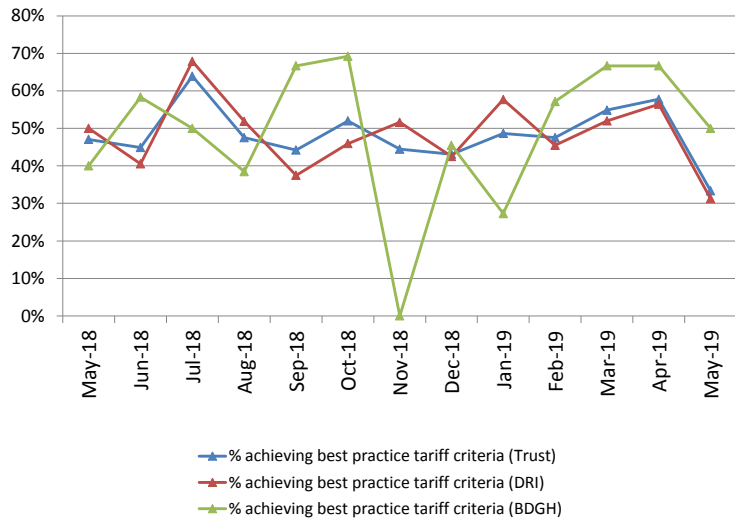
(number of deaths/number of patient discharged)



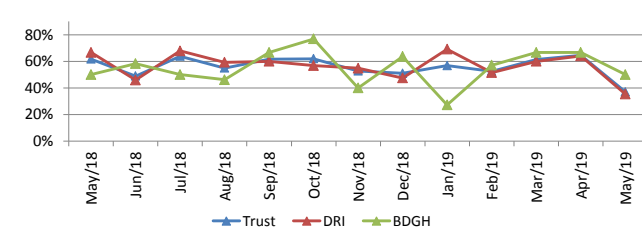
	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Trust	1.06%	1.37%	1.35%	1.26%	1.33%	1.35%	1.36%	1.98%	1.69%	1.47%	1.62%	1.36%
DRI	1.08%	1.40%	1.47%	1.27%	1.43%	1.44%	1.45%	1.95%	1.79%	1.55%	1.62%	1.35%
BDGH	1.23%	1.53%	1.10%	1.43%	1.23%	1.27%	1.26%	2.47%	1.58%	1.51%	1.91%	1.65%

NHFD Best Practice Pathway Performance - May 2019 (Month 2)

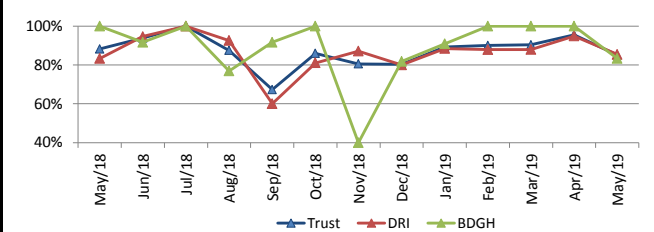
Best Practice Criteria Performance



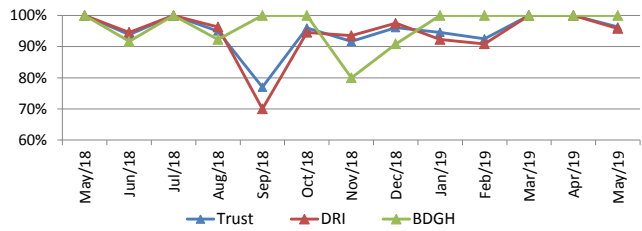
36 Hours to Surgery Performance



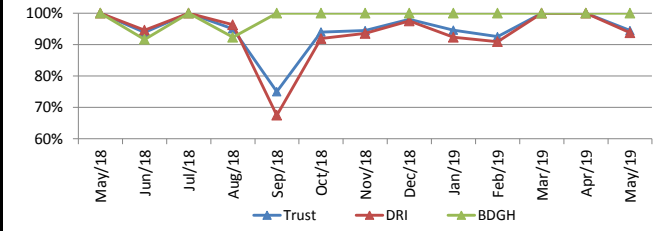
72 hours to Geriatrician Assessment Performance



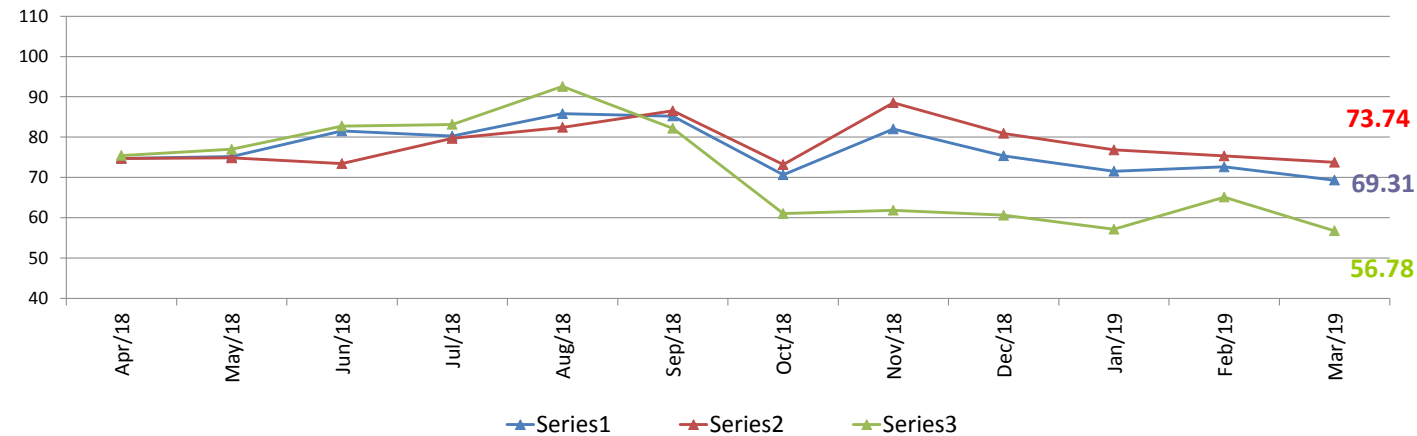
Bone Protection Medication Assessment



Falls Assessment Performance



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



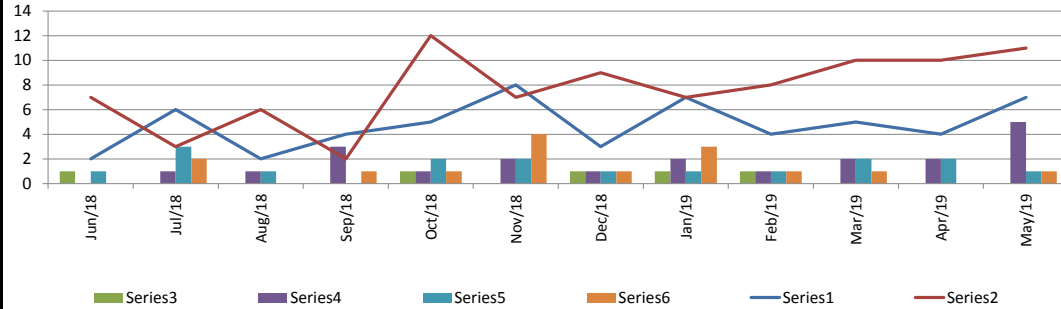
Serious Incidents - May 2019 (Month 2)

(Data accurate as at 05/06/2019)

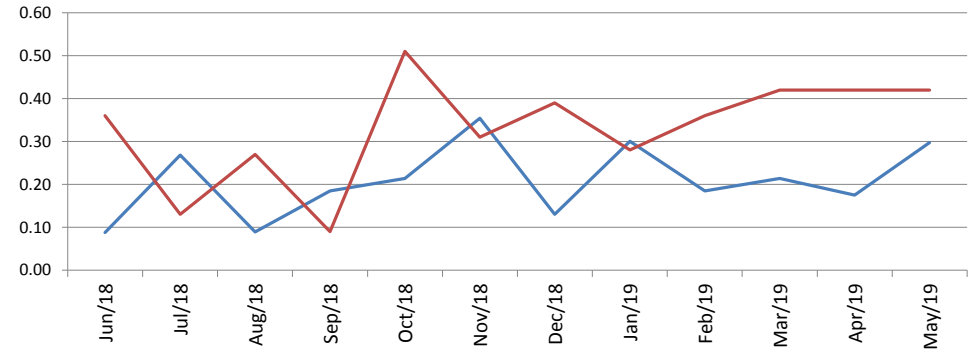
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

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



Serious Incidents per 1000 occupied bed days

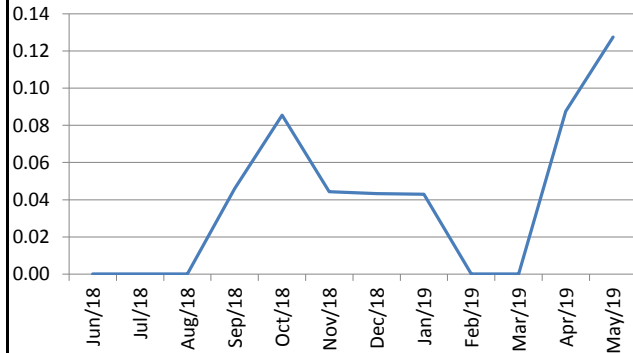


— Reported Si's per 1000 occupied bed days
 — Reported Si's per 1000 occupied bed days - Previous years performance

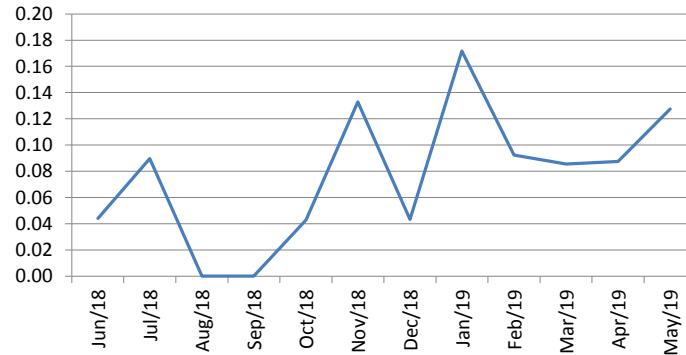
Current YTD reported SI's (April-May 19)	11	Number reported SI's (Apr-May 18)	8
Current YTD delogged SI's (April-May 19)	0	Number delogged SI's (Apr-May 18)	0

Themes

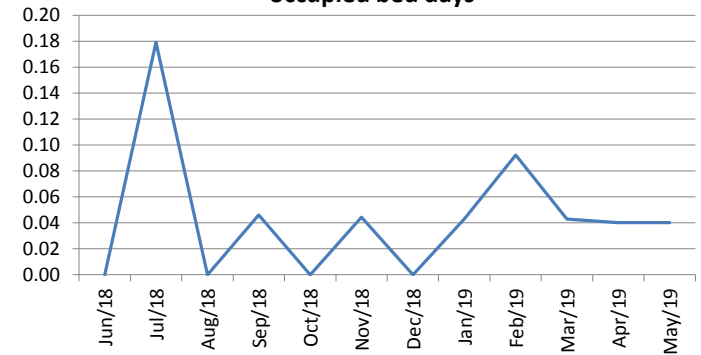
Serious Falls per 1000 occupied bed days



Care Issues per 1000 occupied bed days

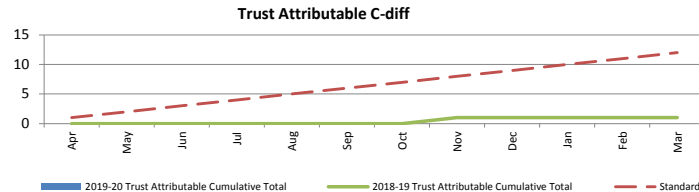
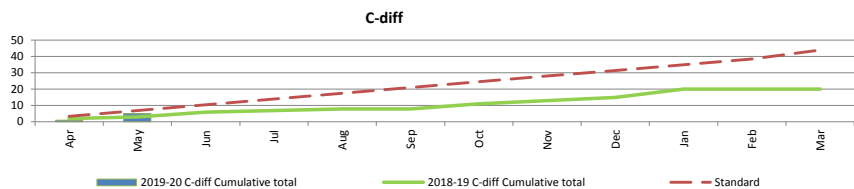


Pressure Ulcers - Grade 3 & 4 (HAPU) per 1000 occupied bed days



Infection Control C.Diff - May 2019 (Month 2)
(Data accurate as at 14/06/2019)

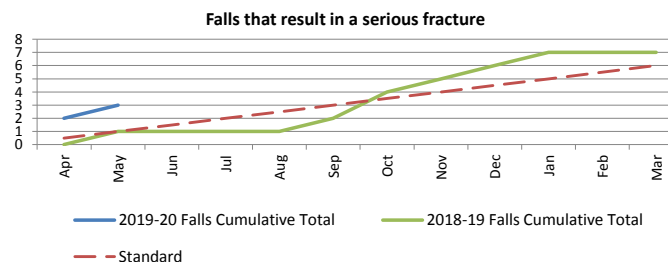
	Standard	Apr	May	YTD
2019-20 Infection Control - C-diff	44 Full Year	1	4	5
2018-19 Infection Control - C-diff	39 Full Year	2	1	3
2019-20 Trust Attributable (lapses in care)	12	0	0	0
2018-19 Trust Attributable (lapses in care)	12	0	0	0



Pressure Ulcers & Falls that result in a serious fracture - May 2019 (Month 2)
(Data accurate as at 14/06/2019)

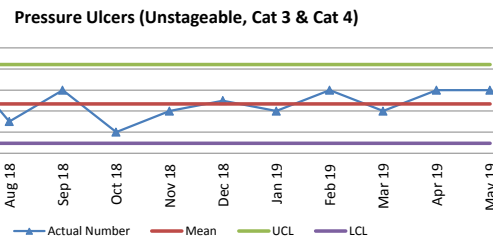
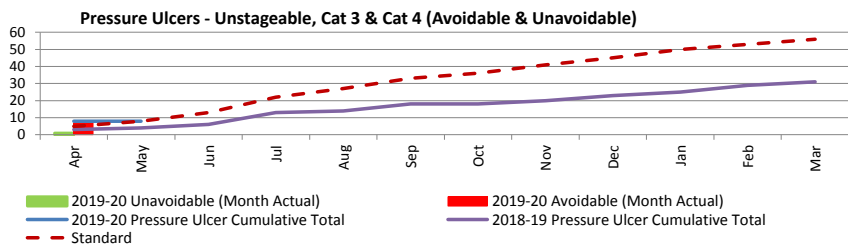
	Standard	Apr	May	YTD
2019-20 Serious Falls	6 Full Year	2	1	3
2018-19 Serious Falls	10 Full Year	0	1	1

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 (Unstageable, Grade 3 & Grade 4)	56 Full Year	8	8
2018-19 Pressure Ulcers	21 Full Year	3	31
2019-20 Pressure Ulcers - UNAVOIDABLE (Unstageable, Grade 3 & Grade 4)		7	7
2019-20 Pressure Ulcers - AVOIDABLE (Unstageable, Grade 3 & Grade 4)		1	1

Please note: At the time of producing this report they are 7 PU's still subject to the RCA process.



Hard Truths - May 2019 (Month 2)

(Data accurate as at 14/06/2019)

DIVISION	Ward	WARD	No of	Planned v Actual				Safe	Effective	Caring	Responsive
				Work-	Quality	CHPPD	Variance				
Surgery & Cancer	HD	B5	24.0		4.5	6.7	98%	2.0	0.0	0.5	2.0
	JW	B6	21		5.0	6.6	101%	1.0	2.5	0.5	1.0
	AK	St Leger	35		5.5	6.9	95%	2.5	1.0	1.5	0.5
	VB	1&3	23		2.5	8.4	96%	0.0	0.5	0.5	1.5
	SB	20	27		3.5	5.3	105%	0.0	1.5	0.5	1.5
	RW	21	27		3.5	5.4	105%	1.0	0.5	0.5	1.5
	FN	S10	20		2.5	5.6	100%	0.0	0.0	1.0	1.5
	JP	S11	19		4.5	5.7	102%	2.5	0.0	0.0	2.0
	HB	S12	16		2.5	5.8	101%	0.0	0.0	0.5	2.0
	SS	SAW	21		5.0	7.7	100%	0.5	0.5	2.0	2.0
							100%				
Medicine	SM	A4	22		6.5	6.1	107%	3.5	1.0	2.0	0.0
	MC	C1	16		10.0	5.8	138%	3.5	4.0	1.0	1.5
	KD	CCU/C2	18		3.5	6.4	103%	2.0	0.5	0.5	0.5
	SC	ATC	21		5.5	8.0	99%	1.5	1.0	1.0	2.0
	ZC&KJ	AMU	40		5.0	8.2	106%	1.5	1.0	2.0	0.5
	LB	FAU	16		9.0	8.1	98%	1.5	2.5	3.0	2.0
	JB	16	24		6.5	7.3	98%	3.0	1.0	0.0	2.5
	JW	17	16		10.0	6.1	102%	1.0	4.5	3.5	1.0
	AB	18 Haem	12		3.0	7.5	103%	0.5	0.5	1.5	0.5
	LS	18 CCU	12		4.0	6.8	92%	0.0	0.5	1.5	2.0
	MN	24	24		10.0	6.5	117%	1.0	2.0	5.0	2.0
	DF	25	16		7.5	7.3	120%	4.0	2.0	0.5	1.0
	TM&JC	Respiratory unit	52		9.5	6.2	107%	5.5	3.0	1.0	0.0
	TM	32	18		5.0	5.8	94%	0.0	1.5	1.5	2.0
	LAS	Mallard	16		7.0	8.6	108%	0.5	1.0	3.5	2.0
	RM	Gresley	32		3.0	4.0	98%	1.5	0.5	0.0	1.0
EW	Rehab 2	18		7.5	5.9	110%	0.0	1.5	3.5	2.5	
GW	Rehab 1	29		6.0	5.5	120%	1.0	1.5	3.0	0.5	
							107%				
Clinical Speciality Services	LC	ITU DRI	20		5.0	49.6	98%	2.0		1.0	2.0
	LW	ITU BDGH	6		5.0	25.6	95%	0.0		3.0	2.0
							97%				
Children and Families	CD	SCBU	8		0.0	12.2	100%				
	IB	NNU	18		0.0	15.2	96%				
	EJ	CHW	18		0.0	10.6	97%				
	LM	CHOU	12		0.0	10.7	98%				
	KR	G5	16		6.0	6.8	96%	1.0	1.5	1.0	2.5
	TM	M1	24		9.0	8.4	74%	0.0	4.5	3.5	1.0
	RW	M2	18		8.5	7.5	87%	0.0	4.5	3.5	0.5
	SR	CDS	14		8.5	28.1	89%	0.5	4.5	3.0	0.5
	KC	A2	18		8.0	7.3	87%	0.0	4.5	3.0	0.5
KC	A2L	6		9.0	23.7	91%	0.0	4.5	3.5	1.0	
							101%				

The workforce data submitted to UNIFY provides the actual hours worked in May 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 May 2019, same as April 2019 (101%).

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

21 wards (52.5%) within 5% of the planned staffing level, 2 more than last month

11 wards (27.5%) between 5-10% of planned staffing level, 2 more than last month

4 wards (10%) <10% higher than planned staffing level, 2 less than last month

4 wards (10%) >10% lower than planned staffing level, 2 less than last month.

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

In May 2019 the wards where there were deficits in excess of 10% of the planned hours are;

M1, M2, CDS and A2. The maternity areas were due to a combination of sickness, maternity leave and vacancies in each area; attempts to fill these vacancies were made via NHSP.

Triage services were merged with maternity wards to optimise the use of staff and improve skill mix. Community midwives on call have been called into the unit on a number of occasions to maintain a safe service, due to sickness and activity.

In May 2019 the wards with greater than 10% of actual staffing over planned staffing are,

Ward 24, Ward 25, C1, and Rehab 1. Rehab 1 was due to enhanced care needs, the remaining wards were due to acuity and having escalation and closed beds open.

Quality and Safety Profile; The Quality Metric data for May 2019 has not identified any wards as red for Quality.

PLEASE NOTE - As part of reviewing the data for the quality summit for Respiratory as a result of flagging red for quality in April, an error was identified in the calculation of the quality metrics. Once corrected the Respiratory Unit was no longer identified as red for quality and the planned quality summit has been cancelled.

Care Hours Per Patient Day (CHPPD) - May 2019 (Month 2)

(Data accurate as at 14/06/2019)

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

Site Name	Registered midwives/ nurses	Care Staff	Overall
BASSETLAW HOSPITAL	4.40	3.20	7.60
DONCASTER ROYAL INFIRMARY	4.40	3.30	7.70
MONTAGU HOSPITAL	2.20	3.50	5.70
TRUST	3.70	3.30	7.00

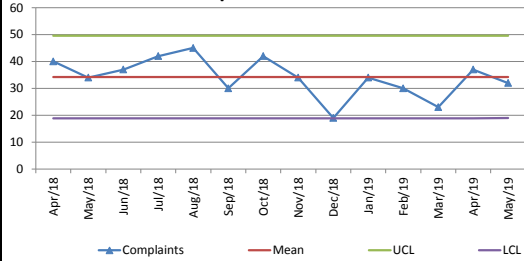
The data for May 2019 shows a slight decrease this month in hours across all sites. The registered nurse and midwife profile continues to be lower than national and peer rates, with the Healthcare support worker rate slightly higher than peers and national rates. The overall CHPPD rate shows a fluctuating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

Complaints & Claims - May 2019 (Month 2)

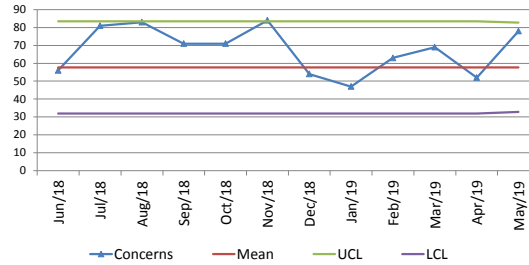
(Data accurate as at 05/06/2019)

Complaints

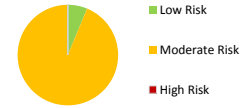
Complaints Received



Concerns Received



May 2019 Complaints Received Risk Breakdown

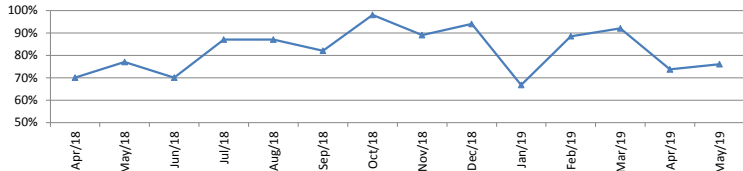


Year to Date Complaints Received Risk Breakdown



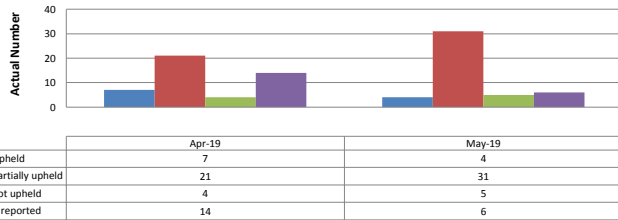
Complaints - Resolution Performance (% achieved resolution within timescales) Complaints Closed - Outcome

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.

Closed Complaints - Outcomes



Parliamentary Health Service Ombudsman (PHSO)

Month	Number of cases referred for investigation	Number Currently Outstanding
May-19	1	6

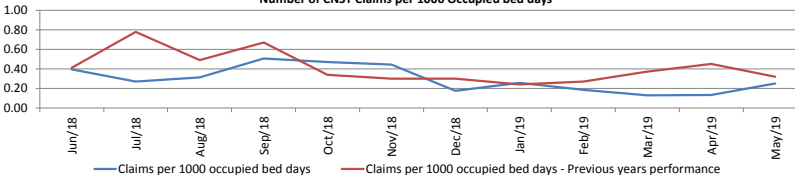
	Number referred for investigation YTD	Outcomes YTD	
2017/18	7	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Not Investigated	3
2018/19	9	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Not Investigated	1
		Case Withdrawn	0
2019/20	2	Outstanding	4
		Outstanding	2

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											6
	2018/19	10	7	9	6	7	11	11	4	10	6	4	3	88
Liabilities to Third Parties Scheme (LTPS)	2019/20	4	2											6
	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

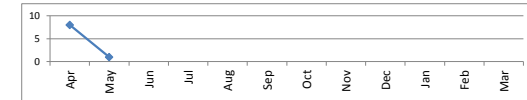


Childrens & Young People - Quality Metrics
May 2019 (Month 2)

(Data accurate as at 05/06/2019)

Complaints

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of complaints received - 2019/20	8	1											9
Number of complaints received - 2018/19	5	3	3	2	3	1	3	1	0	0	1	2	24



Thematic breakdown (Apr 19 - Mar19)

Communication	3												
Staff attitude & behaviour	3												
Diagnostic Tests	2												
Diagnosis	2												
Treatment	2												
Other	2												
Nursing - ADL	2												

There are two main complaint themes for May 2019 are relating to communication (3), which breaks down to Lack of information to relatives (3). The second main complaint theme is around "Staff Attitude and Behaviour" (15.8%), which breaks down to Conduct/disposition (1) and Insensitive to needs/unhelpful (1) and an allegation of rough patient handling (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	31											64
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 <small>(including de-logged)</small>	0	0											0
Number of Serious Incidents Reported - 2018/19 <small>(including de-logged)</small>	0	0	0	0	0	0	0	0	0	0	0	0	0

Duty Of Candour (Doc)

There have been 1 incident within Children and Young Persons which has triggered Duty of Candour to be completed.

This was reported, the Verbal discussion and Letter 1 has been completed (incident is still open therefore Letter 2 not yet applicable).

Compliance 100%

Investigation ongoing.

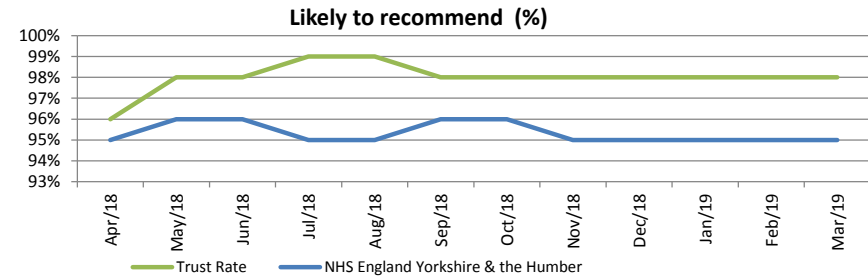
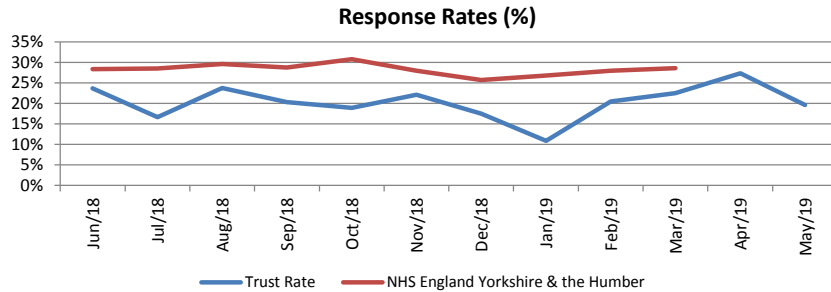
Please note: An incident which has caused moderate, severe or patient death requires DoC to be completed

Friends & Family - May 2019 (Month 2)

(Data accurate as at 13/6/2019)

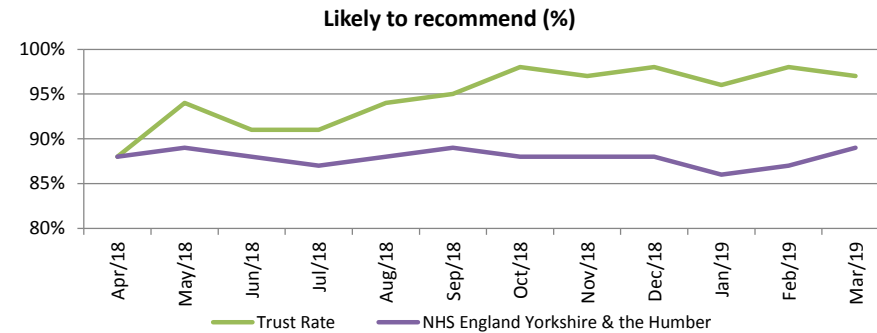
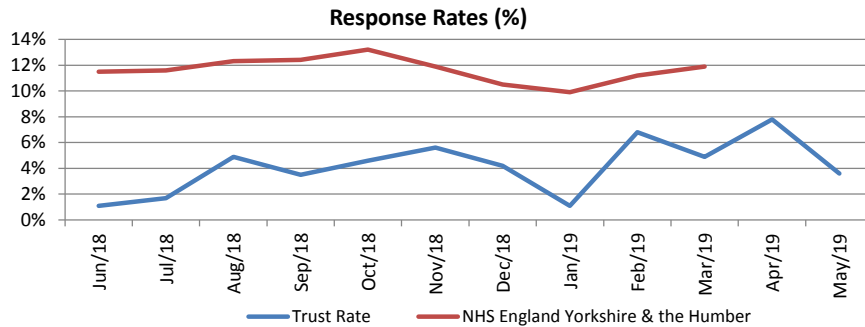
Inpatients

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 - May2019 (Month 2)

Sickness absence

April 2019 saw an increase in sickness rates from 4.03% to 4.59% but May has seen a reduction to 4.19% with the cumulative position being 4.4% - similar to the year end position. Short term absence has reduced whilst long term sickness absence remains at a similar level to the previous month. Absences in excess of 6 months have risen for the second month in succession.

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 greater rise than previous months to 84.31% as at the end of May which is reassuring. Discussions at WERC and the Executive Team meeting has resulted in a move to e-learning for conflict resolution training which will facilitate more capacity for enhanced training for those areas at greater risk of conflict; a refresh of the self declaration process where appropriate. Through the ESR self service project supervisor details held within ESR is being updated which will ensure that the reminders are going to the correct manager. The documentation associated with position changes is being reviewed to ensure managers are familiar with the process to be followed where staff have the wrong competences attached to them due to them sharing a position with colleagues who do not have the same competence requirements, for example Community and Acute Paediatricians.

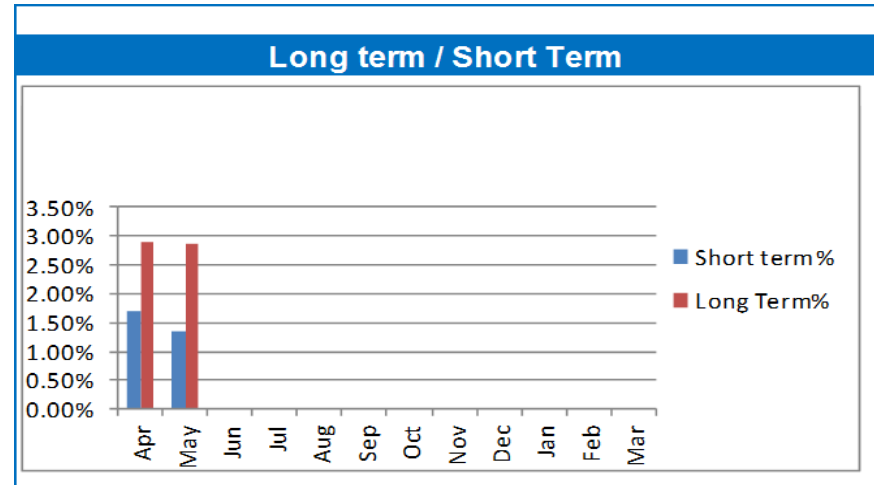
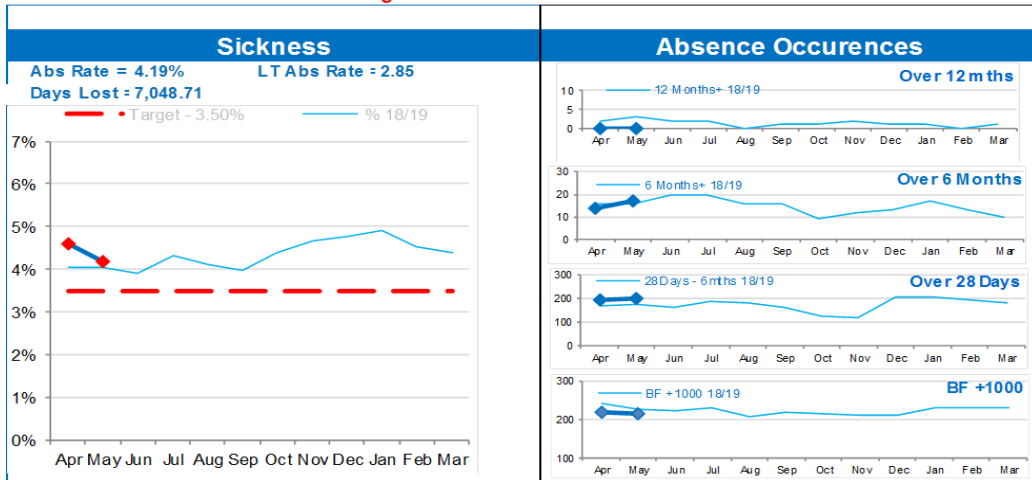
Staff in post

Staff in post by staff group is shown as at month 2 with similar levels of staff in post.

Workforce: Sickness Absence - May (Month 2)

CG & Directorate Sickness Absence - May 2019 (Q1)

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



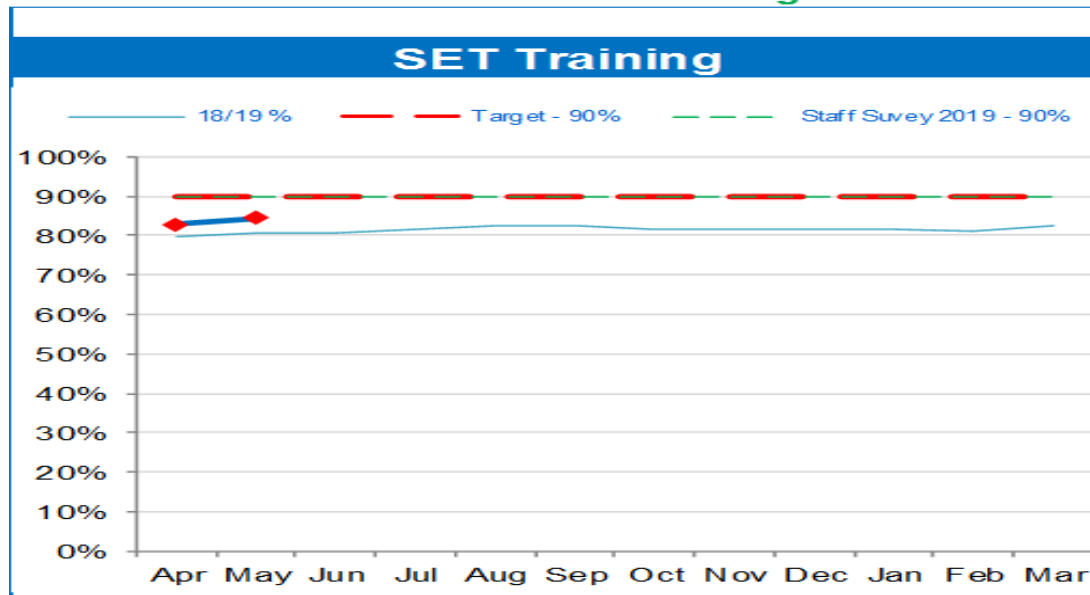
	Apr-19		May-19		Cumulative	
	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	7472.02	4.59%	7048.71	4.19%	14569.23	4.40%
Chief Executive Directorate	0.00	0.00%	0.00	0.00%	0.00	0.00%
Children & Families Division	1071.72	6.17%	760.56	4.22%	1811.71	5.12%
Clinical Specialist Division	2022.81	4.88%	2007.09	4.62%	4075.64	4.78%
Directorate Of Strategy & Improvement	16.19	5.16%	3.73	1.21%	19.92	3.20%
Estates & Facilities	955.75	6.82%	954.29	6.76%	1911.71	6.80%
Executive Team Board	54.00	2.13%	40.00	1.55%	66.00	1.29%
Finance & Healthcare Contracting Directorate	13.97	0.34%	10.27	0.25%	27.97	0.34%
IT Information & Telecoms Directorate	30.23	1.55%	32.84	1.68%	63.07	1.61%
Medical Director Directorate	0.00	0.00%	0.00	0.00%	0.00	0.00%
Medicine Division	1747.65	4.04%	1602.56	3.60%	3292.24	3.76%
Nursing Services Directorate	59.12	2.84%	16.90	0.79%	83.22	1.97%
People & Organisational Directorate	142.80	4.36%	87.52	2.52%	230.32	3.40%
Performance Directorate	288.54	5.68%	285.40	5.46%	601.19	5.87%
Surgery & Cancer Division	1069.25	4.06%	1247.56	4.57%	2386.25	4.45%

	Apr-19		May-19		Cumulative	
	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	7472.02	4.59%	7048.71	4.19%	14569.23	4.40%
Add Prof Scientific and Technic	290.19	5.75%	283.59	5.44%	567.77	5.54%
Additional Clinical Services	2202.11	6.27%	2267.64	6.21%	4476.69	6.25%
Administrative and Clerical	1226.32	3.90%	961.43	2.94%	2259.03	3.52%
Allied Health Professionals	145.04	1.51%	244.07	2.47%	449.31	2.31%
Estates and Ancillary	984.09	6.92%	1016.50	7.13%	2000.26	7.04%
Healthcare Scientists	84.80	2.34%	74.84	1.99%	160.64	2.18%
Medical and Dental	275.00	1.65%	276.48	1.60%	543.48	1.60%
Nursing and Midwifery Registered	2264.47	4.80%	1924.17	3.95%	4112.05	4.29%
Students	0.00	0.00%	0.00	0.00%	0.00	0.00%

Workforce: SET Training - May (Month 2)

CG & Directorate SET Training - May 2019 (Q1)

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

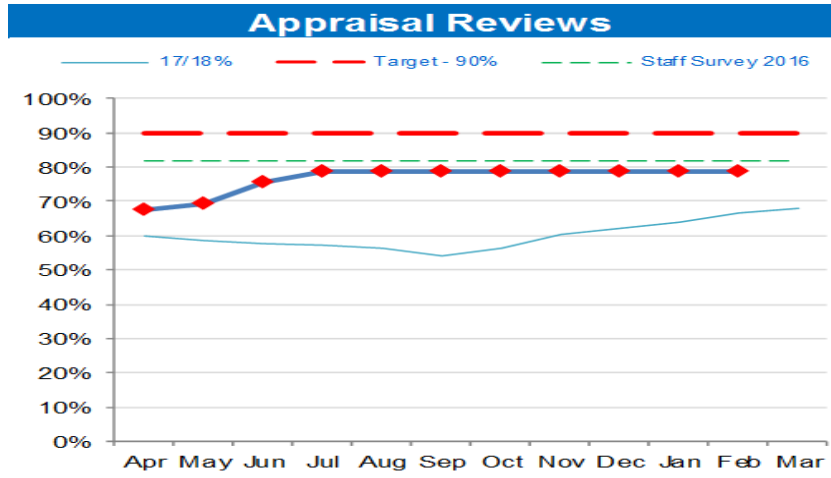


	% Compliance
Doncaster & Bassetlaw Teaching Hospitals NHS FT	84.31%
Chief Executive Directorate	94.87%
Children & Families Division	81.58%
Clinical Specialist Division	87.07%
Directorate Of Strategy & Improvement	100.00%
Estates & Facilities	85.58%
Finance & Healthcare Contracting Directorate	94.88%
IT Information & Telecoms Directorate	91.20%
Medical Director Directorate	92.05%
Medicine Division	82.25%
Nursing Services Directorate	92.96%
People & Organisational Directorate	96.35%
Performance Directorate	85.06%
Surgery & Cancer Division	79.92%

Workforce: Appraisals - February (Month 11)

CG & Directorate Appraisals - February 2019 (Q4)

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



NOT BEING REPORTED YET SO NO NEED TO SEND THIS SLIDE

Trust Total AFC & M&D

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

Workforce: Staff in post -February (Month 11)

	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
Staff Group	Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Dec-18		Jan-19		Feb-19		Mar-19		Apr-19		May-19	
Add Prof Scientific and Technic	169.69	187.00	170.63	188.00	172.02	190.00	172.07	190.00	172.89	190.00	175.49	191.00	175.23	193.00	175.23	193.00	169.56	186.00	167.69	184.00	169.49	186.00	167.29	184.00
Additional Clinical Services	1,158.83	1,401.00	1,171.05	1,414.00	1,172.67	1,415.00	1,179.29	1,421.00	1,164.05	1,405.00	1,165.06	1,409.00	1,166.15	1,417.00	1,166.15	1,417.00	1,179.19	1,422.00	1,171.11	1,417.00	1,171.01	1,417.00	1,180.63	1,427.00
Administrative and Clerical	1,046.56	1,275.00	1,047.67	1,278.00	1,045.17	1,272.00	1,045.71	1,274.00	1,033.17	1,259.00	1,033.15	1,258.00	1,048.69	1,329.00	1,048.74	1,276.00	1,049.10	1,276.00	1,049.52	1,275.00	1,053.74	1,281.00	1,055.49	1,277.00
Allied Health Professionals	324.52	377.00	321.56	375.00	323.12	376.00	322.84	375.00	323.24	376.00	323.81	375.00	323.76	387.00	325.26	377.00	321.74	373.00	319.46	371.00	319.30	371.00	318.84	371.00
Estates and Ancillary	485.34	692.00	485.34	692.00	480.84	686.00	476.40	680.00	474.36	678.00	474.06	676.00	478.66	682.00	481.56	690.00	482.56	686.00	483.25	688.00	479.25	684.00	472.53	681.00
Healthcare Scientists	124.92	141.00	122.66	139.00	120.78	137.00	122.78	139.00	123.72	140.00	123.72	140.00	123.03	139.00	123.03	139.00	122.59	139.00	122.58	139.00	120.99	138.00	121.23	138.00
Medical and Dental	510.07	583.00	508.07	581.00	554.01	633.00	551.15	633.00	559.68	642.00	561.04	639.00	559.44	591.00	557.81	590.00	555.43	587.00	556.57	589.00	555.17	587.00	557.18	589.00
Nursing and Midwifery Registered	1,578.72	1,846.00	1,573.47	1,840.00	1,564.47	1,828.00	1,570.41	1,835.00	1,603.36	1,868.00	1,599.93	1,863.00	1,581.97	1,873.00	1,578.21	1,845.00	1,580.60	1,848.00	1,574.57	1,842.00	1,568.95	1,835.00	1,570.37	1,836.00
Students	0.00	0.00	0.00	0.00	0.00	0.00	8.80	9.00	2.00	2.00	1.00	1.00	19.00	19.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	5,398.65	6,502.00	5,395.95	6,501.00	5,428.64	6,531.00	5,447.40	6,554.00	5,456.17	6,558.00	5,461.86	6,558.00	5,478.83	6,638.00	5,471.05	6,529.00	5,461.47	6,519.00	5,440.75	6,501.00	5,431.19	6,496.00	5,424.53	6,476.00



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

Title	People & OD update: Interim NHS People Plan; Update to Junior Doctors contract negotiations		
Report to	Board of Directors	Date	June 2019
Author	Karen Barnard, Director of People & Organisational Development		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	✓	
	Information	✓	

Executive summary containing key messages and issues

Interim NHS People Plan

Overview of key proposals

- A "new offer" to NHS staff will be developed through consultation this summer to ensure the NHS rapidly becomes a better place to work.
- A consultation on changes to pensions policy has been announced, which includes the proposed introduction of some added flexibility for senior clinicians through a "50:50" option enabling them to halve their pension growth beyond a certain point in exchange for halving their contribution.
- The NHS will engage on a "new leadership compact", establishing the cultural values and behaviours expected from leaders at all levels across the service.
- The compact will include a review of regulatory oversight frameworks and implementation of 360 degree feedback from providers, commissioners and Sustainability and Transformation Partnerships
- (STPs)/Integrated Care Systems (ICSs) on support received from regional and national leaders.
- A "new operating model" for increase workforce devolution to regions, ICSs and local organisations will be developed, utilising an ICS maturity matrix to benchmark workforce planning capabilities.
- A series of initiatives will aim to recruit an additional 40,000 nurses to the NHS in the next five years, including a rapid expansion and review of clinical placement capacity; increasing the acceptance rate; and consolidating national recruitment campaigns with a particular focus on learning disability and mental health nurses.

- Funding for CPD should be restored to its previous levels over the next five years, depending on the spending review.
- An independent review of HR/OD best practice in the NHS will be carried out later in 2019.
- NHSE will develop a new procurement framework for approved international recruitment agencies, while STPs and ICSs will implement 'lead recruiter' arrangements for staff coming from overseas.
- The NHSI national retention programme will be expanded to all trusts and into primary care.
- The NHS will review its levels of undergraduate medical school places and launch a national conversation on what patients and the public require from 21st century medical graduates.

Within the report is a presentation developed by NHS Employers to form a briefing to Boards.

Junior doctor contract update

The Department of Health and Social Care, NHS Employers and the BMA have announced a provisional agreement on terms for a new junior doctor contract, with funding to increase pay and other allowances. The new contract would replace the existing terms, imposed by the government following the union's industrial action in 2016, and formally end the current dispute.

The deal is **currently a provisional one**, as the BMA must now seek full agreement via a ballot of its members. While the union eventually reached a settlement with the government in 2016, members voted against the terms on offer, continuing the dispute over the contract until this point.

NHS Employers Chief Executive Danny Mortimer said, "we welcome the additional investment from the government and NHS England. The agreements reached show the seriousness of all sides to review and improve the contract, to build a safe and constructive way forward for this important part of our workforce. The BMA's junior doctor's committee has offered its formal endorsement, with its chair Jeeves Wijesuriya saying, "these proposals are a major step in the right direction for our workforce and our NHS".

The BMA's member ballot will open this Friday 14 June and its results are expected to be announced soon after voting closes on Wednesday 26 June. If junior doctors confirm their support for the agreement, it will be implemented "as soon as possible" and pay uplifts will be backdated from 1 April 2019. Details of the provisional agreement are included with the paper.

Key questions posed by the report

Are there any areas within the Interim NHS People Plan which the Board considers the Trust is not paying sufficient attention to?

How this report contributes to the delivery of the strategic objectives

People – As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.

How this report impacts on current risks or highlights new risks

F&P 8 Inability to recruit right staff and have staff with right skills leading to:

- (i) Increase in temporary expenditure
- (ii) Inability to meet FYFV and Trust strategy
- (iii) Inability to provide viable services

Q&E 6 Failure to improve staff morale leading to:

- (i) Recruitment and retention issues
- (ii) Impact on reputation
- (iii) Increased staff sickness levels

Recommendation(s) and next steps

Members of the Board are asked to note the updates provided

Interim NHS People Plan

NHS Improvement, NHS England and Health Education England have recently published the interim NHS People Plan which sets the national strategic framework for the workforce over the next 5 years. A previous report to the Board set out the direction of travel expected from the Plan. It is expected that a final Plan will be published in the months following the 2019 spending review. Below is a presentation which has been developed by NHS Employers for Boards.

Introduction



The [Interim People Plan for the NHS](#) has been developed over the last few months and sets an agenda to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year.

Baroness Harding has described the interim plan as follows:

"This interim People Plan doesn't answer all the questions we know need answering, nor does it set out a detailed 5 -10 year roadmap.

"It does, however, set out our vision for our people and the urgent actions we all need to take this year, both to make immediate improvements but also to build a plan for our people that is fully integrated with those for financial and operational delivery."

Background



- Workforce supply is acknowledged as the biggest challenge facing the NHS but the plan is clear that the quality of staff experience must be improved or those extra people will not stay, or come at all.
- The NHS Interim People Plan has been developed with involvement from NHS Employers and a wide range of other stakeholders to set out an initial approach to tackling the range of workforce challenges.
- The substantive People Plan will be published following the Spending Review. Key financial commitments will be decided as part of the Spending Review.
- NHS organisations will be expected to undertake initial actions and further action following the publication of the final People Plan.

Key themes



- Making the NHS the best place to work
- Improving NHS leadership culture
- Addressing workforce shortages
- Delivering 21st century care
- Developing a new operating model for workforce.

Making the NHS the best place to work

- The plan acknowledges that people working in the NHS report 'growing pressure, frustration..., and rising levels of bullying and harassment'.
- BME staff report the poorest workplace experiences.
- Sickness absence runs 2 percentage points higher than the rest of the economy.
- 1 in 11 staff leave the NHS permanently each year.

Making the NHS the best place to work

- NHS organisations will be asked to develop their approach to making their organisation the best place to work.
- They will also be asked to contribute ideas to the development of a new offer for staff setting out the support they can expect from the NHS as a modern employer.
- There will be a summer of conversation led by the new chief people officer to develop this offer to staff.

Making the NHS the best place to work

This offer would cover:

- creating a healthy inclusive and compassionate culture (including ensuring equality and diversity, tackling bullying and reducing violence)
- enabling great development and fulfilling careers (including CPD and ensuring recognition of qualifications between employers)
- ensuring everyone feels they have a voice, control and influence (including freedom to speak up, health and wellbeing and flexible working).

A balanced scorecard will be developed to assess organisations in these areas via the NHS Oversight Framework and the CQC Inspection Framework (Well Led Assessment).

Pensions

- As part of the theme of making NHS the best place to work, there is an acknowledgement of the impact of the current pension taxation policy on staff retention, particularly in relation to senior clinicians.
- Accordingly, the government is bringing forward a consultation on a proposal for new pension flexibility for senior clinicians.
- The proposal would give senior clinicians the option to halve the rate at which their NHS pension grows, in exchange for halving their contributions to the scheme.
- This consultation is expected to take place over the summer, and it may lead to changes from April 2020.

Improving leadership and culture

The plan says NHS leaders should have:

- 'a compassionate inclusive culture' including senior leaders, clinical and non-clinical roles and the 'vital middle manager layer.'
- It should have a greater focus on collaborative talent management and a range of measures for greater board assurance.

NHS England/Improvement will work to develop an agreed set of competencies for senior leadership roles and will engage widely on options for assuring leadership (which will enable a response to the Kerr and Kark reviews).

They will agree a new compact setting out the 'gives and gets' to shape the development of senior leaders.

Leadership priority areas

- System leadership
- Quality improvement
- Talent management
- Inclusion and diversity.

These leadership challenges apply just as much to the national NHS arms-length bodies, which have an equally important role to play in fostering a new leadership culture.

Addressing workforce shortages



The plan includes measures to improve workforce supply and retention across the NHS clinical workforce. There will be a focus on nursing in terms of immediate actions which include:

- NHS England/Improvement expanding its retention support programme with a focus on the most challenged areas
- increasing clinical placements by 25% to 5,000 by September 2019
- developing a new return to practice scheme in conjunction with Mumsnet
- better coordination of international recruitment with a national procurement framework for lead agencies.

Addressing workforce shortages



The final People Plan, which is scheduled for release later this year, will cover:

- entry routes into the profession building on the nurse apprenticeship and nurse associate routes
- the development of a 'blended learning nursing degree' programme working with higher education providers
- greater focus on primary and community nursing.

Subject to resources being allocated within the spending review, the aim would be to achieve a phased restoration of previous CPD funding levels over five years.

Delivering 21st century care



In order to deliver the vision of care set out in the NHS Long Term Plan, the report calls for a reshaping of the NHS workforce. It specifically calls for:

- a transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working
- the scaling up of new roles via multi-professional credentialing and more effective use of the apprenticeship levy.

There will be further detailed planning work across all major NHS workforce care groups and discussion with the service over future needs before the final plan.

Delivering 21st century care



On nursing, the plan calls for further expansion of the nursing associate role to reach 7,500 nursing associates by the end of 2019.

On medical workforce, it pledges an expansion of doctors in primary care by 5,000, further roll out of medical credentialing and support for shortage areas and for the development of more generalist roles.

There will also be action to expand AHP, scientific and other roles as well further develop multi-professional team working starting in primary care networks.

A new programme entitled *Releasing Time to Care*, which has a focus on using technology to support better deployment of staff time and increase productivity, will be launched.

A new operating model for workforce

The interim plan accepts that the workforce planning model in the NHS needs to change.

It argues that functions should be undertaken at the best level to meet the needs of the services. It commits to devolution of responsibility to the Integrated Care Systems (ICSs) as over time they will 'take on greater responsibility for people planning and transformation activities, in line with their developing maturity.'

A newly developed ICS workforce 'maturity framework' will be used to assess the readiness of ICS to take on responsibilities including workforce planning.

Developing the final People Plan

This interim plan will be followed by work over the summer with a range of stakeholders to help develop a fully-costed final plan.

The aim is to publish a full, five-year plan later this year, following the Spending Review and the development of five-year STP/ICS plans.

The final plan will include:

- measures to embed culture change and develop leadership capability
- more detail on changes to professional education and on investment in CPD
- more detail on additional staff needed.

Developing the final People Plan

- The final plan will be developed via National People Board (to be chaired by the CPO, Prerana Issar) and an advisory board (to be chaired by Baroness Harding).
- The way of working will reflect that established in the last phase with working groups chaired by senior leaders including chief executives drawn from the service (Navina Evans, Rob Webster, Julian Hartley).
- The plan will seek investment from the CSR, but is clear that there must be a focus on the things that are in the control of the NHS.

Key messages from the Plan

The people agenda must be a priority at Board and senior leadership level across all organisations. This will enable us to improve staff experience and make the NHS an employer of excellence –valuing, supporting, developing and investing in our people. The plan indicates that feedback from NHS organisations stresses the sometimes confusing and disjointed approach to people issues over recent years, where workforce planning has been disconnected from service and financial planning.

The evidence is that where leaders focus on developing, engaging and supporting their people to improve services for patients and citizens, the quality, financial and performance metrics also improve. Middle managers are critical, as they often set the tone for how our teams across the NHS work and behave, so we must do more to nurture great leadership and management skills in this vital ‘connecting’ layer. Reference is also made to the importance of the use of proven quality improvement methodology. In addition mention is made of the importance of creating a culture where digitally supported care is the norm and that we are able to implement digital change.

An employee’s primary experience of work will be set by their line manager, the culture of the department and the organisation, and the organisation’s policies and procedures. To be successful, all organisations need a clear purpose and vision, and their people need to be able to work to a set of clear values, be engaged in the success of the organisation, and have the tools and knowledge to be able to improve the work they do. The following activities will remain important for all NHS organisations:

- developing and sustaining a clear vision for the organisation aligned to the overall ambition of the ICS
- developing and embedding local values, derived from the NHS Constitution
- building an inclusive, compassionate and improvement-focused culture where all people are able to do their best work
- recruiting and retaining their people

- taking accountability for the wellbeing of their people and advancing equality of opportunity
- developing and implementing organisational people plans and contributing to ICS people plans.

In the section around the new operating model for workforce the plan describes which activities should take place at a national, regional, ICS and local organisation level recognising that activities such as developing people strategies, talent management and workforce planning will need to be carried out at all or most levels. Place appears to be missing from this section – members will be aware that we have established workforce and education groups within both Places.

Support to both nurses and medical staff during their career ensuring that opportunities are provided to diversify their career portfolio but also ensuring that adequate health and wellbeing support is provided – members will be aware of the NHSI retention programme of work we are involved in (the expectation is that this will extend to AHPs) and our We Care for our Junior Doctors and Specialty and Associate Specialist (SAS) charter forums. The plan makes reference to transforming our workforce with a more varied, richer skill mix with new types of roles and new models of advanced clinical practice. There is a commitment to review how there might be an increase in investment in CPD and workforce development.

The People & OD senior leadership team are developing briefing documents which can be used at all levels within the organisation. Our current strategy and local priorities do reflect the key areas within this Plan

Update on negotiations around the junior doctor contract

The Department of Health and Social Care, NHS Employers and the BMA have announced a provisional agreement on terms for a new junior doctor contract, with funding to increase pay and other allowances. The new contract will replace the existing terms, imposed by the government following the union’s industrial action in 2016, and formally end the current dispute.

The deal is currently a provisional one, as the BMA must now seek full agreement via a ballot of its members. While the union eventually reached a settlement with the government in 2016, members voted against the terms on offer, continuing the dispute over the contract until this point.

NHS Employers Chief Executive Danny Mortimer said, “We welcome the additional investment from the government and NHS England. The agreements reached show the seriousness of all sides to review and improve the contract, to build a safe and constructive way forward for this important part of our workforce.

The BMA’s junior doctor’s committee has offered its formal endorsement, with its chair Jeeves Wijesuriya saying, “these proposals are a major step in the right direction for our workforce and our NHS”.

The BMA’s member ballot opened Friday 14 June and its results are expected to be announced soon after voting closes on Wednesday 26 June. If junior doctors confirm their support for the agreement, it will be implemented “as soon as possible” and pay uplifts will be backdated from 1 April 2019.

Key points of the provisional new contract for trusts and the junior doctor workforce are as follows:

Pay and allowances

- A 2% annual pay increase for juniors, funded from within the NHS England settlement.
- £90 million to fund changes over and above the pay uplifts, including:
 - o An extension to the types of shifts which are eligible for the 37% enhanced night rate of pay. All hours for any shift finishing after midnight and by 4am will apply.
 - o An increase to the rates for weekend frequency allowance (more detail under “pay and transitional arrangements” here<<https://nhsproviders.cmail19.com/t/t-l-bciyh1-cutlrdduy-h/>>).

o The introduction of a fifth “nodal point” for trainees at ST6 level and above, replacing the senior decision maker allowance.

Rostering and facilities

- Junior doctors will be entitled to 46 hours rest after any night shift, and a third break on night shifts over 12 hours.
- Trainees can be rostered for a maximum of 7 shifts on 7 consecutive days (current maximum is 8).
- Trusts will now be required to pay for a trainee’s next journey to work, if their previous journey was paid for due to being too tired to drive home, and also provide free accommodation in certain circumstances where there are distance requirements for on-call doctors.
- There are a number of new instances where a trainee can apply exception reporting and the scope for fines from guardians of safe working hours will be extended (more detail<<https://nhsproviders.cmail19.com/t/t-l-bciyh-cutlrdduy-k/>> under “exception reporting” and “guardian fines”).
- Trusts are required to include local induction within work schedules and good rostering guidance has been updated.

Flexible working and leave

- Junior doctors working less than full time will be paid an additional annual allowance of £1000 while doing so (paid monthly and covered under £90 million in new funding).
- Trusts will be required to appoint a “champion of flexible training” similar to the guardian of safe working hours role.
- Trainees’ study leave cannot be used for statutory or mandatory trust-organised training.
- Clarification on the definition for “life changing” events requiring annual leave.

The agreement covers the period from 1 April 2019 to 31 March 2023. In 19/20, this will mean a total investment of 2.3 per cent in the contract. In each of the three subsequent years (20/21-22/23) this will mean annual pay uplifts of 2 per cent and a further 1 per cent of additional investment in other terms within the contract.



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

Title	Corporate Objective 2019/ 2020		
Report to	Board of Directors	Date	25 June 2019
Author	Chief Executive Officer		
Purpose			Tick one as appropriate
	Decision		X
	Assurance		X
	Information		X

Executive summary containing key messages and issues

The purpose of this paper is to inform the Board of Directors (BOD) on the objectives identified for Executive and Associate Directors in 2019/ 2020 – Appendix 1. Seeking confirmation from the BOD that the proposed objectives are consistent with the pursuance of an overall improvement in the Trusts quality, operational and financial performance in the context of the Trust True North and Breakthrough Objectives.

In addition to the key operational outcomes and standards which are described in the relevant job descriptions, the proposed objectives for 2019/ 2020 set out the actions which will be taken to achieve the Breakthrough objectives in support of the Trust strategic aims.

Corporate Objectives and outcomes will be further reviewed and updated following consideration at the Board of Directors and in light of the outcome of consultation and feedback from Patients, Governors, staff and partners.

Key questions posed by the report

Is the BOD assured that once delivered the corporate objectives for 2019/ 2020 will support improvement in the Trusts overall performance.

How this report contributes to the delivery of the strategic objectives

The objectives identified in the attached appendix set out the key actions which will be taken.

How this report impacts on current risks or highlights new risks

Delivery of the corporate objectives reduces and mitigates the risks identified in the Trust BAF and Risk Registers

Recommendation(s) and next steps

The BOD is asked to agree the Executive and Associate Directors objectives and monitoring process for 2019/ 2020.

Vision: The safest Trust in England, outstanding in all we do

Mission: As an acute teaching Hospital Trust, a leading partner in health and social care across South Yorkshire and Bassetlaw, we will work with our patients partners and the public to maintain and improve the delivery of high quality integrated care.

True North Objectives	Achieved and maintained CQC outstanding– N1	100% of staff know how they contribute to the vision– N2	In top 10% for staff and patient feedback– N3	Trust in recurrent surplus – N4
Breakthrough Objectives	Achieve CQC good – B1	Level 1 of QI rollout (train 40 practice coaches and 30 Kata coaches) – B2	Higher than average for staff and patient feedback – B3	Achieve Control Total– B4
CHIEF EXECUTIVE OFFICER	Ensure that the Trusts Services and Strategies meet the standards identified by the Care Quality Commission; Safe, Effective, Responsive, Caring and Well Led, to achieve a CQC Good rating at the Trust Level with no single rating lower than requires improvement	Ensure that the Trusts QI programme demonstrates appropriate progress within the NHSI programme. Including the delivery of QI programmes and the training and development needs of the Trust.	Ensure that appropriate systems, process and assurance is in place to support active and proactive engagement with staff and patients. Enabling improved patient and staff engagement results which are above the reported national average results.	Ensure that systems, processes and assurance is in place to deliver the Trusts control total in 2019/ 20. Ensure that the Trust is an effective partner within the ICS and ICPs to deliver the system
MEDICAL DIRECTOR	Lead the delivery of changes which improve patient care and experience with specific focus on: Obstetrics and Maternity Paediatrics South Yorkshire and Bassetlaw Vascular Services Gastroenterology Hosted Network Work with partners within the ICS to ensure Safe and Sustainable Clinical Services	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Ensure that specific actions are in place to improve staff and patient feedback relating to all areas of medical and dental services.	Provide leadership and visible support to the delivery of the Medical Directors designated budget and Productivity and Efficiency Programmes.
DIRECTOR OF NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS	Lead the delivery of the CQC assessment process, mock inspections and external reviews. Ensuring that appropriate information is in place to establish the key improvement issues and action plans to deliver Safe, Effective, Caring, Responsive and Well Led Services.	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Ensure that specific actions are in place to improve staff and patient feedback relating to all areas of nursing, midwifery and the allied health professions.	Provide leadership and visible support to the delivery of the DNMAHP designated budget and Productivity and Efficiency Programmes. Ensure that all areas undertake appropriate workforce and skill mix assessments to ensure appropriate staffing levels for the delivery of efficient and effective care.
CHIEF OPERATING OFFICER	Maintain and improve the delivery of the Trusts performance against the key local, ICS and National metrics. Support the delivery of the CQC assessment process, taking lead responsibility for ensuring that the areas related to COO achieve a CQC rating of at least Good.	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Ensure that specific actions are in place to improve staff and patient feedback relating to the COOs areas of responsibility.	Provide leadership and visible support to the delivery of the COOs designated Budget and Productivity and Efficiency Programmes. Ensure that the Trust has capacity and demand plans in place in all areas to ensure efficient and effective care.
DIRECTOR OF FINANCE	Support the delivery of the CQC assessment process, taking lead responsibility for ensuring that the areas related to Finance achieve a CQC rating of at least Good. Implement the Trusts revised Performance and Assurance Framework. Ensure that the Trust Revenue and Capital Plans support the delivery of Safe, Effective, Responsive and Well Led Services.	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Ensure that specific actions are in place to improve staff and patient feedback relating to the DOFs areas of responsibility.	Provide leadership and visible support to ensure the delivery of the Trusts Financial Plans and Control Total.
DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT	Support the delivery of the CQC assessment process, taking lead responsibility for ensuring that the areas related to people and organisational development achieve a CQC rating of at least Good. Ensure that the POD Strategic Direction and Plans supports the delivery of high safe, responsive, effective and well led services.	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Ensure that the Trust, Corporate Directorates and Divisions have comprehensive and effective, staff development and leadership development programmes. Ensure that the Trust, Corporate Directorates and Divisions have comprehensive and effective staff experience and team working plans in place through an enhanced OD support offer.	By the end of Q1 ensure that the Trust has an effective workforce plan which identifies; funded FTE, vacancies and recruitment, retention, and transformation plans. Provide leadership and visible support to the delivery of the DP0Ds designated Budget and Productivity and Efficiency Programmes. Ensuring that opportunities which exist through partnership working and maximised.
DIRECTOR OF STRATEGY AND IMPROVEMENT	Support the delivery of the CQC assessment process, taking lead responsibility for ensuring that the areas related to Quality Improvement and Strategy achieve a CQC rating of at least Good. Ensure that the Trusts Strategic Direction and Plans supports the delivery of safe, responsive, effective care and well led services.	Lead the effective delivery of the Trust QI programme ensuring that 40 practice coaches and 30 Kata coaches are trained and that the programme is able to demonstrate improvement practice in each Corporate Directorate and Division.	Ensure that specific actions are in place to improve staff and patient feedback relating to the DSIs areas of responsibility.	Provide leadership and visible support to the delivery of the DSIs Budget and designated Productivity and Efficiency Programmes. Ensure that opportunities which exist to identify and develop strategic opportunities with ICS and ICP partners are maximised.
CHIEF INFORMATION OFFICER	Support the delivery of the CQC assessment process, taking lead responsibility for ensuring that the areas related to Information Technology achieve a CQC rating of at least Good. Ensure that the Trusts Information and Technology Strategy supports the delivery of safe, effective and responsive care.	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Ensure that specific actions are in place to improve staff and patient feedback relating to the CIOs areas of responsibility.	Provide leadership and visible support to the delivery of the CIOs designated Budget and Productivity and Efficiency Programmes. Ensure that opportunities which exist through partnership working and maximised.
DIRECTOR OF ESTATES AND FACILITIES	Support the delivery of the CQC assessment process, taking lead responsibility for ensuring that the areas related to Information Technology achieve a CQC rating of at least Good. Ensure that the Trusts Estates and Facilities Strategy supports the delivery of safe, effective and responsive care.	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Ensure that specific actions are in place to improve staff and patient feedback relating to the DEF's areas of responsibility.	Provide leadership and visible support to the delivery of the DEF's designated Budget and Productivity and Efficiency Programmes. Ensure that opportunities which exist through partnership working and maximised.

Chair's Log – Audit and Risk Committee (ARC) – 23rd May 2019

Overview

This meeting was the special meeting to sign off the Accounts and Year End declarations as per delegation by the Board.

I attach the ARC Chair's Annual report to this Chairs log for assurances on the activities of the Committee during 2018/2019.

My thanks to Sheena for Chairing this meeting, as I had a long standing holiday commitment

Assurance area – Internal Audit Annual report and Head of Internal Audit Opinion

Overall opinion – For 2018/2019 Internal Audits overall opinion was that Significant Assurance with minor improvement opportunities could be given on the overall adequacy and effectiveness of the DBTH's framework of Governance, risk management and control to reflect there was generally a sound system of internal control. IA reported that, due to audit findings during the year, including a number of "partial assurance" conclusions, that due consideration was given as to whether the Trust achieved significant assurance, and this needs to be born in mind for future years.

Assurance area – Management & Control

The Annual Governance Statement was considered which sets out the governance and risk management framework. The CEO review of effectiveness concluded that DBTH has a sound system of internal control which supports achievement of its policies, aims and objectives. No significant internal control issues had been identified. This was APPROVED by the Committee.

The ARC Chairs Annual Report set out the activities of the Committee during 2018/2019 to fulfil its TOR and is attached to this Chairs Log.

The draft Accounts & Financial statements were presented by the DoF highlighting that minor changes had been made since presentation to F&P and that there was no change to the overall position reported. It was also noted that the accounts and the audit work had finished in line with the internal deadlines and ahead of the national timetable.

The letter of representation was also presented to the Committee for approval and sign off by the Chair.

Assurance area – External Audit Opinion on the Trusts Accounts and Quality Account

Trust Accounts - EY presented their ISA 260 containing their opinion and outcome of their audit work for 2018/ 2019. On the basis of the work performed by EY they anticipated issuing an unqualified auditors report in respect of the Trust accounts. It was reported the audit had gone well, and the Trust’s finance team was to be commended for their hard work.

Quality Report – Based on their work, EY planned to issue an unqualified limited opinion on the Quality Account.

Assurance Area – ARC relationship with Internal and External Auditors

ARC Non-Executive Director members met with IA (KPMG) and EA (EY) to have a private discussion regarding their audit work and the Trust. There were no matters which ARC members needed to bring to the attention of the Board.

Kath Smart & Sheena McDonnell
Chair – Audit and Risk Committee

Audit & Risk Committee – DBTH

Annual Report 2018/2019

1. Foreword

I am writing this report to highlight the positive contribution Audit Committee has made to governance, risk management and internal control in DBTH. The Audit Committee oversees delivery of Internal and External Auditor plans, the sign off on the Annual Accounts, the arrangements in place to prevent and detect Fraud and improvements to risk management arrangements.

The purpose of this report is to provide the Board of Directors with assurances that the Audit & Risk Committee (“the committee”) is discharging its duties, delivering its workplan and complying with the Terms of Reference set by the Board. The Terms of reference were recently revised and approved by Board in January 2019.

The Committee thanks all those who have attended and presented reports, updates, assurances and progress on recommendations.

2. Terms of Reference - progress

Governance, Risk Management and Internal Control – The Committee has received reports from Internal Audit which have examined the risk management processes and internal control environment and concluded that Board and Board Committee risk management processes are working effectively, however, there is improvement needed at divisional level, and reflected in the updated Risk Management Policy, to ensure risk effective escalation and oversight is in place across the Trust. The Head of Internal Audit Opinion concluded that there is generally a sound system of internal control which is designed to meet your objectives and that generally controls are being consistently applied in all the areas reviewed.

Internal Audit – The Committee has reviewed delivery of risk based audit plan, KPIs and reports to ensure KPMG (Internal Auditors) are providing assurances and highlighting risks to the Trust and delivering the plan. Audit Reports are presented at each meeting, with Audit Recommendations being followed up at each Audit Committee. The Committee has also undertaken a review of the effectiveness of both Internal and External Auditors which showed a positive outcome.

#	Review	Assurance rating given	Recommendations raised			Total
			High	Medium	Low	
1	Core Financial Systems	Significant assurance with minor improvement opportunities	-	3	2	5
2	Financial Grip and Control	Partial assurance with improvements required	1	6	1	8
3	Risk Management and BAF	Significant assurance with minor improvement opportunities	-	4	1	5
4	Information Governance (DSP Toolkit)	Significant assurance with minor improvement opportunities	-	2	1	3
5	Committee Effectiveness	Significant assurance with minor improvement opportunities	-	1	7	8
6	Complaints	Partial Assurance with improvements required	-	5	1	6
7	Serious Incident Reporting	Partial Assurance with improvements required	2	5	4	11
8	Review of CIPs	Significant assurance with minor improvement opportunities	-	4	1	5
9	Emergency Planning Procedures	Significant assurance	-	-	1	1
Total			3	30	19	52

Advisory Reviews

Of the 14 audits completed in the year, no rating was given for 1 review. In addition, two days from the internal audit plan were used for investment advisory work. A summary of the advisory review performed in year is given below:

#	Review	Assurance rating given	Recommendations raised			Total
			High	Medium	Low	
1	HSDU/Sterile Service contract review	No rating	-	1	4	5
Total			-	1	4	5

Financial Reporting – The Committee commissioned Internal Audit to review arrangements in place for assessment of controls relating to journals, review of the ESR payroll system and follow up of previous financial controls recommendations. The audit work concluded there was significant assurance with minor improvement opportunities.

CounterFraud - The Committee has considered progress reports against the workplan, ensured fraud risks are managed and that required standards in relation to Counterfraud are met. The Committee and Chair of ARC has overseen the submission of the Self Review Tool for Counterfraud, which concluded the Trusts is compliant with national CounterFraud requirements.

Information Governance – The Committee has reviewed overall arrangements for compliance with Information Governance Standards and received the Internal Audit Report on Data Security & Protection Toolkit at its March 2019 meeting which concluded an overall assessment of “significant assurance with minor improvement opportunities”.

Health, Safety, Security and Fire – The Committee has developed its approach and is monitoring these key areas via a quarterly Security report and bi-annual Health & Safety reports. The ARC Chair has also attended the Trusts Health & Safety Committee.

Internal Audit Recommendations – The Committee follows up medium and high audit recommendations at each of its meetings. The table below shows the movement in Internal Audit recommendations

	High	Medium	Total	High	Medium	Total
	2017/18			2018/19		
Recommendations with original action dates up to 28 February 2019	2	35	37	1	14	15
Total outstanding recommendations	0	3	3	3	11	14
Recommendations Actioned	2	32	34	0	4	4
Recommendations in progress	0	1	1	0	0	0
Recommendations incomplete	0	0	0	1	10	11
Recommendations not yet due [^]	0	2	2	2	1	3
The follow up review is based on risk. As a result, we follow up actions against High and Medium priority recommendations only. [^] reflect revised implementation dates following mitigations already in place.						

It has also followed up on low audit recommendations, although a conclusion from this is awaited.

External Audit Recommendations – The Committee followed up on External Audit Recommendations from last years ISA 260 and concluded good progress had been made in implementation. This years ISA 260 found that the Trust should ensure that proper checks of new starter details are undertaken to ensure no such errors occur. A new recruitment system (TRAC) is being implemented from May 2019 which is expected to resolve the issues raised.

3. Membership

Membership consists of the 4 assigned NEDs. In attendance are Directors and Managers who present reports, updates and progress to the Committee. No meetings have been inquorate and attendance can be seen at Appendix B.

4. Committee Effectiveness

Internal Audit have conducted a review of Committee Effectiveness during 2018/2019. The ARC was reviewed as part of this independent work which reviewed effectiveness, assurance, committee engagement and CQC Well led. The audit review concluded “significant assurance with minor improvement opportunities”.

5. Conclusion

The Committee has received management assurances and independent assurances from both internal and external auditors during the year and the Committee concurs that the Trust has a generally sound system of internal control.

Kath Smart
Chair of Audit and Risk Committee
23 May 2019

Appendix B

Name	Role	Meeting attendance
Philippe Serna – Chair (to 30 June 2018)	Non-executive Director	1 of 1
Kath Smart – Chair (from 1 July 2018)	Non-executive Director	4 of 5
Linn Phipps	Non-executive Director	4 of 5
Sheena McDonnell	Non-executive Director	3 of 5
Alan Chan	Non-executive Director	4 of 5

Chair's Log – Quality and Effectiveness Committee (QEC)– 17 June 2019

Escalation

No new escalations to QEC or from QEC to Board
The Chair requested that all reports to QEC contained the relevant Board Assurance Framework Risk when noting risks on the front sheet.

Summary of Divisional Discussion for the Women and Children's Division

Mr Eki Emovon and team attended the meeting

Maternity

Midwifery staffing continues to be a challenge but recruitment plans have been agreed and are being taken forward.

The Neonatal Life Support courses have been approved and staff will be attending.

It was noted that a skill mix review was to be completed soon.

Governance has been strengthened but the sensitivities around the duty of candour were noted.

There were a number of positive external initiatives going forward.

Improvements in patient areas are happening eg chairs , bedside tables etc

Actions are in place to improve the discharge experience for women.

In terms of the staff survey, there will be further discussion going forward to plan the best way forward given the number of surveys and activities in the area. Generally the culture appears to be improving, many initiatives and quality improvements are in train for both staff and patients.

It would seem that time needs to be given for new practices to embed and leadership opportunities to be taken up.

Paediatrics

There is a new Chair of the Clinical Governance Committee, Dr Pramod, and changes are being taken forward to improve the process.

The staffing challenge continues but the CQC actions have been achieved. Work is in place to develop specific and more sensitive paediatric quality metrics.

All wards QWATs are blue which is excellent.

There have been no serious incidents since 2017

Good results from the Paediatric Respiratory Pilot were noted.

Work is underway to address some confusion arising from the staff survey questions.

Access to the Child and Adolescent Mental Health Service continues to be challenging.

Assurance Reports

Workforce and Education Assurance Report

Progress on metrics and action plans were discussed and noted. Leadership development will remain a key area for assurance.

There are positive initiatives at PLACE level on the widening participation initiatives and career pathways. The committee requested to see the Education Governance Framework once piloted.

Sickness in some areas and recruitment data demonstrate the continuing challenges. The rise in violence and aggression incidents were noted alongside the additional training that has been put in place.

Exception reports were requested for those areas that are red in the data with actions.

Links between CQC Outstanding and the Staff Survey

The relevant breakthrough objective was discussed and how this will be achieved.

A significant action plan has been developed in response to the staff survey resulting in the identification of six focus areas with underpinning key performance indicators.

An update of the plan was noted.

Feedback on staff engagement forums, the shadow board and other key initiatives were requested at future meetings.

Quality Assurance Report

The majority of performance issues are good and have shown some improvements since the last report.

The Better Practice Tariff for Fractured Neck of Femur Patients is currently being reviewed.

Duty of Candour and Complaints response is in an improving position.

The rolling out of the new Patient bedside information was noted.

In terms of nursing, the exception reporting change gave much more assurance around staffing, recruitment and retention. There was a discussion around the need for a workforce plan for nursing going forward.

There is to be a Quality Summit on the Respiratory Unit and the Chair will attend.

The reports provided to Clinical Governance were noted.

The target for reducing open incidents is currently not being achieved but significant progress is being made in some areas.

Risk registers continue to be under review.

Objectives have been set for the Divisions.

A rise in patient and public claims was noted and a report will come via the Workforce Education and Research Committee to QEC.

A Bereaved Relatives story was discussed and the positive outcome from lessons learned noted.

CQC Update Report

All remaining actions from CQC are to be collated into a single action plan and continuing engagement with them will be reported.

The Mock Inspection schedule was shared. CQC will continue to be a standing agenda item.

Quality Impact Assessments and Impact Report

This report was noted

Governance and Risk

Governance and Risk

No further comments

Pat Drake

Chair – Quality and Effectiveness Committee



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

Title	Estates Return Information Collection (ERIC) 2018/19		
Report to	Board of Directors	Date	25th June 2019
Author	Kirsty Edmondson-Jones, Director of Estates and Facilities		
Purpose		Tick one as appropriate	
	Decision	X	
	Assurance		
	Information		

Executive summary containing key messages and issues

This Estates Return Information Collection (ERIC) forms the central collection of Estates and Facilities data from all NHS organisations in England providing NHS funded secondary care during the fiscal year ending 31st March 2019. ERIC data provides the Government with essential information relating to the safety, quality, running costs and activity related to the NHS estates and also supports work to improve efficiency. It is therefore critical that the data provided is of the highest quality in terms of its accuracy as well as being consistent with other Trusts to deliver full confidence in the data submitted, which is used to:

- Populate the Model Hospital and provide accurate benchmarks for NHS Trusts;
- Support the Secretary of State's accountability to Parliament for the funds allocated to the NHS (which includes the running of the estate); and
- Develop strategic plans for individual NHS estates.

The ERIC return for 2018/19 has received approval from the Standardisation Committee for Care Information (SCCI) and is a mandatory requirement to ensure compliance under the terms of section 259 of the Health and Social Care Act 2012. In addition, the Standard Contract requires the data to be collected in accordance with specific reporting criteria at Trust and Site level to ensure information provided is meaningful, usable and transparent.

ERIC collects information relating to the costs of providing, maintaining and servicing the NHS estate used in the delivery of patient care. This includes the costs of providing certain patient-focused services such as food, laundry and cleaning. In addition, the collection includes a

number of non-financial aspects of the operation of buildings, such as information relating to fire safety and an organisation's progress in meeting carbon reduction targets.

Lord Carters final report (February 2016) raised concerns about the quality of some Trusts' returns to the ERIC database as not being as accurate as they could be, leading to a recommendation for Trusts to improve governance through additional local assurance of the data return. To ensure the quality of data and approval by the Board of Directors and the Director of Finance prior to submission, attached is the ERIC return report for 2018/19 including:

- Appendix 1: ERIC 2018/19 Variation Report and Updates;
- Appendix 2: ERIC 2018/2019 Backlog Cost Review

Key questions posed by the report

N/A

How this report contributes to the delivery of the strategic objectives

Patients
People
Performance
Partners
Prevention

- Contributes to the Trusts' strategic objectives, particularly around the ability to provide the safest most effective care possible whilst controlling and reducing the cost of healthcare provision.
- The data collected through ERIC enables the Trust to benchmark against other trusts to determine our relative levels of efficiency, safety and quality.
- The ERIC data is used for local investment planning, contract negotiation and service management, enabling the Trust to provide efficient and cost effective services, ensuring the delivery of better value healthcare and quality patient services.

How this report impacts on current risks or highlights new risks

a. Resource – The report provides accurate data for the Trusts' functional space and quality of buildings highlighting costs for current risks:

- Cost to eradicate high risk backlog
- Cost to eradicate significant risk backlog
- Cost to eradicate moderate risk backlog
- Cost to eradicate low risk backlog

b. Governance – The data reported is accurate and consistent with that published in the Trust's Annual Report and Final accounts for the reporting year of 2018/19

c. PR and Communications – No known issues or risks.

d. Patient, Public and Member Involvement – No known issues or risks.

Recommendation(s) and next steps
<p>The Director of Finance is assured through internal audit that data provided is complete, accurate and up-to-date.</p> <p>Board of Directors Approve the information enclosed on the ERIC 2018/19 submission which is required to be committed through EFM Information, HSCIC (NHS DIGITAL) on 28/06/2019 and released into the public domain in October 2019.</p>

Trust Data Report

Name	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST
ODS Code	RP5
Type	ACUTE - LARGE

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Trust Profile	Unit	Value
Number of sites - General acute hospital	No.	3
Number of sites - Specialist hospital (acute only)	No.	0
Number of sites - Mixed service hospital	No.	0
Number of sites - Mental Health (including Specialist services)	No.	0
Number of sites - Learning Disabilities	No.	0
Number of sites - Mental Health and Learning Disabilities	No.	0
Number of sites - Community hospital (with inpatient beds)	No.	0
Number of sites - Other inpatient	No.	0
Number of sites - Non inpatient	No.	1
Number of sites - Support facilities	No.	0
Total number of sites	No.	4
Sites included above that are unreported	No.	0
Sites leased from NHS Property Services	No.	1
Sites occupied without charges	No.	0
Strategies and Policies	Unit	Value
Estates Development Strategy	Yes/No	Yes
Does the trust have a waste reuse scheme	Yes/No	Yes
Does the trust have a waste manager	Yes/No	Yes
Finance	Unit	Value
Capital investment for new build	£	847,826
Capital investment for improving existing buildings	£	4,623,510
Capital investment for equipment	£	5,217,135
Private Sector investment	£	0
Public sector investment	£	209,890
Charity and/or grant investment	£	283,768
Investment to reduce backlog maintenance	£	2,946,222
Energy efficient schemes costs	£	0
Number of energy efficient schemes	No	0
Income	Unit	Value
Income from areas leased out for retail sales	£	225,653
Income from energy	£	369,868
Income from waste	£	0
Income from cleaning services	£	125,288
Income from catering	£	236,145
Income from laundry and linen	£	29,496
Income from car parking - patients and visitors	£	929,385
Income from car parking - staff	£	472,478
Income from portering services	£	44,376
Income from other services	£	595,744
Safety	Unit	Value
Estates and Facilities RIDDOR incidents	No.	3
Estates and facilities related incidents	No.	17
Clinical service incidents caused by estates and infrastructure failure	No.	1
Overheating occurrences triggering a risk assessment	No.	34
Percentage of clinical space monitored for temperatures	%	
Fire Safety	Unit	Value
Fires recorded	No.	4
False alarms - No call out	No.	48
False alarms - Call out	No.	51.00
Number of deaths resulting from fire(s)	No.	0
Number of people injured resulting from fire(s)	No.	0
Number of patients sustaining injuries during evacuation	No.	0
Medical Records	Unit	Value
Medical Records cost - Onsite	£	2,031,852
Medical Records cost - Offsite	£	38,495
Type of Medical Records	Select	3. Mixed
Medical Records service provision	Select	Internal

		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS
Facilities Management (FM) Services					
Depreciation	£	1,622,489	4,126,515	790,309	11,766
PDC	£	772,780	2,035,398	268,804	12,018
Leases	£	24,858	42,614	12,429	8,956
Rent and Rates	£	464,601	1,238,282	161,508	524,186
Interest on Capital	£	110,576	291,242	38,463	1,719
Other Estates and Facilities finance costs	£	0	291,242	0	0
Indirect accommodation subsidies	£				0
Estates and property maintenance	£	877,720	3,223,613	179,003	0
Grounds and gardens maintenance	£	14,102	52,101	1,497	0
Electro Bio Medical Equipment maintenance	£	358,911	2,577,984	82,249	4,112
Other Hard FM (Estates) costs	£	650,792	1,057,163	97,859	4,376
Other Soft FM (Hotel Services) costs	£	683,232	3,437,796	266,026	6,722
Relevant occupied floor area	m²				2,352
Areas					
Gross internal floor area	m²	37,925	107,454	14,268	2,352
Occupied floor area	m²	37,258	107,454	14,268	2,352
NHS estate occupied floor area	%	100.00	100.00	100.00	0.00
Site heated volume	m³	112,854	278,296	36,427	6,626
Land area owned	Hectares	10.70	11.24	3.30	
Land area not delivering services	Hectares	1.60	0.23	0.64	
Clinical space	m²	24,580	68,244	9,886	2,352
Non-clinical space	m²	12,678	38,854	4,382	0
Private patient	m²	0	0	0	0
Pathology	m²	372	3,060	33	0
Clinical Sterile Services Dept. (CSSD)	m²	0	1,011	0	0
Medical records	m²	524	1,280	224	0
Human Resources	m²	18	492	0	0
Information Technology	m²	313	455	29	0
General Administration	m²	722	3,014	519	0
Restaurants	m²	1,080	1,369	429	0
Staff Accommodation	m²	1,632	5,602	53	0
Retail sales area	m²	0	356	0	0
Function and Space					
Not functionally suitable - occupied floor area	%	29.00	39.00	24.00	0.00
Not functionally suitable - patient occupied floor area	%	27.00	29.00	24.00	0.00
Floor area - empty	%	0.00	0.00	0.00	0.00
Floor area - under used	%	12.00	2.00	7.00	0.00
Single bedrooms for patients with en-suite facilities	No.	26	115	23	0
Single bedrooms for patients without en-suite facilities	No.	23	92	6	0
Isolation rooms	No.	0	6	0	0
Quality of Buildings					
Cost to eradicate high risk backlog	£	913,406	12,894,207	292,101	0
Cost to eradicate significant risk backlog	£	7,149,379	41,700,489	1,413,896	0
Cost to eradicate moderate risk backlog	£	1,326,668	5,409,990	217,020	0
Cost to eradicate low risk backlog	£	516,713	1,841,330	63,363	0
Relevant occupied floor area	m²				0
CHP					
CHP units operated on the site	No.	0	1	1	0
CHP unit/s size	Watts		1,150,000	110,000	
CHP unit/s efficiency	%		0	79	
Fossil energy input to CHP system/s	kWh		0	2,029,368	
Thermal energy output of CHP system/s	kWh		0	1,030,270	
Electrical energy output of CHP system/s	kWh		0	616,928	
Exported electricity	kWh		0	0	
Exported thermal energy	kWh		0	0	
Have you dumped/discharged energy in the last year	Yes/No	No	No	No	No
How many kWh were discharged	kWh				
How many kWh were discharged to use	kWh				
How many kWh were discharged to waste	kWh				
Energy					
Electricity costs	£	772,156	1,806,182	104,973	0
Electricity consumed	kWh	5,301,992	13,471,089	912,704	0
Gas costs	£	188,954	846,735	198,207	0
Gas consumed	kWh	8,832,653	30,493,904	6,274,141	0
Oil costs	£	0	0	0	0
Oil consumed	kWh	0	0	0	0
Coal costs	£	0	0	0	0
Coal consumed	kWh	0	0	0	0
Electricity costs - green energy tariff	£	0	0	0	0
Electricity consumed - green energy tariff	kWh	0	0	0	0
Electricity costs - third party owned renewable	£	0	0	0	0
Electricity consumed - third party owned renewable	kWh	0	0	0	0
Non-fossil fuel costs - renewable	£	0	0	0	0

Non-fossil fuel consumed - renewable	kWh		0	0	0	0
Other energy costs	£		0	0	0	0
Steam consumed	kWh		0	0	0	0
Hot water consumed	kWh		0	0	0	0
Electrical energy output of owned onsite renewables	kWh		0	0	0	0
Relevant occupied floor area	m²					0
		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Water Services	Unit					
Water and sewerage cost	£		124,735	325,427	43,481	0
Water volume (including borehole)	m³		46,598	168,365	18,761	0
Relevant occupied floor area	m²					0
		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Waste	Unit					
Incineration (clinical waste) cost	£		13,143	47,118	2,373	340
Incineration (clinical waste) volume	Tonnes		20.11	74.77	2.80	0.65
Alternative Treatment (clinical waste) cost	£		25,092	101,221	4,993	656
Alternative Treatment (clinical waste) volume	Tonnes		64.36	295.12	11.63	1.96
Offensive waste cost	£		24,200	77,730	8,649	853
Offensive waste volume	Tonnes		83.91	269.52	30.69	2.24
Clinical waste processed on site cost	£		0	0	0	0
Clinical waste processed on site volume	Tonnes		0.00	0.00	0.00	0.00
Domestic waste (landfill) cost	£		0	2,500	1,370	644
Domestic waste (landfill) volume	Tonnes		0.00	6.31	10.95	4.31
Domestic waste (recycling) cost	£		14,385	24,407	3,195	0
Domestic waste (recycling) volume	Tonnes		86.59	75.65	13.55	0.00
Domestic waste (food) cost	£		0	0	0	0
Domestic waste (food) volume	Tonnes		0.00	0.00	0.00	0.00
Domestic waste (textiles) cost	£		0	0	0	0
Domestic waste (textiles) volume	Tonnes		0.00	0.00	0.00	0.00
Domestic waste (incineration) cost	£		35,057	101,633	4,878	0
Domestic waste (incineration) volume	Tonnes		203.53	606.24	32.84	0.00
Domestic waste processed on site cost	£		0	0	0	0
Domestic waste processed on site volume	Tonnes		0.00	0.00	0.00	0.00
WEEE waste cost	£		179	919	20	0
WEEE waste volume	Tonnes		6.00	30.00	1.50	0.00
Other waste costs	£		55,374.00	42,833.00	2,548.00	140.00
Relevant occupied floor area	m²					140
		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Car Parking	Unit					
Car parking services cost	£		83,525	429,171	40,807	0
Parking spaces available	No.		766	1,165	339	0
Designated disabled parking spaces	No.		39	54	34	0
Electric vehicle charging points	No.		0	0	0	0
Average fee charged per hour for patient/visitor parking	£		1.40	1.40	1.40	0.00
Average fee charged per hour for staff parking	£		0.12	0.12	0.12	0.00
Is there a charge for disabled parking	Yes/No/None	No	No	No	None	
		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Cleanliness	Unit					
Cleaning service cost	£		1,280,022	4,435,509	581,114	24,016
Cleaning staff	WTE		46.29	161.04	22.80	1.00
Relevant occupied floor area	m²					2,045
		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Inpatient Food Services	Unit					
Inpatient food service cost	£		723,901	2,077,034	180,446	0
Inpatient main meals requested	No.		206,091	591,321	51,372	0
		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Laundry & Linen	Unit					
Laundry and linen service cost	£		242,521	735,806	59,897	2,158
Pieces per annum	No.		769,047	2,333,278	189,937	8,225
Laundry and linen service used	Select	1. Full service – Contracted	1. Full service – Contracted	1. Full service – Contracted	1. Full service – Contracted	
Onsite laundry	Select	No	No	No	No	
Relevant occupied floor area	m²					2,352
		BASSETLAW DISTRICT GENERAL HOSPITAL RP5BA	DONCASTER ROYAL INFIRMARY RP5DR	MONTAGU HOSPITAL RP5MM	OTHER REPORTABLE SITES RP5ORS	
Portering Services	Unit					
Portering service cost	£		518,355	1,611,215	179,154	0
Portering staff	WTE		17.54	60.96	7.00	0.00
Relevant occupied floor area	m²					0



Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Appendix 1: ERIC Report 2018/19 – Variance Report

Introduction

The report provides explanations for the variance detailed within the EFM INFORMATION Hscic (NHS Digital) validation spreadsheet for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) ERIC report for 2018/19. The information presented, provides assurance against the data presented.

Report

The report is categorised as follows:

1. Hard and Soft FM Service Costs
2. Areas
3. Grounds and Gardens
4. Water Costs
5. Car Parking

1. Hard and Soft FM Service Costs

RP5 – RP5BA and RP5MM Changes to ERIC Definitions from previous return rationale:

ERIC 2017/18 Definitions allocated income to be included within Soft & hard FM, 2018/19 definitions have directed that this be excluded. In the 2017/18 return definitions required HSDU and Transport to be recorded under Soft FM. In the 2018/19 returns this is now allocated under Hard FM. In the 2017/18 return the cost centres remaining were apportioned over GIA, in 2018/19 specific cost centres were recorded under their site names then the remaining cost centres apportioned over GIA.

Financial information and evidence provided from financial ledger for 2018/19 – DBTH Finance department and relevant Facilities responsible person

2. Areas

RP5 – RP5DR, RP5BA and RP5MM Changes to ERIC Definitions from previous return rationale:

RP5 - Increase in occupied floor area for RP5BA, RP5DR and RP5MM Restaurants due to changes to the ERIC definitions which now include all areas associated with the delivery of food services (for example storage facilities, cleaning facilities and food preparation etc.).

RP5 - Decrease in occupied floor area for RP5BA, RP5DR and RP5MM Medical records due to changes to the ERIC definitions which now allocate only directly related areas to storage of medical/Patient records.

Space information; provided by the Trust Computer Aided Facilities Management (CAFM) property register.

3. Grounds and Gardens

RP5MM – For reporting year 2018/19 there has been decrease in spend due to cancellation of external contracts and use of in-house staff.

Financial information and evidence provided from financial ledger for 2018/19 – DBTH Finance department and relevant Estates responsible person

4. Water Costs

RP5DR – For reporting year 2018/19 there has been an increase in water consumption (volumes), data taken from water meter readings both manually and from AMR (automatic meter readings over GSM) correlation between the two. There was a major leak in the undercroft area which has contributed to the increase in water usage and improvements in water compliance management with an uptake on water flushing across the site leading to further increase in consumption.

Figures provided for the return for 2019/19 have been provided by DBTH finance and are correct against the financial ledger.

Financial information and evidence provided from financial ledger for 2018/19 – DBTH Finance department and relevant Estates responsible person

5. Car Parking

RP5 – RP5BA, RP5DR and RP5MM - Changes to ERIC Definitions from previous return rationale:

Income recorded within the 2017/18 returns as per the definitions, within the 2018/19 returns definitions this has been excluded leading to an overall increase in costs by £12K and a reduction in income of £45K.

Figures provided for the return for 2019/19 have been provided by DBTH finance and are correct against the financial ledger.

Table 1: RP5 ERIC Variance 2018/19

ERIC Variance Report 2018/19		
RP5 BDG – Bassetlaw Hospital		
FM Services: S01	Other Hard FM (Estates) costs	49.89% (£650,792)
FM Services: S01	Other Soft FM (Hotel Services) costs	-38.72% (£683,232)
Areas: S02	Medical records	-34.74% (524M ²)
Areas: S02	Restaurants	193.48% (1,080M ²)
Car Parking: S06	Car parking services costs	-146.06% (£83,525)
RP5 DRI – Doncaster Royal Infirmary		
Areas: S02	Medical records	-28.93% (1,280M ²)
Areas: S02	Restaurants	229.09% (1,369M ²)
Water: S07	Water volume	31.02% (168,365)
Car Parking: S06	Car parking services costs	-163.30% (£429,171)
RP5 MMH – Montagu Hospital		
FM Services: S01	Grounds and gardens maintenance	-66.19% (£1,497)
FM Services: S01	Other Hard FM (Estates) costs	-40.10% (£97,859)
FM Services: S01	Other Soft FM (Hotel Services) costs	-36.58% (£266,026)
Car Parking: S06	Car parking services costs	-188.04% (£40,807)

ERIC Return Data Updates for the 2018/19 Collection**Trust Profile**

T02_02- Does the Trust have a waste reuse scheme

T02_03 - Does the Trust have a waste manager

Finance

T03_05 - Public sector investment

T03_05 - Charity and/or grant investment

T03_08 - Income from waste

T03_09 - Number of energy efficient schemes

Income

T04_01 - Income from areas leased out for retail sales

T04_02 - Income from energy

T04_03 - Other travel/transport costs

T04_04- Income from cleaning services

Facilities Management (FM) Services

- S01_01 - Depreciation
- S01_02 - Public Dividend Capital (PDC)
- S01_03 - Leases
- S01_04 - Rent and Rates
- S01_05 - Interest on Capital
- S01_06 - Other Estates and Facilities finance costs

Areas

- S02_07 - Clinical space
- S02_08 - Non-clinical space
- S02_18 - Retail Sales area

CHP

- S05_09 - Have you dumped/discharged energy in the last year
- S05_10 - How many kWh were discharged
- S05_11 - How many kWh were discharged to use
- S05_12 - How many kWh were discharged to waste

Energy

- S06_01 – Electricity costs
- S06_05 – Gas costs
- S06_07 – Coal costs
- S06_09 – Electricity costs - green energy tariff
- S06_11 – Electricity costs - third party owned renewable
- S06_13 – Other energy costs

Water Services

- S07_01 – Water and sewage costs

Waste

- S08_01 – Incineration (clinical waste) cost
- S08_02 – Incineration (clinical waste) volume
- S08_03 – Alternative Treatment (clinical waste) cost
- S08_04 – Alternative Treatment (clinical waste) volume
- S08_05 – Offensive waste cost
- S08_06 – Offensive waste volume
- S08_07 – Clinical waste processed on site cost
- S08_08 – Clinical waste processed on site volume
- S08_09 – Domestic waste (landfill) cost
- S08_10 – Domestic waste (landfill) volume
- S08_11 – Domestic waste (recycling) cost
- S08_13 – Domestic waste (recycling) volume
- S08_14 – Domestic waste (food) cost
- S08_15 – Domestic waste (food) volume
- S08_16 – Domestic waste (textiles) cost
- S08_17 – Domestic waste (textiles) volume
- S08_18 – Domestic (incineration) cost
- S08_19 – Domestic (incineration) volume
- S08_20 – Domestic waste processed on site cost
- S08_21 – Domestic waste processed on site volume
- S08_22 – WEEE waste cost
- S08_23 – WEEE waste volume



Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Appendix 2: ERIC Report 2018/19 – Backlog Cost Review

Introduction

This report details the annual review and update of backlog defects and costs and identified backlog investment as part of the ERIC return for 2018-2019 for DBTH.

Within routine estate management the assets forming the built environment are routinely assessed for physical condition and compliance and ranked A to D. Where an asset is ranked un-satisfactory, below rank B, then this is risk assessed and defects/costs identified to bring this up to rank B.

Report

The Trust has identified and maintains backlog defects and costs from the following sources:

- 2014 - Quarter 3 - DRI NIFES 6 Facet Surveys
- 2015 - Quarter 3 - BDG, MMH and CRC NIFES 7 Facet Surveys
- 2015 - Quarter 3 - SDA Plant Room Survey
- 2016 - Quarter 2 - Asbestos Investment Review
- 2016 - Quarter 2 - Estates Operational Risk Assessments
- 2016 - Quarter 2 - Planned Invest Review
- 2016 - Quarter 2 - DRI Main Theatres Invest Review
- 2017 - Quarter 1 - Planned Invest Review
- 2018 - Quarter 1 - D Block Review
- 2018 - Quarter 1 - Estates Operational Risk Assessments Review
- 2018 - Quarter 1 - Planned Invest Review
- 2018/19 - Quarter 4 - Completed Invest Review

Backlog Costs are expressed as work costs excluding additional costs for project solutions such as fees, VAT, decanting and temporary work. Where source costs have been expressed as investment these have been reduced to backlog costs, normally at 35% uplift.

All costs are reviewed annually as part of the ERIC return and increased for inflation using BCIS PUBSEC Tender Price Index of Public Sector Building Non-Housing, in accordance with ERIC data definitions and completion notes for S04_Quality of Buildings

Current Backlog Costs

Backlog Costs (£)	2018	2019	decrease
High Risk Backlog	15,795,730	14,099,714	(-11%)
Significant Risk Backlog	53,576,126	50,263,763	(-6%)
Moderate Risk Backlog	7,533,912	6,953,678	(-8%)
Low Risk Backlog	2,724,238	2,421,406	(-11%)
Trust Total	79,630,006	73,738,561	(-7%)

This delivers a reduction in Backlog Cost to B of £5,891,445 consisting of:

- £3,610,090 completed defects as below
- £2,281,355 reduction in BCIS PUBSEC Indices for inflation

BCIS Public Sector (PUBSEC) Price and Cost Indices

All backlog costs were adjusted in line with PUBSEC indices for inflation. RICS have implemented a correction from last year's PUBSEC forecast, against the trend for inflation, which has led to a reduction of £2,281,355 in current backlog cost.

Annual Backlog Review and Update Summary

Category	Element	Item	Backlog Cost Completed at Q4 18/19
Building	Internal Fab and Fix	DRI Site Wide Flooring	£ 29,863
Building	Roofs	DRI23 Re-Roof	£ 137,062
Electrical	Comms Systems	DRI14 Wards 1&3 Nur Call	£ 77,529
Electrical	Electrical Systems	DRI Site Incomer	£ 669,838
Electrical	Electrical Systems	DRI09 W&C Substation	£ 746,573
Electrical	Electrical Systems	DRI Emergency Lighting	£ 29,863
Electrical	Electrical Systems	DRI23 LV Panel	£ 26,130
Electrical	Lifts and Hoists	DRI23 3 Lifts 4/5/6	£ 647,919
Fire Safety	Compartmentation	BDG43 Streets	£ 111,987
Fire Safety	Compartmentation	DRI Fire Dampers	£ 31,356
Fire Safety	Compartmentation	DRI09 W&C PHE Works	£ 671,916
Fire Safety	Fire Alarms	DRI26 SE Block FA	£ 59,726
Mechanical	H&C Water Systems	DRI Legionella	£ 74,665
Mechanical	Medical Gas	DRI09 W&C Compressors	£ 111,986
Mechanical	Medical Gas	DRI25 Theatres	£ 183,677
Total Backlog Cost Completed			£3,610,090

Backlog Maintenance, Critical Infrastructure and Investment, 4 year Summary

	2015-16	2016-17	2017-18	2018-19
Total Backlog Maintenance	£49,725,178	£51,423,602	£79,630,004	£73,738,561
Critical Infrastructure Risk Backlog Maintenance	£41,526,074	£42,661,334	£69,371,855	£64,363,477
Investment in Backlog Maintenance	£701,850	£1,681,574	£2,319,162	£4,090,000



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

Title	Chair's and NEDs' Report		
Report to	Board of Directors	Date	25 June 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 May and June 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 – June 2019



At the end of last month I was delighted to be able to join our Director of Estates and Facilities, Kirsty Edmondson-Jones, for the official opening of the changing places facility at Doncaster Royal Infirmary. Following the opening at our Bassetlaw site in September 2018 improvements at DRI have been in planning. This facility has been championed by local mum Alison Beevers, whose son, Mylor, was born prematurely and is quadriplegic and has cerebral palsy. Alison, has worked with the Trust on the design and room requirements, to provide a much needed addition to help disabled and elderly patients who need assistance to be able to use a

toilet safely and with dignity. People with complex health needs visit hospitals on a regular basis, so a Changing Place can make an enormous difference, helping to alleviate any additional stress associated with their visit.

Allied Health Professionals Leadership Development

On 28 May I took the opportunity to welcome band six therapists and Allied Health Professionals to a bespoke leadership development programme. Developed by Christine White, Senior People Business Partner and Aimi Dillon, Education Lead, the programme aims to develop leadership skills aligned to the needs of DBTH, to ensure a fit for the future, agile and resilient, workforce. I was able to provide an insight into my career, the importance of leadership and how this positively impacts upon patient care and staff engagement.



Appraisal Season

As you all know appraisal season is upon us! As Chair of the Board my appraisal has been completed by Pat Drake, Senior Independent Non-executive Director and Neil Rhodes, Non-executive Director and Deputy Chair. I'm currently conducting appraisals with the Non-executives, the outcomes of which will be reported to the Council of Governors in due course. If you haven't had your appraisal yet, please speak to your line manager, this is your opportunity to review your performance and development. The Trust's goal is to make sure that at least 90% of Team DBTH members have a good, quality appraisal by 30 June 2019.

Volunteers Week



Volunteers' Week is a chance to celebrate and say thank you for the fantastic contribution millions of volunteers make across the UK.

Each year it takes place between 1 and 7 June and is an opportunity to celebrate volunteering in all its diversity. The Trust is incredibly lucky to be supported by a wonderful team of volunteers,

including our therapy pets. Thank you to each and every volunteer that gives their time to the Trust to support day to day operations, assisting staff, patients and visitors - we couldn't do it without your unfaltering support!

HEAR Masterclass

On 13 June the second of a series of four masterclasses took place in the Education Centre, DRI and was linked to both Bassetlaw and Montagu sites. These regular sessions are aimed at senior, as well as aspiring, leaders and focus upon generating new ideas and perspectives on key challenges within the NHS and broader organisations. The sessions provide an opportunity for colleagues to hear from high-profile guest speakers, who are recognised as experts in their fields. These thought provoking sessions provide colleagues with an opportunity to challenge their own thinking and practice and consider how they can improve personal, staff and patient experience.



On this occasion, the speaker was Simon Fanshawe OBE, who spoke about the topic of diversity, he gave an insight into public policy, equalities, leadership and social trends. Simon has had a lifelong commitment to diversity and campaigning and was one of the original six founders of Stonewall. Alongside his campaigning, he was a professional comedian, broadcaster and writer. It was great to hear from him!

Annual Members Lecture

Each year members of the Trust are invited to the Annual Members' Lecture, this year's session was hosted within the Education Centre at Doncaster Royal infirmary and the focus was on public health and prevention. The programme was well balanced and supported and prior to the speakers taking the stage, members were able to browse a series of health related information stalls, on matters including lung cancer health checks, flu vaccination and

retinal screening programmes. Following an initial welcome from myself, the first lecture was from our guest speaker, Dr Rupert Suckling, Director of Public Health, followed by Trust colleagues, Mr Ray Cuschieri and Dr Shivani Dewan. The audience were able to listen with interest to the experts who spoke with passion and enthusiasm about public health, abdominal aortic aneurysm (AAA) screening and diabetes eyes screening and obesity. A special thank you to all those colleagues who supported the event, including the behind the scene planners and of course our members for coming along. I look forward to welcoming you again next year, details of the event will be shared through the Trust's Foundation for Health magazine and with the support of our Communications team via press and social media releases.

Simon Stevens, NHS Chief Executive



On 18 June the Trust was visited by Simon Stevens, Chief Executive of NHS England, and Richard Barker, NHS North East and Yorkshire Regional Director.

Along with Richard Parker, I welcomed the senior colleagues to the Trust and joined them on the visit to the Antenatal Clinic where staff showcased their Quality Improvement (Qi) work. It was great to hear Nicola Holland, Midwife and Antenatal Outpatient Manager

talking about the improvement journey with real pride and a great sense of achievement. Colleagues started on this road at the beginning of the year when they were involved in a three day rapid involvement event which involved working alongside a service user, local mum and Chair of the Maternity Voices group and lead of JOEL: The Complete Package charity. Lean methodology was used to engage the team to design improvements for the service, removing 'wastes' and improving flow, thereby improving care for women and their families.

The two NHS executives then visited the Education Centre to listen to a presentation, delivered by NHS Doncaster CCG, RDaSH and Doncaster Council, regarding Community and Adult Mental Health Services, particularly related to managing and preventing hospital admissions for young people, before Simon Stevens hosted a meeting with all Chief Executives and Accountable Officers from the North of England.

Governor Elections

Following the recent governor elections and in support of communications already shared, I am delighted to welcome Hazel Brand, as Lead Governor, and Linda Espey, as Deputy Lead Governor. I look forward to working with you both! I would also like to note my appreciation to Mike Addenbrooke for all his hard work and efforts in the role of Vice Chair and the short-term interim Lead Governor position. Mike has worked very closely with me and the Council

of Governors throughout his term and both personally and on their behalf I would like to say thank you for your support.

Confed19

Finally, on Wednesday 19 June, I attended day one of NHS Confederation's annual conference at Manchester Central Convention Complex. The conference and exhibition provides an opportunity for health and social care leaders to face shared challenges and hear from healthcare experts from across the UK and beyond. The day one programme included topics on health and care over the next decade, what Brexit means for the NHS, a Q&A session on the NHS People Plan and other hot topics such as the NHS Pension Scheme and achieving integrated care by 2021. In Simon Stevens' keynote address it was a very proud moment to hear him reference his visit to Doncaster and Bassetlaw and the great work that is happening to improve patient safety and experience.

NED Reports

Pat Drake

At the start of the month Neil Rhodes, Deputy Chair and I undertook the Chair's Appraisal and agreed a set of objectives for 2019/20.

I had an introductory meeting with Jeannette Reay in her new role as Head of Corporate Assurance/Company Secretary. I met with Jayne Collingwood, to discuss the progress of work on equality and diversity, attended the Learning from Deaths meeting, had a one to one with David Purdue and attended the monthly Finance and Performance Committee.

I also sat on the panel for the appointment of the new Freedom to Speak Up Guardian and attended the Quality Summit for Ward 17, to support their quality improvement process.

I was also able to meet the interim Matron in Paediatrics, who kindly took me around the Unit to update me on the current changes and improvements that had taken place.

I chaired my first Quality and Effectiveness Committee and finally had a busy day in Manchester at day one of the annual NHS Confederation conference, which I attended with the Chair. We also took the opportunity to conduct my appraisal and agree objectives for the year.

Neil Rhodes

Since the last report, Neil has attended the extraordinary Council of Governors meeting on 22 May. Appointments have now been secured to both the Lead Governor and Deputy Lead Governor roles and he would like to congratulate Hazel Brand and Linda Espey on their respective appointments and looks forward to working with them.

On 5 June, as Deputy Chair, together with Senior Independent Non-executive Director, Pat Drake, Neil facilitated the appraisal of the Chair of the Board.

Neil has had a one to one with the incoming Head of Corporate Assurance/Company Secretary, Jeanette Reay and chaired an agenda setting meeting with executive colleagues for the next Finance and Performance Committee.

Sheena McDonnell

Following the departure of non-executive colleague, Linn Phipps, Sheena agreed to take on the role of Chair of the Quality & Effectiveness Committee and carried out a handover with Linn followed by a pre-meet to agree the QEC agenda. Subsequently, following Alan Chan's resignation she agreed it would be more appropriate to continue her links with the Charitable Funds committee and pick up the Fred and Ann Green chairing also.

Sheena participated in a pre-meet for charitable funds to prepare the agenda which took place after the Board meeting. She also chaired, on behalf of Kath Smart, an extraordinary meeting of Audit and Risk on 23 May. That same afternoon, Sheena attended a risk seminar for charitable funds, with our financial advisors and key colleagues from the Board of Directors.

Last, but by no means least, Sheena attended the extraordinary Governors meeting held to discuss the plans for Governor elections.

Kath Smart

During this month Kath has had her appraisal with the Trust Chair, chaired interviews for a Diabetes Consultant and attended the Members Annual Lecture.

Also, as Chair of Audit Committee Kath attended the Trusts Information Governance Group to understand the systems and processes underpinning compliance with national data protection and information security standards and requirements.

Kath has also had one to ones with the Head of Assurance/Company Secretary, the new Chief Operating Officer, Becky Joyce, Director of Estates and Facilities, and a locum Consultant applying for a role within the Trust.

Finally, along with Governors and staff, Kath has taken part in a mock CQC inspection at Bassetlaw hospital within outpatient & diagnostic services.

Chief Executive's Report

25 June 2019

Simon Stevens visit

On 18th June the Trust was visited by Simon Stevens, Chief Executive of the NHS, and Richard Barker, NHS North East and Yorkshire Regional Director.

Spending a few hours at Doncaster Royal Infirmary (DRI), Simon and Richard were escorted around the site, visiting the Antenatal Clinic in the Women's and Children's Hospital, where staff showcased their Quality Improvement (Qi) work.



Developed, designed and delivered by staff in the service, alongside colleagues within the Qi team and a local mum who has recent experience of our services, the team has worked really hard to understand challenges and implement a number of changes to improve their offering to mums and their partners. This work, entirely led by colleagues within the service, has resulted in the following achievements:

- Reduction in unnecessary administration steps in antenatal clinics, which has saved 20 hours admin time a week. This time has been re-invested to reduce the waiting list for appointments and to establish an admin booking hub for newly pregnant mums to contact
- Implementation of 'visual management boards' and streamlined processes within the area
- Created a quiet room for mums and their partners
- Introduction of better guidelines to support the work of the service
- The area has been refurbished in-line with patient feedback, to make the entire area better for patients.

This work is the result of concerted efforts that began in January, when Antenatal Clinic/Obstetrics and Gynaecology held a three day 'Rapid Improvement Event'. Lean methodology was used to engage the team in designing improvements for the service, removing 'wastes' and improving flow, thereby improving care for women and their families.

With a tour conducted by Nicola Holland, Midwife and Antenatal Outpatient Manager, supported by Marie Purdue, Director of Strategy and Improvement, and Clare Ainsley, Service Development Manager, alongside other key members of the team, both Simon and Richard left the clinic impressed by the improvements made within the service, as well as the Trust's commitment to Qi and empowering all-levels of staff to get involved in this vital work.

The two NHS executives then visited the Education Centre to listen to a presentation, delivered by NHS Doncaster CCG, RDaSH and Doncaster Council, regarding Community and Adult Mental Health Services, particularly related to managing and preventing hospital admissions for young people. Afterwards, Mr Stevens hosted a meeting with all Chief Executives/Accountability Officers in the north of England.



The One Show

On 19th June, we received some fantastic national television coverage for the Trust featuring on BBC One's The One Show.

The show's production team came to DRI on 13th June to find out more about our recent '[Traffic Light Hat](#)' appeal, which has garnered more than 10,000 kind donations from knitters across the world.

The film crew spoke to our maternity team, as well as people who have sent in hats, mittens and bonding hearts to the Trust. Colleagues were brimming with excitement and passion to talk about this appeal and were also very positive about the Trust and the care we provide for our patients. After wrapping-up filming, the BBC team told us that we were the friendliest and most supportive hospital they had ever visited.



DBTH Engagement forum and CEO Roadshows

I chaired the first staff engagement forum on 31st May. The session was well-attended, featuring a good representation of divisions and directorates from across the Trust. It felt extremely constructive and positive, with excellent ideas to improve our overall staff engagement offering.

It was also an opportunity for staff to showcase good practice in staff engagement from their individual areas and raise some of their challenges.

Organisation wide ideas for improvements included recognition of staff on a day-to-day basis, as well as awards for things like long service.

The next forum will take place on Monday the 19th of August and attendees have been encouraged to bring along additional colleagues from their area of work.

In addition to the engagement forum, I have started Chief Executive Roadshows this month with a visit to IT and telecommunications departments on 14th June. The services highlighted achievements they are proud of, areas for improvement, the challenges they face and how we can better support them with their challenges. I would like to record my thanks to both of the departments for being so welcoming, open and honest.

My next scheduled roadshow will take place later this month in maternity services.

Leadership programmes taking place



I am pleased to share that a number of our leadership development programmes have kicked off this month, including the Shadow Board programme. The new and exciting development programme for aspirant Directors has 16 people in the cohort and the learning will cover topics on governance, finance and leadership.

It provides an opportunity for our next Directors to prepare for, understand and experience the Trust Board of Director meetings.



Doncaster Surgeon recognised for excellence in teaching

I am delighted to announce that Mr Muhammed Shahed Quraishi OBE, a Consultant Ear, Nose and Throat Surgeon at DBTH, is the first person to receive the 'Excellence in Teaching' accolade from the Middle East Academy of Otolaryngology - Head and Neck Surgery (MEAO-HNS). He was handpicked for the honour in recognition for his role in founding the internationally renowned and celebrated 'ENT Masterclass' that provides free, specialist education to colleagues from around the world. The Professor Heinz Stammberger award for excellence in teaching was presented at the 16th annual meeting of the MEAO-HNS, which took place on 26 to 28 April 2019 at the Conrad Hotel in Dubai.



Superheroes raise funds local hospital

In April, the Children's Ward at Doncaster Royal Infirmary put on a 'Nurses are Superheroes' event, raising £2000 for the Trust's Charity as well as for new televisions, which will be used to entertain both patients and visitors. The event was arranged to mark 'National Superhero Day', an annual celebration that takes place every April and recognises the importance of superheroes as role models for children.



Celebrating Nurses and Midwives in Doncaster and Bassetlaw

The Trust marked International Nurses Day and International Day of the Midwife in a dual celebration over two weeks. To mark the event, Senior Members of staff at DBTH recorded special messages for the nursing and midwifery teams, thanking them for their outstanding contributions they make to healthcare every day.

As a registered nurse of over 30 years' experience, I recognise that International Nurses Day and International Day of the Midwife are two important days in the Trust's calendar. The Trust and I appreciate everything that nurses and midwives do for our patient's every day and this is a change for us to go all-out and share how proud we are of them, and all of our staff.



Local and regional appointments

There have been a number of local and regional appointments this month including:

New Chair at RDASH

Alan Lockwood has been appointed as the Chairman of RDASH and will begin in post on July 1, replacing outgoing Chairman, Lawson Pater who is retiring on June 30.

Alan has served as Deputy Chairman and Senior Independent Director at the Lincolnshire Partnership NHS Foundation Trust, has worked for the Independent Parliamentary Standards Authority and has a long distinguished career in the military.

Interim AO at Sheffield CCG

Lesley Smith has been appointed as Sheffield CCG's interim Accountable Officer. Lesley is currently Accountable Officer for NHS Barnsley CCG and she will continue in her role there as well as work *with Sheffield*.

Appointments at Doncaster Council

Damian Allen has been appointed as Acting Chief Executive and Head of Paid Service at Doncaster Council from 1 July.

The Interim Director of Learning, Opportunities and Skills has been announced as Riana Nelson, the council's current Assistant Director of Partnerships and Operational Delivery, Learning and Opportunities, who will take up this interim post on 1 July.



Better in Bassetlaw!

Bassetlaw Integrated Care Partnership: Bulletin

ISSUE 6

JUNE 2019

SPECIAL POINTS OF INTEREST

- Intermediate care;
- Place review—'a good start in life'
- New primary care network contract
- Call for care model

Changes to Intermediate Care

Partners from across Bassetlaw, including Nottinghamshire County Council, Nottinghamshire Healthcare NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals and BCVS are working together to strengthen and develop the intermediate care offer for Bassetlaw patients medically fit for discharge from hospital, but for whom additional support is needed before they can return to independence at home.

James Hince Court in Worksop, which currently provides intermediate care facilities, closes in September 2019, and Priory Court—a new independent living facility, also in Worksop—is due to open in the summer, providing ten independent living and flexible flats.

The partners are collaborating to make best use of these new facilities, to provide a positive and efficient experience for local people needing support back into independence at home.

For more information, contact heather.towndrow@nottshc.nhs.uk



The ICP's new strategies—sustainable, effective services

One of the priorities for the Integrated Care Partnership is supporting sustainable effective services. Two work streams which are critical to this are Workforce, and Digital and IT. The partners on each have been working together to develop joint strategies.

The draft **Workforce Strategy** identifies three priorities: attracting a new health and care workforce,

developing existing talent and retaining workers making Bassetlaw the employer of choice. Actions such as increasing apprenticeships, developing new opportunities for trainee nursing associates, and developing a sector based academy are identified in the strategy.

The draft **Digital and IT strategy** focuses on supporting wellbeing and self-management; using information to provide

the right care at the right time, and IT infrastructure and strategy. Developments such as the NHS app, 'axe the fax' and increasing interoperability and shared care records are included.

The strategies will be reviewed by the ICP Board in August, and will be available on the ICP website at

www.betterinbassetlaw.co.uk/wellbeing-in-bassetlaw/sustainable-effective-services/ when approved.

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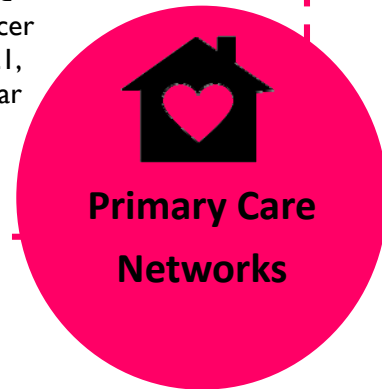
Primary Care Networks prepare to implement their new contract

The new GP ‘primary care network’ (PCN) contract provides the facility and funding to form networks, as well as for additional workforce. The network is a membership organisation, with members being the practices. Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

Each network will decide who will be the Clinical Director (CD), chosen from the GPs within the network; how this is done is up to the members of the network. The CDs in Bassetlaw are Dr Joel Chapman

(Retford and Villages), Dr Deepti Alla (Newgate), and Dr Richard Davey (Larwood and Bawtry). PCNs may also commission other services to meet the needs of their populations.

They are expected to provide a range of services, including extended hours, and from 2020 deliver structured medication reviews, enhanced work with care homes, personalised care and supporting early cancer diagnosis. From 2021, tackling cardiovascular disease and health inequalities will also be included.



Primary Care Networks

‘Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.’

Larwood and Bawtry

Larwood and Bawtry Primary Care Network are increasing from three to five paramedics from 1st July, as part of a recruitment which includes GPs and reception staff.

The PCN also continue conversations about social prescribing link workers with BCVS.

Newgate

Newgate PCN are exploring opportunities to develop their workforce, for example by attracting trainee nursing associate roles.

The practice continue to progress with reducing telephone call waiting times for patients.

The recent place review, which focused on a ‘good start in life’ gave Newgate the opportunity to share insights from their teenage counselling service with the leadership team from the South Yorkshire and Bassetlaw ICS.

Retford and Villages

The 5 practices have welcomed their new CD—Dr Joel Chapman from Kingfisher.

The PCN is exploring the use of Apex appointment data to identify capacity and demand across the 5 practices, and identify opportunities for greater collaboration.

Working with Notts Healthcare NHS FT, the PCN is exploring a new approach to triage at the Emergency Department to link to community services, including the voluntary sector.



#Better in Bassetlaw

Spotlight on: Children and Young People’s Network

Bassetlaw’s Children and Young People’s Network emerged from the ICP Board’s identification that there was a need for greater focus on younger groups within its priorities, in order to support long term improvements in health and wellbeing. The network, which brings together partners from across the voluntary sector, education, health, care, youth services, mental health, leisure, sexual health, LGBT+, training and public health, identifies how collaboration can better engage young people in health improvement.

The network has published an inventory of children’s and young people’s wellbeing services in Bassetlaw, and a ‘choose well for young people in Bassetlaw’ poster. These are available at: www.betterinbassetlaw.co.uk/wellbeing-in-bassetlaw/children-and-young-people/.



FOYPiB 10k at Welbeck Estate raised nearly £3k for local young people’s charity

Partners in the network have been actively involving children in the ‘Miles in May’ campaign, with cycling machines in the youth centres, the Focus on Young People in Bassetlaw (FOYPiB) 10k at Welbeck, and initiatives in the schools—Sturton Cof E Primary School has organised mile– long walks for pupils and families each day in May.

The network also focuses on priority issues for local young people, having recently connected support for young carers, and now developing wider understanding and approaches to ‘county lines’ drug issues through contextualised safeguarding approaches.



Some of the Bassetlaw Children and Young People’s Network



Bassetlaw Place Review—‘A good start in life’

The South Yorkshire and Bassetlaw Integrated Care System (ICS), which brings together health and care partners from across the region, undertook a ‘place review’ of Bassetlaw in May.

The focus of this first review was ‘a good start in life’. Local partners including the CCG, Talkzone counselling and LGBT+ services, Each Amazing Breath (which

provides trauma informed resilience work with children), looked after children’s nurse, primary care networks and CAMHS provided insights about the differences they are making for children in Bassetlaw.



Bassetlaw’s first place review—‘a good start in life’

Other Bassetlaw News

Nottinghamshire Healthcare NHS Foundation Trust, Bassetlaw CCG and Doncaster and Bassetlaw Hospitals NHS Teaching Hospitals are working to support the proactive streaming of patients with conditions which might be more appropriate treated in primary care who present at the Accident and Emergency Department including running a “Fact Finding Fortnight” from 3rd to June 16th June.

In May, Bassetlaw’s community advisors based in the Primary Care Networks have received 270 referrals in the year to date—the main issues presenting include mental health, housing and social isolation.

Referrals to Talkzone, which provides counselling for 11-25 year olds, have increased by 41% since last summer, including from primary care. To respond to demand, the service is working with Insight Healthcare (who provide ‘improving access to psychological therapies’ services for adults) and the primary care networks.

Girl Guiding in Bassetlaw has won the Queen’s Award for Voluntary Service, for their impressive work with girls and young women in our district. Congratulations to all involved.

Teams and individuals from Rampton Hospital, near Retford, were successful in winning many awards at the Nottinghamshire healthcare NHS Foundation Trust ‘Oscars’ in March. Neil Scully, Technical Instructor in the Assessment Unit won the ‘Unsung Hero’ award, Hambleton Ward won ‘Team of the Year’, and the Chair’s Honorary Award went to the Library Team.

The Aurora Centre in Worksop have launched a new nutrition service for Bassetlaw people living with cancer. For more information call 01909 470985 or email admin@aurorawellbeing.org.uk

ICP Board Update

June’s Board received a report which highlighted the progress and achievements of the ICP over the 17/18 year—the report is available on the www.betterinbassetlaw.co.uk/aboutus. The Board also reviewed and agreed amendments to its Memorandum of Understanding.

The ICP supported the Health and Wellbeing Board’s proposed mental health concordat, and discussed the proposed food charter for Nottinghamshire. The Board also approved proposed developments of ‘Bassetlaw Together’, which brings together commissioners and providers of health services to improve care pathways.

The main discussion item related to childhood obesity, and John Wilcox from Nottinghamshire Public Health provided a presentation and introduced a ‘system map’ which identifies the widest determinants of obesity in a population. The Board identified an opportunity to further develop this through a local ‘call to action’, to include schools, parenting, the food environment, physical activity and individual psychology influences on diet and lifestyle.



New ‘Call for Care Model’ starts in July

Call for Care is an approach which enables a rapid response which includes a 2 hour face to face assessment to prevent hospital admission following referral to Call for Care from health and social care professionals. Following assessment by an appropriate professional, access to a range of community service will be initiated and signposting to other health and social care providers.

Further plans include the development of a Call for Care model for mental health. For more information contact l.carver1@nhs.net

Bassetlaw Integrated Care Partnership: Programme Office



01777 863294



www.betterinbassetlaw.co.uk



[@BassetlawICP](https://twitter.com/BassetlawICP)



[Bassetlaw Integrated Care Partnership](https://www.facebook.com/BassetlawIntegratedCarePartnership)



South Yorkshire and Bassetlaw Integrated Care System

PMO Office: 722 Prince of Wales Road

Sheffield

S9 4EU

0114 305 4487

22 May 2019

To: Chief Executives

CCG Accountable Officers

Dear Colleagues

**RE: South Yorkshire & Bassetlaw ICS 2019/20 System Operating Plan
Overview**

Following sign off at our Health Executive Group meeting on the 14 May, and following our 16 May focus meeting with Richard Barker and regional colleagues, the ICS System Operating Plan is now agreed.

Our System Operating Plan is the culmination of our planning endeavours; is built up from place; and represents a significant collective achievement. I would be most grateful if you could ensure that our plan is now shared with your Boards and Governing Bodies.

Yours sincerely

Sir Andrew Cash

CC - Provider Planning Leads

CCG Planning Leads



Health and Care Working Together in South Yorkshire and Bassetlaw

An Integrated Care System

System Operating Plan – 2019/20

Version: 2.1, incorporating 26 April 2019 targeted resubmissions.
Date edited: 07/05/2019
Status: Final Draft for Health Executive Group Review

South Yorkshire and Bassetlaw

Integrated Care System: System Operating Plan

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1. Introduction

1. This System Operating Plan represents a significant milestone in the development of the South Yorkshire and Bassetlaw Integrated Care System. All NHS organisations have worked together throughout the 2019/20 planning round, building upon years' of collaborative working, to deliver a robust plan.
2. Plans developed in each of the five South Yorkshire and Bassetlaw places and existing statutory organisations continue to form the foundation of the system-wide plan.
3. However, consistent with the development of the new system architecture, the role of the ICS has been increasingly central in:
 - describing the SYB Planning Framework
 - Assuring individual plans and
 - Supporting the collaborative working across SYB to deliver alignment in place.
4. The plan provides the detail on delivery of the ambitions set out within the 2019/20 Planning Guidance and forms the first year of the Long Term Plan for South Yorkshire & Bassetlaw.

Andrew Cash

ICS Lead

April 2019



2. System priorities and deliverables



2. System priorities and deliverables

Key priorities for 2019/20

Significant progress has been secured during 2018/19 in the five core programme areas: cancer, elective & diagnostics, mental health, primary care and urgent & emergency care.

The following section provides a summary in each programme area of

- Achievements in 2018/19,
- Current delivery against key indicators, benchmarked against the other STPs in England, and
- Planning priorities for 2019/20

In addition planning priorities for 2019 /20 are included for:

- Maternity
- Transforming Care
- Specialised Services

Achievements in 2018/19

- ✓ Inter-provider transfer policy developed with standardised approach to the application of national Cancer Waiting Times guidance across all providers
- ✓ Be Cancer SAFE social movement campaign created over 12,000 cancer champions in the five Places
- ✓ Vague symptoms pathway operational in 3 of 5 providers with over 300 patients seen
- ✓ First Alliance to introduce a revised 2ww form to reflect new PSA guidance across the footprint
- ✓ CT and MRI demand and capacity review completed with report recommendations for system level opportunities. Endoscopy demand and capacity review underway
- ✓ Pilot of chemotherapy closer to home services established.
- ✓ SYB review of chemotherapy service configuration to improve sustainability and address workforce gaps
- ✓ Implementation of RAPID pathway for lower GI, prostate and lung
- ✓ Continued roll-out of Living with & Beyond Cancer programme including focus on 'honest conversations'
- ✓ 1,300 additional patients accessing support services through LWBC programme.
- ✓ Inequalities review completed in March 2019 to inform the strategy for engaging with hard to reach groups with a focus on improving uptake in screening.
- ✓ Targeted Lung Health Checks implementation in Doncaster - roll out focussed on practices with highest incidence of lung cancer and CVD
- ✓ 2nd robot commissioned at STH to manage prostate demand
- ✓ Groundwork commenced on second CT scanner for DBHFT

2a. Cancer

Delivery in 2018/19

Cancer pathway					Worst	Best
CAN(ii)	Cancer incidence (total tumours)^	2016	8602	33/42		
CAN(ii_a)	Cancer incidence (rate)	2016	626.4	37/42		
CAN(iii)	Breast cancer screening coverage	2016/17	75.0%	17/42		
CAN(iv)	Cervical cancer screening coverage	2016/17	75.1%	10/42		
CAN(v)	Bowel cancer screening coverage	2016/17	60.9%	18/42		
CAN(vi)	Diagnosis at stage 1 or 2	2016	49.5%	36/42		
CAN(vii)	Seen by specialist within 14 days	Sep-18	93.2%	18/42		
CAN(viii)	Seen by specialist 15-21 days	Sep-18	4.8%	18/42		
CAN(ix)	Seen by specialist 22-28 days	Sep-18	1.3%	15/42		
CAN(x)	Seen by specialist after 28 days	Sep-18	0.7%	22/42		
CAN(xi)	Treated within 31 days	Sep-18	26.2%	19/42		
CAN(xii)	Treated 32-62 days	Sep-18	53.8%	19/42		
CAN(x)	Treated 63-104 days	Sep-18	13.4%	15/42		
CAN(xiv)	Treated after 104 days	Sep-18	6.6%	25/42		

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)



2a. Cancer

Plan for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Standardised operational approach to delivery of national targets through improved information systems and shared approach to supply & demand.	On-going	A	G	A	A	G	A
Improve diagnostic capacity through Rapid Diagnostic Centre, implementation of diagnostic review recommendations and network approach (reporting capacity, radiographer academy and IT solutions)	March 2020	G					
Deliver demonstrable improvement in lung, prostate and lower GI pathways in the number of patients diagnosed within 28 day	March 2020	G	G	A	A	G	A
Work with Primary Care Networks, focussing on identified Population Health opportunities. Roll-out community based tele-dermatology.	Sep 2019	G	G	G	G	G	G
Work with specialised services on radiotherapy, New Model of Care for Systemic Anti-Cancer Treatment and services for children, teenagers and young adults.	March 2021	G					
Continue expansion of LWABC programme, focussing on breast, colorectal and prostate cancer. Align with personalisation agenda and wider work on end of life care.	On-going	G					
Improve uptake of screening programmes, including FIT roll-out (from July 2019) and HPV screening. Implement inequalities review findings	On-going	G					



2b. Elective and diagnostics

Achievements in 2018/19

- ✓ Delivered 18-week standard across SYB
- ✓ Maintained number of patients waiting for planned surgery at March 2018 level, across SYB.
- ✓ 6-week diagnostic standard – recovered and maintained delivery of standard including work on sharing capacity, development of online training portal and standardised referral criteria across the ICS.
- ✓ Commissioning for outcomes – implementation of national recommendations ahead of national timeline. Single SYB policy adopted across all providers and CCGs.
- ✓ Reconfiguration of ophthalmology service across SYB to support sustainable 7-day service.
- ✓ Established managed clinical networks in ophthalmology and oral surgery
- ✓ Improving efficiency – creation of outpatient transformation group. Clinical agreement of a standardised pathway for hip and knee follow up across the region
- ✓ Improving efficiency – completion of demand and capacity mapping in MRI and CT.
- ✓ First Contact Practitioner pilot in Doncaster
- ✓ Roll out of a single integrated lower GI service which includes both FIT and faecal calprotectin.
- ✓ Roll out of FIT diagnostic service from early March 2019.

2b. Elective & Diagnostics

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Manage capacity across SYB to maintain 92%, offer choice at 26 weeks and prevent 52 week breaches	From April 2019	G	G	A	A	G	G
Improve outpatient utilisation and reduce number of follow-up appointments	On-going	G	G	G	G	G	G
Introduce MSK First Contact Practitioners in all 5 places	April 2019	G	G	G	G	G	G
Implement Clinical Standards Reviews, when published	TBC						
Maintain diagnostic performance through networked capacity and improved reporting capability	On-going	G					



Achievements in 2018/19

- ✓ Delivered on all key NHS Constitution and national standards for 2018/19
- ✓ National exemplar on reducing out of area placements in adult services
- ✓ Introduced new care model for CYP services including pilot at SCHFT for CAMHS tier 4 and successful trailblazer sites in Rotherham and Doncaster
- ✓ National pilot programme 'Working Win' co-funded by DWP for return to work support
- ✓ Suicide Prevention Steering Group established. Real time surveillance system developed – go live from 1 April 2019
- ✓ Social prescribing support extended to mental health services
- ✓ Mental health acute liaison services in place in Sheffield and Rotherham Emergency Departments
- ✓ Successful wave 2 perinatal mental health bids for Sheffield, Rotherham and Doncaster – service development underway.

Delivery in 2018/19

Mental Health pathway				Worst	Best
MNH(i)	Dementia Diagnosis Rate	Oct-18	77.5%	2/42	
MNH(ii)	Rolling Quarterly IAPT Access	Aug-18	4.75%	7/42	
MNH(iii)	Rolling Quarterly IAPT Recovery	Aug-18	52.6%	17/42	
MNH(iv)	EIP % referred within 2 weeks	18-19 Q2	82.8%	15/42	
MNH(vi)	Suicide rate per 100,000 population	2014-16	10.55428	28/42	

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)



2c. Mental Health

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Development of integrated models of primary and community mental health care to support adults and older adults with severe mental illnesses, building on IAPT and social prescribing	March 2020	G	G	G	G	G	G
Enhanced crisis services for adults, children & young people, including 24/7 community-based mental health crisis response.	March 2021	A	A	A	A	A	A
Continuation of Perinatal Mental Health service expansion including developing access to community services in Barnsley & Bassetlaw	March 2020	G	A	A	G	G	G
Continued delivery of the Five Year Forward View for Mental Health targets	March 2020	G	G	G	G	G	G
Establishment of SYB post-crisis support for families and staff who are bereaved by suicide. Reduce suicide rate by 10%	March 2020	A					
Establish enhanced IPS service building on SYB Working Win programme	March 2020	G	G	G	G	G	G
Establish Adult Secure New Care Model across SYB	March 2021	A					
Delivery of mental health workforce implementation plan	March 2021	A					



2d. Primary Care & Population Health

Achievements in 2018/19

- ✓ Providing extended access at evenings and weekends for 100% of patients from 1 October
- ✓ Established international recruitment programme with experienced leadership to enable learning from vanguard and progress at pace local programme – 1 GP recruited, 15 in pipeline for SYB.
- ✓ Provided 21 clinical pharmacists working in general practice
- ✓ Supported 29 practices through the NHS England resilience fund to improve care and access for patients
- ✓ Established and developed 36 primary care networks covering 100% of the population, all of which will be at level 2 or 3 (against national maturity matrix) from March 2019.
- ✓ Commenced roll out the APEX / Insight tool to support improving capacity and efficiency in general practice.
- ✓ Rolled out integrated care record in Doncaster . ICR development underway in Sheffield and Barnsley
- ✓ SYB Workforce & Training Hub established

Delivery in 2018/19

Primary Care pathway					Worst	Best
PUE(i)	FTE number of GPs per 1000 weighted population	Jun-18	0.52	25/42		
PUE(ii)	FTE direct patient care per 1000 weighted population	Jun-18	0.19	24/42		
PUE(iv)	GP extended access - % registered patients full provision	Sep-18	100.0%	18/41		

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)

2d. Primary Care & Population Health

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Further development of primary care networks. Consolidate numbers and roll-out national DES contract.	June 2019	G	G	G	G	G	G
Develop bespoke SYB SHAPE tool to support PCNS - as per specification agreed with PHE in February 2019	From April 2019	G	G	G	G	G	G
Complete roll-out of Apex Insight Tool to support improved capacity management and utilisation	April 2020	G	G	G	G	G	G
Roll-out on-line services, including booking, consultations and NHS App	On-going	A	A	A	A	A	A
Develop workforce plans at network level and continue expansion of new roles, under national Network reimbursement arrangements	From June 2019	G	G	G	G	G	G
Support development of PCN clinical leadership and integration into wider ICS governance	On-going	G					
Implement new arrangements for community eye-care and pharmacy commissioning in SYB embedded into ICS PC Programme Board.	July 2019	G					

2e. Urgent & Emergency Care

Achievements in 2018/19

- ✓ Maintained ED 4-hour performance, year to date, above 90% across the ICS
- ✓ Reduced extended length of stay by 10% against baseline and delayed transfers of care by 1.5% to 3.1%
- ✓ Implementation of NHS 111 online, including direct booking and clinical assessment service
- ✓ Achievement of the 50% clinical advice standard at sub-regional level
- ✓ Urgent Treatment Centre established in Doncaster
- ✓ Implemented EMS-Plus capacity management system to support system resilience
- ✓ Developed stroke network and financial model to support improved outcomes for patients
- ✓ Introduced medical thrombectomy for patients in south Yorkshire from April 2018
- ✓ National pilot for care home tracker tool
- ✓ Completed procurement for Integrated Urgent Care – due to mobilise from March 2019

Delivery in 2018/19

Urgent & Emergency Care pathway					Worst	Best
PUE(i)	FTE number of GPs per 1000 weighted population	Jun-18	0.52	25/42		
PUE(ii)	FTE direct patient care per 1000 weighted population	Jun-18	0.19	24/42		
PUE(iv)	GP extended access - % registered patients full provision	Sep-18	100.0%	18/41		
PUE(v)	A&E attendances per 1000 weighted population	18-19 Q2	99.4	31/42		
PUE(vii)	Emergency admissions per 1000 weighted population	18-19 Q2	29.6	35/42		
PUE(viii)	Bed occupancy rate	18-19 Q1	86.2%	13/42		

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)



2e. Urgent & Emergency Care

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Maintain ED performance above 90% and plan for introduction of new clinical standards	On-going	A	G	G	G	A	A
Increase rate of ambulance non-conveyance through implementation of <ul style="list-style-type: none"> Support to care homes Single point of access New service model for respiratory care 	From April 2019	G	G	G	G	G	G
Establish hospital network for Urgent & Emergency Care led by BHFT. Implement HSR recommendations	On-going	G					
Roll-out SDEC in each major acute site	Sep 2019	G	G	G	G	G	G
Develop acute frailty service model in ED and other points of access such as MAU	Sep 2019	G	G	G	G	G	G
Conclude and implement recommendations of Acutely Ill Child work stream	On-going	A					
Improve ambulance handover times		A	G	G	G	A	A

2f. Specialised Commissioning

Introduction

The Yorkshire and the Humber Specialised Commissioning Hub schemes include Service Transformations across Acute and Mental Health services. The schemes agreed have been developed in collaboration with ICS representatives (including both commissioner and provider representation) through the Yorkshire and the Humber Specialised Commissioning Oversight Group and will be managed through:

Service Area	South Yorkshire and Bassetlaw
Vascular	Vascular Board
Chemotherapy	Cancer Alliance Board
Specialist Paediatrics	Children's Hospital Partnership
Neonatal services	Hospital Services Review group
Mental Health	ICS Mental Health Programme Board

Acute Service Transformations Schemes for 19/20

The following transformations are taking place across Yorkshire & the Humber:

- Neonatal Services Review - work with the Y&H Neonatal ODN to understand the implications of the new standards set out the document 'Better Newborn Care' and the implementation of 2016 HRGs.
- Specialist Paediatrics Services - working with providers of specialised paediatric services (LTHT, SCH, HEY) to develop new ways of working to improve the sustainability and access to specialised paediatric services in Y&H. In 2019/20 there will be a focus on specialised paediatric surgery, paediatric oncology and paediatric gastroenterology.
- Specialised Rehabilitation for Patients with Complex Needs - development of an Acquired Brain Injury Rehabilitation Collaborative for the Y&H region.

2f. Specialised Commissioning

ICS Specific Reviews

Acute

- Vascular review - continue to work with Doncaster and Bassetlaw Hospitals NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust on the development of a South Yorkshire Vascular Services throughout 2019/20
- Chemotherapy - development of a new model of service delivery for Chemotherapy across SY&B that will lead to better use of capacity and improved access to local services for patients

Mental Health & Learning Disabilities

- Transforming Care – the overall trajectory for March 2019 for inpatients set at 107 has been met by the Hub. The 2019/20 trajectories for adults are currently being planned and these will be discussed via the Transforming Care Executive Board for Yorkshire and Humber.
- Adult Secure and CAMHS reconfiguration and New Care Models (NCM) – a NCM programme will devolve the budget and commissioning responsibility to a lead provider for a population to manage the integration of patient pathways across the system. In South Yorkshire, agreement has been reached between the providers of adult secure care that the proposed NCM will be led by Sheffield Health and Social Care Trust with collaboration between the respective partners: Riverside Health Care (Cheswold Park hospital), Cygnet (Sheffield), Notts HC and RDaSH FT.
- The South Yorkshire CAMHS Tier4 Partnership are working towards developing themselves as a NCM, led by Sheffield Children's Hospital. The group are working towards providing low secure LD and PICU beds. New CAMHS low secure beds at Cygnet Sheffield are due to open in April 2019.
- Perinatal Mental Health – plans are being developed for a further 6 beds for the Yorkshire and Humber population

Priorities for 2019/20

Are there clear and credible plans to improve the safety of maternity care so that by 2020/21 all services have made significant progress towards the ambition of halving rates of still birth and neonatal death, maternal death and brain injuries during birth by 50% by 2025?	G	
Is there a clear and credible plan to ensure that serious incidents in maternity services result in good quality investigations and that those investigations result in effective and sustainable action plans, with relative wider learning shared through the Local Maternity System and with others?	G	
Does the plan take account of participation in the NHS Improvement Maternity and Neonatal Health Safety Collaborative?	G	
Are there clear and credible plans to roll out personalised care planning	G	
Are there clear and credible plans to improve the choices available so that all women are able to make choices about their maternity care as envisaged in Better Births?	G	



2.g Maternity

continued

Is there a local ambition for how women will receive continuity of the person caring for them during pregnancy, birth and postnatally and are there clear and credible plans for implementing it?	A	Clear local ambitions with plans linked to wider work in the Acute Hospital Review
Is there a local ambition and clear and credible plans to enable more women to give birth in midwifery settings (at home and in midwifery units)?	G	
To what extent is planning based on an understanding of the needs of local women and their families and is it aligned to the local ICS?	G	
and capability to implement it?	G	
To what extent is the plan clear about how it will be implemented, including milestones and SROs?	A	Planning and governance under review
To what extent does the plan set out a credible financial case for change, including transition costs, assumptions about savings and how the transformation will contribute to the ICS's financial balance?	A	In progress.
To what extent is there evidence that the Local Maternity System has the capacity and capability to implement it?	G	



Priorities for 2019/20

Continued development and delivery of pathways and packages of care for individual patients
 Full implementation of the FOL's service across Sheffield, Doncaster, Rotherham and N Lincs.
 Finalise service specification and agreement for ATU bed provision across Sheffield, Rotherham and Doncaster
 Development of workforce plan to support care across the pathway, for adults and children.
 Development of an ICS CETR / CTR Hub
 Support to Parents and Carers to empower families and build parent networks to support Post ASC diagnosis.

Planned Actions	Planned Completion date	Status/Comments
Implement Enhanced Community Teams	March 2019	Teams in place – assessment for further capacity underway
Develop the market through Y&H enhanced framework	March 2020	
Develop the workforce to meet demand	March 2022	Workforce plan agreed- moving into implementation
Full implementation of FOL's service	Sept 2020	Specification agreed and recruitment completed
Develop ASC Pathways	TBC	
Early Intervention and Prevention C&YP	TBC	
Improve health inequalities	31/3/20	
ATU Bed Provision	TBC	Finalise service specification and agreement for ATU bed provision across Sheffield, Rotherham and Doncaster



3. Activity Planning



3. Activity Planning

Overall Approach

The SYB ICS Planning Framework agreed that:

- (i) Plans would be built up, from a 'place' led analysis of requirements
- (ii) Underlying activity plans should reflect forecast outturn and observed trends, adjusted for known service changes
- (iii) Plans should include an assessment of expected demographic growth
- (iv) Final plans should include adjustments for agreed (between respective commissioner and provider) transformation plans
- (v) Plans should deliver, in full, NHS Planning objectives:
 - a. Elective waiting maintenance/reductions to March 2018
 - b. Cancer standards, including projected demand growth
 - c. RTT at 92% at all providers
 - d. ED standard improvement
- (vi) Plans should be broadly consistent with national and regional growth assumptions (gross of agreed QIPP)
- (vii) Commissioners and providers plans should be fully aligned on items (i) to (v)

Planning for Elective Activity

National and regional modelling of elective growth for 2019/20 is based on the assumption that the national requirement to maintain the RTT waiting list at March 2018 level has not been met. This assumption increases significantly the volume of inpatient and outpatient activity required to deliver the commitment in the 2019/20 Planning Guidance that the number of patients waiting for planned care should not exceed the March 2018 level.

The most recent waiting list data indicates that (subject to the requested re-basing for agreed data issues), the ICS will have broadly maintained the overall volume of patients on its elective waiting list at March 2018 levels. This, in turn, means that the planned level of elective growth for 2019/20 is below that expected in national and regional models.

3a. Activity Plan Development

The following table provides a high-level **summary of overall progress** in the development of SYB ICS plans at place, against the agreed ICS Planning Framework:

	ICS	Barnsley		Doncaster & Bassetlaw			Rotherham		Sheffield		
		BCCG	BHFT	DCCG	DBTHFT	BasCCG	RCCG	TRFT	SCCG	STHFTT	SCHFT
(i) Built from 'place' led analysis of requirements	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(ii) Reflect observed trends, adjusted for planned service changes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(iii) Reflect demographic growth	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(iv) Build in <u>agreed</u> , and robustly deliverable QIPP transformation	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress
(v) Deliver, in full, NHS Planning objectives:											
<i>Elective waiting list objective</i>	In progress	In progress	In progress	Yes	In progress	In progress	In progress	In progress	In progress	In progress	In progress
<i>RTT at 92% at all providers (by March 20)</i>	Mar-20	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>Cancer standards, including projected demand growth</i>	Yes	Yes	In progress	Yes	In progress	Yes	Yes	In progress	Yes	In progress	Yes
<i>ED standard improvement</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(vi) Broadly consistent with regional growth assumptions (gross of agreed QIPP)											
<i>Elective:</i>	In progress	Yes	Yes	Yes	Yes	In progress	In progress	In progress	In progress	In progress	Yes
<i>Non-Elective:</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>A&E:</i>	In progress	Yes	Yes	Yes	Yes	Yes	In progress	In progress	Yes	Yes	Yes
(vii) Commissioners and providers are fully aligned on items (i) to (vi)	In progress	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Good progress has been made to date and further work will continue to ensure agreed positions on:

- The incorporation of agreed transformation plans;
- Overall growth rates, within expected parameters;
- Profiling of elective and non-elective through the year

3b. Activity Planning - Assurance

Planning Scenarios

A range of analytical tools have been used in the assurance of activity plans. Three scenarios have been described, based on national or regional assumptions, to determine an ICS 'planning range' to assess individual place plans.

Activity Line	National Assumption (Annualised)	ICS Scenario 1		ICS Scenario 2		Potential Planning Range	
		CCG	Provider	CCG	Provider	Min.	Max.
Planned Care							
GP Referrals (General and Acute)	0.6%	-1.7%	-1.0%	-1.7%	-1.0%	-1.7%	0.6%
Other Referrals (General and Acute)	3.7%	4.4%	4.5%	4.4%	4.5%	3.7%	4.5%
Total Referrals (General and Acute)	1.8%	0.3%	1.1%	0.3%	1.1%	0.3%	1.8%
Consultant Led First Outpatient Attendances	5.4%	3.8%	5.7%	0.6%	0.4%	0.4%	5.7%
Consultant Led Follow-Up Outpatient Attendances	2.3%	4.6%	5.1%	1.4%	2.2%	1.4%	5.1%
Total Consultant Led Outpatient Attendances	3.4%	4.3%	3.6%	1.1%	1.6%	1.1%	4.3%
Total Elective Admissions - Day Case	1.6%	4.8%	3.6%	1.6%	1.0%	1.0%	4.8%
Total Elective Admissions - Ordinary	-3.3%	-7.5%	-5.8%	-11.0%	-8.5%	-11.0%	-3.3%
Total Elective Admissions	0.8%	2.9%	2.2%	-0.4%	-0.6%	-0.6%	2.9%
Unplanned Care							
Type 1 A&E Attendances excluding Planned Follow Ups	2.0%	7.7%	8.2%			2.0%	8.2%
Other A&E Attendances excluding Planned Follow Ups	3.0%					3.0%	3.0%
Total A&E Attendances excluding Planned Follow Ups	2.3%	7.2%	7.6%			2.3%	7.6%
Total Non-Elective Admissions - o LoS	4.8%	3.8%	2.8%			2.8%	4.8%
Total Non-Elective Admissions - +1 LoS	2.8%	0.8%	1.2%			0.8%	2.8%
Total Non-Elective Admissions	3.4%	1.5%	1.6%			1.5%	3.4%

The scenarios are:

- (i) National activity planning assumptions;
- (ii) Regional activity expectations (Scenario 1): The North region analytical team undertook a number of trend and activity growth analyses to: project likely 18/19 outturn; describe observed growth trends; and model the additional elective quantum to secure the 19/20 waiting list objective
- (iii) A local variant of the regional activity model (Scenario 2) for elective activity, only, has been developed in order to reflect the expected March 2019 waiting list position.

3c. Assessment against regional and national planning expectations

The table summarises overall planned growth, and includes a RAG assessment of consistency with national and regional models of expected growth:

Planned Care	National Assumption (Annualised)	Scenario 1 Regional Assumption	Scenario 2	2019/20 Plan					
				ICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
GP Referrals (General and Acute)	0.6%	-1.7%	-1.7%	1.3%	-0.4%	1.3%	2.7%	3.4%	0.3%
Other Referrals (General and Acute)	3.7%	4.4%	4.4%	0.9%	-0.4%	1.3%	2.7%	0.0%	0.9%
Total Referrals (General and Acute)	1.8%	0.3%	0.3%	1.1%	-0.4%	1.3%	2.7%	1.9%	0.5%
Consultant Led First Outpatient Attendances	5.4%	3.8%	0.6%	0.7%	-0.4%	-0.1%	-1.2%	-1.4%	0.8%
Consultant Led Follow-Up Outpatient Attendances	2.3%	4.6%	1.4%	1.1%	-0.4%	1.3%	0.7%	1.3%	2.0%
Total Consultant Led Outpatient Attendances	3.4%	4.3%	1.1%	1.0%	-0.4%	0.8%	1.7%	0.5%	1.5%
Total Outpatient Appointments with Procedures*	-	-	-	2.9%	-1.0%	7.3%	7.6%	3.8%	1.9%
Total Elective Admissions - Day Case	1.6%	4.8%	1.6%	0.7%	-2.5%	-0.4%	2.9%	-2.8%	2.8%
Total Elective Admissions - Ordinary	-3.3%	-7.5%	-11.0%	5.1%	-0.3%	1.4%	6.2%	0.2%	10.3%
Total Elective Admissions	0.8%	2.9%	-0.4%	1.3%	-2.3%	-0.1%	3.4%	-2.3%	3.7%

Unplanned Care	National Assumption (Annualised)	Regional Assumption	ICS	2019/20 Plan					
				Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield	
Type 1 A&E Attendances excluding Planned Follow Ups	2.0%	7.7%	2.4%	2.2%	6.9%	3.4%	3.0%	0.7%	
Other A&E Attendances excluding Planned Follow Ups	3.0%	-	3.6%	6.0%	6.9%	3.4%	0.0%	3.7%	
Total A&E Attendances excluding Planned Follow Ups	2.3%	7.2%	2.6%	2.4%	6.9%	3.4%	2.8%	1.2%	
Total Non-Elective Admissions - o LoS	4.8%	3.8%	1.4%	1.3%	5.3%	0.8%	1.4%	0.7%	
Total Non-Elective Admissions - +1 LoS	2.8%	0.8%	1.8%	3.5%	5.2%	0.5%	2.0%	0.7%	
Total Non-Elective Admissions	3.4%	1.5%	1.7%	2.9%	5.2%	0.6%	1.9%	0.7%	

With the exception of the Barnsley health system (where delivery of RTT and waiting list position is secure and additional activity, therefore not required), the principal reason for activity plans being "lower" than national and regional expectations is the impact of agreed transformational schemes.

The growth positions described represent a further iteration of activity plans since the 4 April submission, to reflect a limited number data corrections; and adjustments to the treatment of transformation scheme impact. Plans remain subject to further review to assure alignment and seasonal profiling.

3d. Activity Alignment

In aggregate, SYB ICS commissioner and provider plans for elective demand, and non-elective activity align.

Activity Line	National Assumption (Annualised)	ICS Scenario 1		ICS Scenario 2		Potential Planning Range		Plans Alignment	
		CCG	Provider	CCG	Provider	Min.	Max.	ICS CCG	ICS Provider
Planned Care									
GP Referrals (General and Acute)	0.6%	-1.7%	-1.0%	-1.7%	-1.0%	-1.7%	0.6%	1.3%	1.0%
Other Referrals (General and Acute)	3.7%	4.4%	4.5%	4.4%	4.5%	3.7%	4.5%	0.9%	1.8%
Total Referrals (General and Acute)	1.8%	0.3%	1.1%	0.3%	1.1%	0.3%	1.8%	1.1%	1.4%
Consultant Led First Outpatient Attendances	5.4%	3.8%	5.7%	0.6%	0.4%	0.4%	5.7%	0.7%	2.6%
Consultant Led Follow-Up Outpatient Attendances	2.3%	4.6%	5.1%	1.4%	2.2%	1.4%	5.1%	1.1%	-1.1%
Total Consultant Led Outpatient Attendances	3.4%	4.3%	3.6%	1.1%	1.6%	1.1%	4.3%	1.0%	0.1%
Total Elective Admissions - Day Case	1.6%	4.8%	3.6%	1.6%	1.0%	1.0%	4.8%	0.7%	3.2%
Total Elective Admissions - Ordinary	-3.3%	-7.5%	-5.8%	-11.0%	-8.5%	-11.0%	-3.3%	5.1%	5.3%
Total Elective Admissions	0.8%	2.9%	2.2%	-0.4%	-0.6%	-0.6%	2.9%	1.3%	3.6%
Unplanned Care									
Type 1 A&E Attendances excluding Planned Follow Ups	2.0%	7.7%	8.2%			2.0%	8.2%	2.4%	2.2%
Other A&E Attendances excluding Planned Follow Ups	3.0%					3.0%	3.0%	3.6%	
Total A&E Attendances excluding Planned Follow Ups	2.3%	7.2%	7.6%			2.3%	7.6%	2.6%	3.1%
Total Non-Elective Admissions - o LoS	4.8%	3.8%	2.8%			2.8%	4.8%	1.4%	0.5%
Total Non-Elective Admissions - +1 LoS	2.8%	0.8%	1.2%			0.8%	2.8%	1.8%	1.6%
Total Non-Elective Admissions	3.4%	1.5%	1.6%			1.5%	3.4%	1.7%	1.6%

Note: ICS CCG position is the aggregate of SYB CCGs, whereas the ICS Provider position is the sum of SYB providers, including NHS England Directly and Specialist Commissioned activity.

4. Capacity Planning



4. Capacity Planning

Provider		Key headlines from capacity planning
Barnsley Hospital NHS Foundation Trust		<ul style="list-style-type: none"> • Bed capacity review in 2018/19 has seen the introduction of a number of additional wards on a permanent basis with substantive teams being put in place to support reductions in agency use. • Activity and capacity plans are developed with the Clinical Business Units (CBUs) teams by point of delivery and at a specialty level • Capacity plans in place to delivery constitutional standards • Winter plans will enable additional capacity in both elective and non-elective services to be mobilised as part of a planned approach to manage seasonal pressures associated with winter.
Doncaster & Bassetlaw Hospitals NHS Foundation Trust		<ul style="list-style-type: none"> • Activity and capacity planning being informed by use of Gooroo modelling tool, alongside Doncaster and Bassetlaw CCGs. Headline 2019/20 activity assumptions based on an increased demand of 5% more work required. • Bed capacity planning has been undertaken and length of stay reviewed against six similar Trusts with the same deprivation stratification. Key specialities, including respiratory medicine, stroke and trauma have been reviewed and work continues to support alternatives to acute admission. • Further granularity of capacity plans for elective activity will be required to provide the necessary assurance given the challenges faced during 2018/19. Key to this will be agreement with CCGs on activity levels. • Trust met the 4hr access trajectory plan for NHSI in Q1, 2 and 3 of 2018/1 and medical staffing capacity remains key area of focus to maintain performance. • Winter flex capacity is built into existing wards to allow for beds to be opened quickly dealing with surges in demand.
Rotherham Doncaster and South Humber NHS Foundation Trust		<ul style="list-style-type: none"> • Draft workforce plans viewed as robust providing assurance re the necessary capacity to deliver their quality and performance requirements.
Sheffield Children's NHS Foundation Trust		<ul style="list-style-type: none"> • Trust is reviewing its capacity to deliver this plan. • General confidence that sufficient capacity will be in place to delivery quality and performance deliverables, given recent trends.
Sheffield Health and Social Care NHS Foundation Trust		<ul style="list-style-type: none"> • Good narrative provided in operational plan in relation to their capacity planning for 2019/20. • Plan includes reference to areas with increasing activity plans for 2019/20 and associated capacity investments being put in place to support these. • Local system risk sharing arrangements cited as supporting improved planning.



4. Capacity Planning - continued

Provider	Key headlines from capacity planning
Sheffield Teaching Hospitals NHS Foundation Trust	<ul style="list-style-type: none"> • Elective demand and capacity modelling for 2019/20 was prepared using two tools. For demand, the Gooroo tool was used and for capacity, each clinical Directorate has undertaken bottom-up capacity reviews. • Non-elective demand and capacity is modelled on the projected 2018/19 out-turn with adjustments for the assessment of year on year growth by sub-specialty and any known pathway changes. • Plan identifies capacity gaps in a small number of specialties where plans with commissioners are being discussed • Plan identifies anticipated capacity challenges to support delivery of the Cancer waiting times standards across the year and range of actions (in Trust and across wider network) being taken to support the recovery and sustainability of this area.
The Rotherham NHS Foundation Trust	<ul style="list-style-type: none"> • Planning narrative describes the bottom up approach used for demand and capacity planning. Also describes how the trust is reflecting changes in referrals at individual specialty level and match these with appropriate capacity plans. Provided that these demand patterns remain within tolerance, the Trust expect to deliver the RTT, cancer and diagnostic waiting time standards. • Current plan is less explicit on capacity plans for urgent and emergency care around further assurance will be required given recent resilience challenges.

The following areas will be the focus of further work throughout 2019/20:

1. Elective activity – the planned activity in the Doncaster & Bassetlaw place plans is likely to exceed capacity at DBHFT. Work is underway to understand DBHFT capacity at speciality level. This will then link to wider work to establish a system for “brokering” capacity across the ICS to secure RTT delivery and offer choice at 26 weeks;
2. Non-elective activity – each of the five Places is working on a review of winter 2019/20 to inform preparedness for 2019/20, including continued work on the seasonal phasing of capacity.
3. Cancer – the ICS saw a 17% increase in 2ww clock-starts in the rolling year to November 2018. All 5 places have built this growth into forecast outturn. We are working on the basis that cancer referrals will continue to grow, and the Cancer Alliance is leading on work to consider:
 - i. the use of real-time data to forecast capacity requirements.
 - ii. Diagnostic services efficiency and capacity
 - iii. Surgical and oncology capacity in the network



5. Workforce



5. Workforce

ICS Context

Across the SYB ICS, workforce costs represent about 70% of revenue budget and availability of workforce is increasingly the principle constraint in our ability to deliver high quality local services. The ICS's three initial workforce priorities are all well underway in:

- Developing the SY&B Region Centre of Excellence (for unregistered workforce)
- Creating a Faculty of Advanced Clinical Practice for the region
- Expanding the primary care workforce.

In 2018/19, the ICS has used a workforce maturity index to rate its progress against 5 levels of maturity and support development of a system wide workforce plan. The ICS has funded a workforce lead in each of the five places and, together with system-wide resource, these leads form the SYB ICS Workforce Hub.

Local Initiatives

Across the five places, seven providers and five CCGs in South Yorkshire & Bassetlaw, there are a number of risks to current and future workforce supply with a range of mitigation. These are in addition to the introduction of retention programmes which include improved development opportunities and working arrangements such as the flexible working approach at STHFT which is identified as a national exemplar. Local work includes:

Workforce Group	Actions
Adult Nurses & Midwives	Nurse associate roles Assistant Practitioner roles Integrated roles (shared competency framework with AHPs) In-house bank Overseas recruitment
Paediatric Nurses	Nurse associate roles Hosted clinical network (led by Sheffield Children's)



5. Workforce

Workforce Group	Actions
Allied Health Professionals such as radiographers and pharmacists	<ul style="list-style-type: none"> Non-qualified support staff Integrated roles (shared competency framework with nursing) In-house training programmes (echo-cardiography) Integrated workforce planning across primary & secondary care Hub & spoke arrangements across ICS Career pathway through apprenticeship levels 2, 4 and 5 for healthcare scientists roles Creation of a AHP council to ensure AHPs are connected into the wider ICS
Mental Health Nurses	<ul style="list-style-type: none"> Nursing associate roles Joint recruitment in place and across providers Overseas recruitment
Middle Grade Doctors	<ul style="list-style-type: none"> Joint appointments across providers CESR Overseas recruitment Advanced Nurse Practitioners / Physician Associate Roles
Medical Consultants	<ul style="list-style-type: none"> Joint posts (development of hosted clinical networks in UEC / Gastroenterology / Stroke / Paediatrics / Maternity) Clinical fellows Joint posts with primary care Collaborative locum arrangements

Note: see separate section on primary care for details of initiatives around workforce.

SYB Level Initiatives

In addition to local initiatives, the workforce hub is working on:

The ICS Streamlining Programme which engages the 7 local Trusts to work together to identify efficiencies and increase productivity within the system. This has a focus on recruitment, retention, medical staffing, mandatory training, occupational health and well being, and e-rostering. Key outcomes being delivered from the ICS streamlining work include:

- Delivering the NHSI’s Cohort 4 nurse retention improvement programme
- completion of the NHSI’s health and wellbeing diagnostic framework to identify priorities to help support the retention of staff
- planned creation of a common dashboard of e-rostering performance KPIs to identify variation and opportunities, and the development of a robust process for regular check and challenge of all rosters.



5. Workforce

The development of new apprenticeship roles, identifying new and emerging apprenticeship standards and frameworks and exploring the potential opportunities within workforce plans. The current apprenticeship programmes include business admin, adult nursing OU, nursing associate, perioperative support, assistant practitioner, allied health, pharmacy, accountancy, and human resources.

Work is ongoing to assess the potential risk and impact of Brexit across the ICS, working closely with management teams and colleagues in the Emergency Planning Team to identify members of the workforce from within the EU, identifying which specialities they are currently employed in and assessing any potential risk to service provision post 01 April 2019. Actions in place include the support offered around 'right to remain' and participation in the recent government pilot.

A specific ICS wide workforce plan for AHPs is in development, as is a SYB place-based workforce plan for the development of enhanced/extended skills e.g. impact on reporting of shortage of radiologists has been addressed through extended skills training for radiographers to report

We have a continued commitment to work within the ICS and Place based partners in commissioning education provision, sharing expertise for delivery and opening up places on programmes where capacity allows. Work continues on The South Yorkshire Region Excellence Centre (SYREC) and the Advanced Practice Faculty. We will continue to grow our joint educational appointments with our Higher and Further Education Institutes to improve the translation of academic knowledge into clinical practice.

The ICS Widening Participation (WP) initiative outlines how we develop career pathways and opportunities for the local population and our work with schools and colleges

The ICS has recognised that workforce is a key constraint in our ability to deliver services and is implementing the recommendations of its Acute Service Review by introducing hosted clinical networks across five service areas to mitigate risks and secure sustainable services in the medium to long term. An example of this work would be the joint appointment of acute stroke physicians between paired providers to reflect the new Hyper-acute and acute stroke pathways.

5. Workforce

Provider	Level of assurance	Triangulation with activity/finance	Commentary
Barnsley Hospital NHS Foundation Trust	Green	Green	Plans look fairly stable/static with headline changes being relatively small amount of agency transferring to bank.
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	Orange	Green	Step change of c.300 WTE increase between March 2019 and April 2019 to validate. Small transfer of agency to bank.
Rotherham Doncaster and South Humber NHS Foundation Trust	Green	Green	Plan looks well developed. Small overall reduction in WTE. In-year variances in services explained (some increases, some decreases)
Sheffield Children's NHS Foundation Trust	Orange	Green	Plan needs further work. Currently does not include agency/bank 2018/19 FOT WTEs. Flat WTEs across the year following c.200 increase between March 2019 and April 2019.
Sheffield Health and Social Care NHS Foundation Trust	Orange	Green	Trust plan flat across the year with no change from 2018/19 FOT, at top level.
Sheffield Teaching Hospitals NHS Foundation Trust	Green	Green	Workforce plan appears well developed with in-year changes reflected.
The Rotherham NHS Foundation Trust	Orange	Green	Ongoing risk and current plan does not appear to reflect anticipated seasonal changes and requirements.

Overview of workforce plans submitted:

- Draft provider workforce planning numbers currently range in the level of development. The table on the following slides below provides a headline summary of the review of the first draft of plans.
- 3 of 7 provider plans (Barnsley, RDASH and Sheffield Teaching) currently assured on workforce as Green reflecting apparent level of development of plan and inherent risks in ongoing delivery of appropriate workforce delivery requirements.
- 4 of 7 provider plans (DBTH, Sheffield Children's, SHSC and Rotherham) currently assured on workforce as Amber reflecting combination of plan requiring further work and/or additional assurances being required in response to inherent workforce challenges.
- Current triangulation of workforce with activity and finance (finance only for RDASH and SHSC) suggests no issues with alignment for all 7 Trusts. Further review of this triangulation will be required when plans are more developed, in particular activity plans are more developed.



6. System finance and risk management



6. ICS financial summary

	Accept control total final plan	Control total inc PSF FRF, MRET £m	PSF FRF, MRET £m	Control total ex PSF FRF, MRET £m	Plan ex PSF FRF, MRET £m	Plan v control total ex PSF FRF, MRET £m	CIP/QIPP 19/20 final plan £m	CIP/QIPP %	CIP/QIPP 18/19 forecast £m	Variance 19/20 v 18/19 %	Variance 19/20 v 18/19 £m
Providers											
Barnsley Hospital NHS FT	YES	0.0	10.4	-10.4	-10.3	0.1	6.7	2.9%	8.5		-1.8
Doncaster & Bassetlaw Hospitals NHS FT	YES	0.0	15.3	-15.3	-15.3	0.0	13.2	3.3%	12.0		1.2
RDASH NHS FT	YES	1.2	1.3	-0.1	-0.1	0.0	5.6	3.5%	5.1		0.4
Sheffield Childrens NHS FT	YES	0.9	3.3	-2.4	-2.4	0.0	7.9	4.0%	7.0		0.9
SHSC NHS FT	YES	1.0	1.0	0.0	0	0.0	3.2	2.6%	4.2		-1.0
Sheffield Teaching Hospitals NHS FT	YES	0.5	14.5	-14.0	-14	0.0	20.6	2.0%	25.5		-4.9
The Rotherham NHS FT	YES	0.0	16.2	-16.2	-16.2	0.0	9.3	3.4%	9.7		-0.4
		3.6	62.0	-58.4	-58.3	0.1	66.5	2.8%	72.0	3.1%	-5.5
Commissioners											
Barnsley CCG	YES	-2.0	0.0	0.0	0.0	0.0	13.1	2.9%	11.5		1.6
Bassetlaw CCG	YES	0.0	0.0	0.0	0.0	0.0	3.5	1.9%	3.6		-0.1
Doncaster CCG	YES	-3.0	0.0	0.0	0.0	0.0	10.1	1.9%	10.5		-0.4
Rotherham CCG	YES	-4.0	0.0	0.0	0.0	0.0	12.5	2.9%	10.3		2.2
Sheffield CCG	YES	0.0	0.0	0.0	0.0	0.0	15.2	1.7%	15.6		-0.4
		-9.0	0.0	0.0	0.0	0.0	54.4	2.2%	51.5	2.2%	2.9
TOTAL		-5.4	62.0	-58.4	-58.3	0.1	120.9	2.5%	123.5	2.6%	-2.6

6. ICS financial summary – CCG allocation growth

	Core growth %	Core growth per capita %	Core DFT opening 19/20 %	Core DFT closing 19/20 %	Est ave reg'd pop'n 18/19	Est ave reg'd pop'n 19/20	% change
Barnsley CCG	5.77	5.01	4.85	4.20	260,350	262,231	0.72
Bassetlaw CCG	5.41	5.10	0.57	0.04	117,383	117,732	0.30
Doncaster CCG	5.25	5.02	3.31	2.69	320,731	321,431	0.22
Rotherham CCG	5.35	5.01	3.74	3.11	263,163	263,993	0.32
Sheffield CCG	5.26	4.65	5.90	4.89	601,173	604,647	0.58
SY&B total	5.37	4.89	4.37	3.61	1,562,800	1,570,034	0.46
National average	5.65						

Allocations

- SY&B uplift 5.37% v national 5.65% due to SCCG above 5% distance from target and SYB lower population growth than nationally
- 3.35% relates to tariff and inflation and 2.02% for growth
- SCCG biggest challenge as lower per capita growth of £1.9m

Financial plans

- All organisations have accepted control total on final plans and risks reduced from draft plan on efficiency and plan alignment
- Efficiency target £120.9m (2.5%) v 18/19 forecast £123.5m (2.6%) a decrease of £2.6m on forecast outturn 18/19

- Biggest challenges at:

Providers

- SCH - CIP 4.0% (£7.9m) of which 52% (£4.1m) is unidentified
- DBTH - CIP 3.3% (£13.2m) of which 78% (£10.3m) is opportunity or unidentified and £1.8m of plan alignment differences with Bassetlaw CCG

Commissioners

- Bassetlaw CCG - £0.6m of QIPP risk and £1.8m of plan alignment differences with DBTH
- CIP plans 2.8% v 3.1% (18/19) and QIPP plans 2.2% v 2.2% (18/19)
- Unidentified CIP/QIPP of £14.1m represents 16% of the provider total and 6% of the commissioner total although this is not real as it is covered by a non recurrent contingency within the plan.

Financial plans

- CCG's have £25.8m of risk identified which has been fully mitigated
- All CCG's have met the following:
 - 0.5% contingency
 - Running cost allowance
 - Mental health investment standard
 - Mental health spend increase
 - Recurrent investment of £1.50 per head in the Primary Care Network
- Miss-alignment of plans has reduced from £47.8m at draft plan to £2.0m at final plan
- The level of year on year risk between 18/19 and 19/20 for CIP/QIPP delivery and plan alignment at (£0.6m) is significantly less than 18/19 at £44.8m
- If plan alignment gaps (excluding £7.1m between STH and NHSE) are real the system will need to deliver 2.5% CIP/QIPP to achieve the system control total
- Key risk is whether there is sufficient workforce and capacity to deliver the plan?

6. Financial assumptions

- Provider volume related income has increased by 1.7% and pay volume related changes have increased by 1.6% and non pay by 0.6%.
- Provider pay costs excluding volume have increased by 3.4% which is slightly higher than the 3.1% reflected in tariff
- Provider non pay costs excluding volume have increased by 1.8% which is slightly higher than the 1.4% reflected in tariff
- CCG expenditure movement as a % of allocation across programme areas is similar to the North East & Yorkshire with the exception of acute (+0.8%) and other programmes (-0.8%)

6. Workforce and activity alignment

Alignment - WTE and pay cost

	Movement in pay %	Movement in WTE %	Total movement %
Barnsley FT	3.17	3.88	-0.71
DBTH	0.63	3.52	-2.89
SCH	-2.31	1.01	-3.32
SHSC	5.04	0.08	4.96
STH	-0.90	0.60	-1.50
Rotherham FT	-2.07	-1.23	-0.84
RDASH	-2.25	-1.20	-1.05
	<u>-0.26</u>	<u>1.01</u>	<u>-1.27</u>

Alignment - Income current year v last year adjusted for growth and tariff

	Variance from expected £'000	Variance from expected %
Barnsley FT	5,049	3.40
DBTH	-13,485	-5.30
SCH	-4,012	-4.20
STH	2,958	0.55
Rotherham FT	6,585	4.90
	<u>-2,905</u>	<u>0.00</u>

Alignment - activity and workforce

	Movement in activity %	Movement in WTE %	Total movement %
Barnsley FT	0.85	3.88	-3.03
DBTH	2.47	3.52	-1.05
SCH	9.54	1.01	8.53
STH	2.93	0.60	2.33
Rotherham FT	-4.31	-1.23	-3.08
	<u>1.99</u>	<u>1.29</u>	<u>0.70</u>

6. Activity alignment – excluding associates

	Commissioner	Provider	Difference	
	Activity	Activity	Activity	%
First outpatient	501,579	507,373	5,794	1.2%
Follow up outpatient	980,146	994,747	14,602	1.5%
Day case	180,430	179,887	-542	-0.3%
Elective	28,442	31,135	2,694	9.5%
Non elective - zero length of stay	43,172	42,687	-484	-1.1%
Non elective - length of stay > 1 day	121,854	121,692	-163	-0.1%
	<u>1,855,622</u>	<u>1,877,521</u>	<u>21,900</u>	<u>1.2%</u>

6. Plan alignment

Commissioner	Activity differences £'000	QIPP differences £'000	Other £'000	Total £'000	Comments
DBTH	-1.5	0.0	-0.3	-1.8	BCCG £1.8m
SCH	0.0	-0.1	0.0	-0.1	SCCG £0.1m
Non ICS	0.0	0.0	0.0	0.0	Notts HC £0k
NHSE specialised commissioning	0.0	0.0	-7.2	-7.2	STH £7.1m, DBTH £0.1m
	<u>-1.5</u>	<u>-0.1</u>	<u>-7.6</u>	<u>-9.1</u>	

6. Alignment – Commentary

Workforce and activity

- Generally good alignment in plans with the system green overall on the three alignment graphs.

Activity alignment

- Good alignment of activity plans in most POD's
- The activity alignment slide excludes associates as they are not shown separately on provider returns and distorts the variance
- The main activity alignment differences are between Bassetlaw CCG and DBTH. The provider is showing higher activity on first outpatient (10.2%), follow up outpatient (5.3%), elective (11.8%) and day case (16.3%) and commissioner higher activity on non elective (5.1%). This is consistent with the £1.5m plan alignment due to activity. Further work will be required to resolve these differences
- There are activity alignment gaps between Barnsley CCG and STH due to the way the forms have been completed and is not a real difference as plans are fully aligned.
- Sheffield CCG and STH have an equal and opposite alignment of 2,000 between day cases and elective

Plan alignment

- Excluding the STH and Specialised Commissioning plan alignment of £7.1m, which is not real, plan alignment differences are £2.0m of which £1.8m relates to Bassetlaw CCG and DBTH.

6. Place risk

	CIP/QIPP 19/20 £m	A CIP/QIPP delivery risk £m Note 1	B Plan alignment risk £m Note 2	A+B Total delivery risk £m	Delivery risk %
Sheffield place					
STH	20.6	0.0	0.0	0.0	
SCH	7.9	4.1	0.0	4.1	
SHSC	3.2	1.2	0.0	1.2	
SCCG	15.2	2.2	0.0	2.2	
Plan alignment	0.0	0.0	0.1	0.1	
	<u>46.9</u>	<u>7.5</u>	<u>0.1</u>	<u>7.6</u>	0.3%
Doncaster & Bassetlaw place					
DBTH	13.2	10.3	0.0	10.3	
RDASH	5.6	1.3	0.0	1.3	
DCCG	10.1	2.7	0.0	2.7	
BCCG	3.5	0.6	0.0	0.6	
Plan alignment	0.0	0.0	1.9	1.9	
	<u>32.4</u>	<u>14.9</u>	<u>1.9</u>	<u>16.8</u>	1.3%
Barnsley place					
Barnsley FT	6.7	2.0	0.0	2.0	
BCCG	13.1	0.0	0.0	0.0	
Plan alignment	0.0	0.0	0.0	0.0	
	<u>19.8</u>	<u>2.0</u>	<u>0.0</u>	<u>2.0</u>	0.3%
Rotherham place					
Rotherham FT	9.3	1.7	0.0	1.7	
RCCG	12.5	0.0	0.0	0.0	
Plan alignment	0.0	0.0	0.0	0.0	
	<u>21.8</u>	<u>1.7</u>	<u>0.0</u>	<u>1.7</u>	0.2%
Total	120.9	26.1	2.0	28.1	0.6%

Note 1

Providers - CIP's that are unidentified or opportunity

Commissioners - QIPP that is unidentified or highlighted as a risk

Note 2

Excludes £7.1m of plan alignment for specialist commissioning as this is not a real difference

Note 3

Excludes Rotherham CCG's unidentified QIPP of £3.4m as the savings are not required in year

- The place with the highest risk to delivery is Doncaster & Bassetlaw (1.3%) due primarily to the high level of CIP at DBTH which is unidentified or opportunity (£10.3m)
- The Rotherham place excludes £3.4m of unidentified QIPP as is not real as it is covered non recurrently by a reserve in the plan.

6. Place risk – Arrangements for financial risk management

- The arrangements for financial risk management were agreed at the February Executive Steering Group. The key principles include:
 - The management of risk at organisation, place and system
 - Expectation is that risks can be contained by place
 - Undertake deep dive to understand the risks at organisation and place
 - Where risks are deemed high each place will need to develop a plan to mitigate risks
 - Organisations which receive Financial Recovery Funding (DBTH, Rotherham, Barnsley) will need to develop a 5 year recovery plan.
 - This will also be required for SCH given the Trust's financial challenges
 - In year monitoring, including early warning, and escalation
 - The maintenance of a risk register for finance and activity
 - Consideration of establishing a risk pool or risk reserve
 - Standardising best practice risk management across all places

7. Efficiency

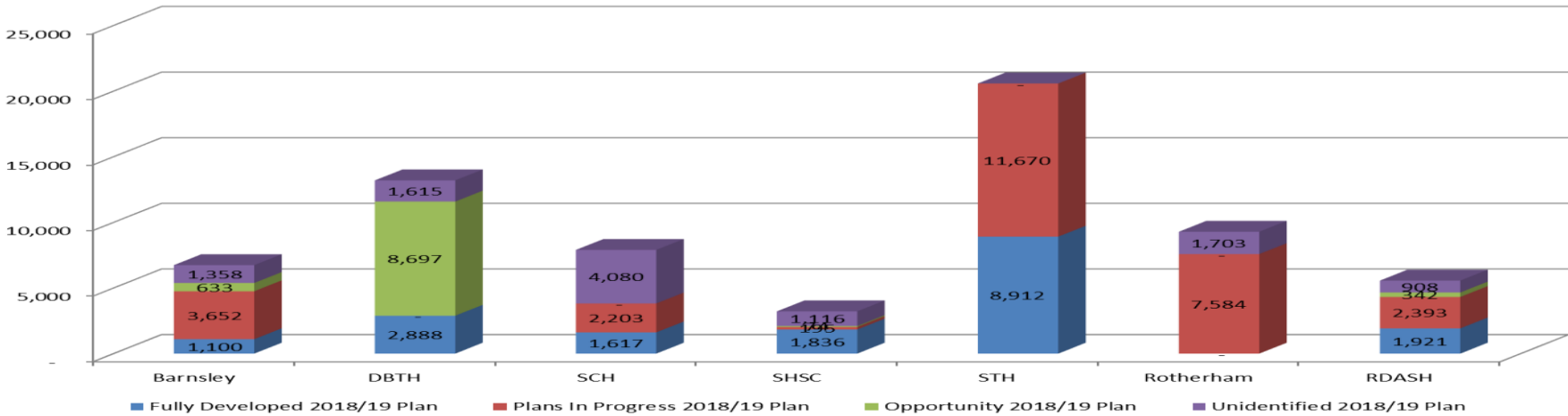


- Plans show CIP 2.8% (18/19 forecast 3.1%) and QIPP 2.2% (18/19 forecast 2.2%)
- Highest levels of CIP are in SCH(4%), RDASH (3.5%) and DBTH (3.3%)
- Highest levels of QIPP are in Barnsley CCG 2.9% and Rotherham CCG 2.9% although if the unidentified QIPP is excluded the percentage reduces to 2.1%
- 16% (£10.8m) of CIP plans are unidentified, 24% (£15.9m) high risk, 15% opportunity (£9.7m) and 8% (£5.2m) non recurrent
- Providers with the highest risk profile of CIP's that are unidentified or opportunity in ranked order are DBTH and SCH

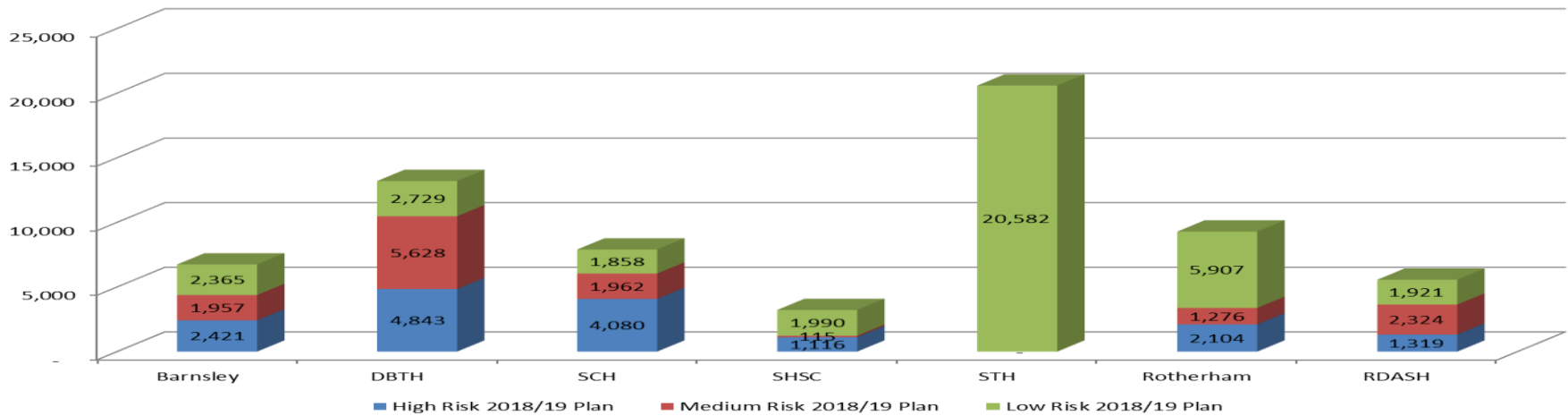
- 8.0% (£4.2m) of QIPP is non recurrent.
- 6% (£3.4m) of QIPP is unidentified at Rotherham CCG although this is covered non recurrently by a reserve
- Commissioners with the highest risk profile of QIPP's that are unidentified or identified as a risk is Doncaster CCG
- The 3 largest categories of QIPP are medicines optimisation (32%), elective care (20%), continuing healthcare (12%) and commissioning administration (12%)
- The CIP/QUIP plans are back end loaded with CIP plans phased 39:61 and QIPP plans 48:52

7. Efficiencies - Providers

Provider CIP development

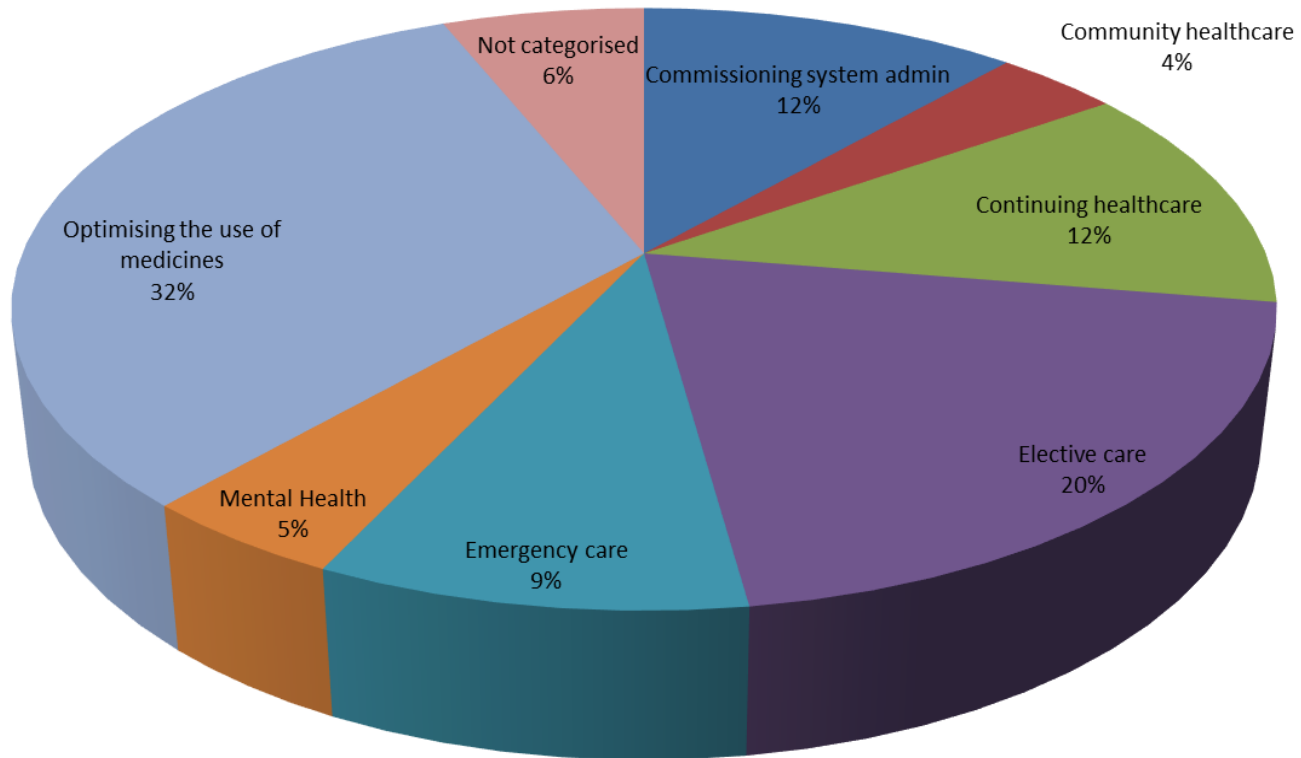


Provider CIP risk

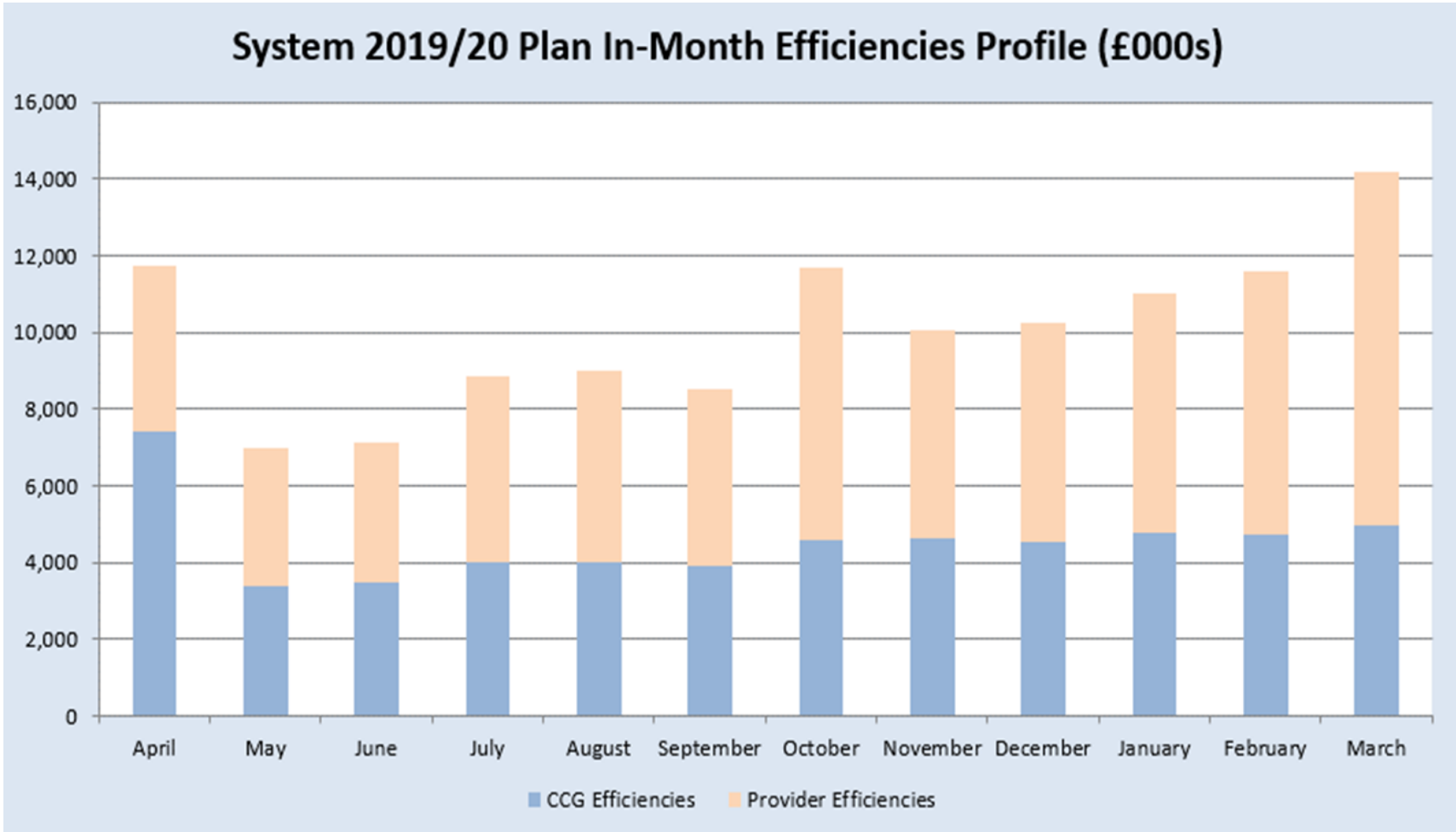


7. Efficiencies - Commissioners

QIPP categories

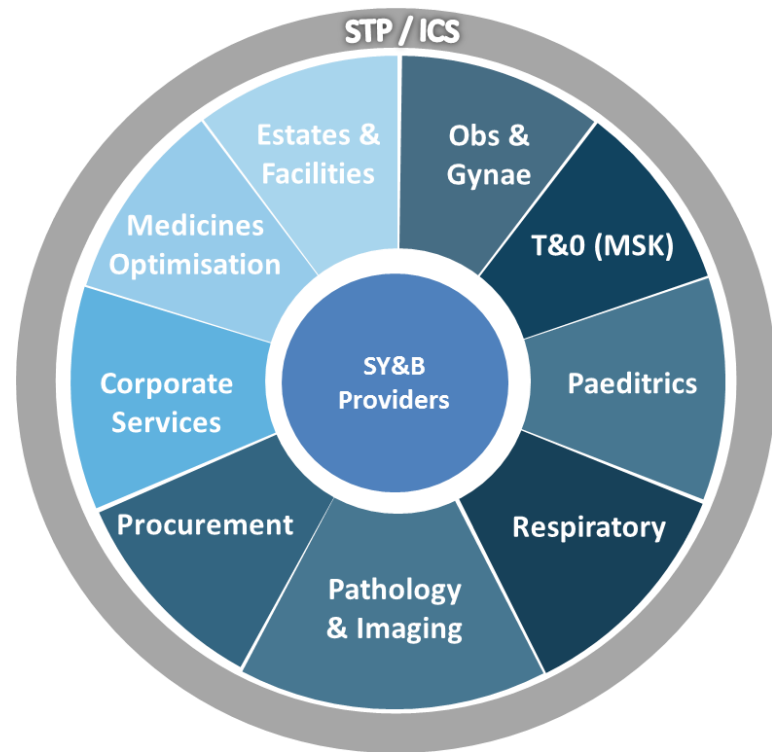


7. Efficiencies - Profile



7. Efficiencies – System Efficiency Board

- During 2018/19, SYB analysis of CIP and QIPP plans enabled the system to understand the scale, scope and risk of plans for the year in order to provide support where appropriate. This included the QIPP4 work (commissioned by NHS England) to support CCG QIPP delivery.
- In parallel, the ICS introduced an SYB System Efficiency Board (SEB) and undertook two stakeholder workshops in order to build a system-wide consensus on the direction of travel and emerging priorities.
- This work was supported by the Model Hospital, RightCare and GIRFT teams who prepared a “System Diagnostic” which began to identify common themes.



7. Efficiencies – System Efficiency Board

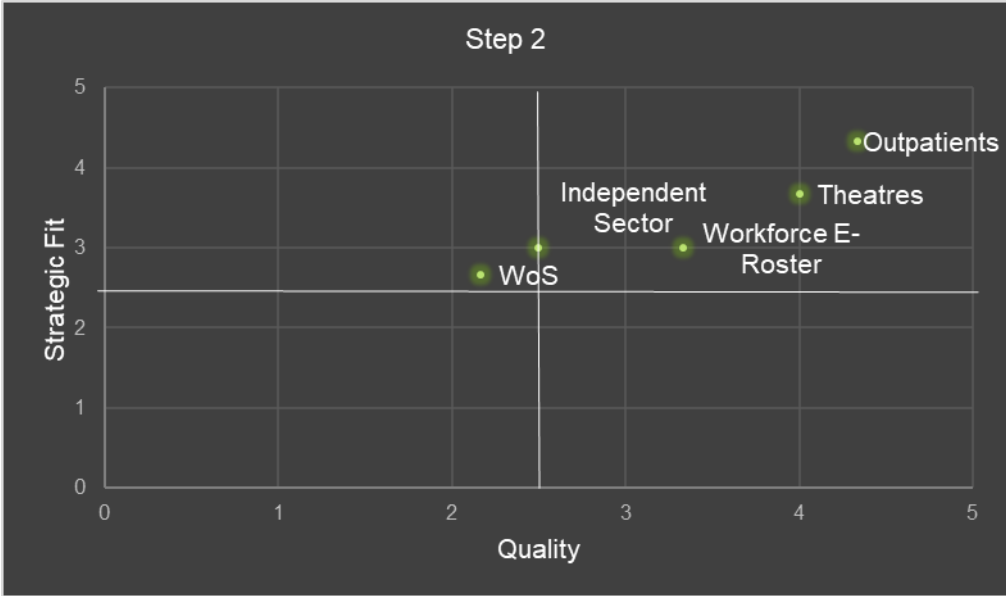
- The ICS has commissioned external support to review the system wide analysis already undertaken (System Diagnostic) to establish KLOE (Key Lines of Enquiry); evaluate those KLOE through stakeholder engagement exercise to assess the extent to which opportunity realisation already has, or, is planned to take place and to establish whether potential gaps or opportunities exist at the system-wide level.
- This will lead to development of feasibility analysis to support a decision to select a small number of schemes and Draft Business Cases. This approach will provide assurance that the emerging themes represent the most appropriate areas of focus at a system-level in light of current workstream and system priorities; and the Long Term Plan.

*Indicative opportunity is an estimate based on benchmarking analysis - this should be treated as a broad measure of scale and not an absolute number - this will be tested further as the programme progresses.

Area	Short description	Opp Range*	Area	Short description	Opp Range*
Function / Pathways			Workforce focussed		
Outpatients	In line with the Long Term Plan, an opportunity has been identified in relation to reshaping the way Outpatient services are delivered	£10-20m	Corporate Services	Analysis of the full portfolio of corporate services has been undertaken. Considering 18/19, the residual opportunity is presented	£12-24m
Theatres	Analysis of Capacity utilisation analysis across the system has identified both an income and cost out opportunity	£6-12m	E-Roster	Work is underway with NHSI to utilise E-Roster more efficiently in managing our workforce	£10-20m
Admission optimisation	Benchmarking of variation, has highlighted 5 key specialties where Bed day opportunities appear	£7-10m	Temp Pay	Work is underway to rationalise and standardise the supply and cost of temporary pay	£4-8m
Diagnostics (Imaging & E)	Initial Demand and Capacity analysis in Imaging and CT has highlighted an opportunity based on unwarranted variation	£5-8m	Skill/Mix	Benchmarking analysis has highlighted potential opportunities across the workforce groups	£15-59m
NEL Respiratory	Analysis of variation has identified opportunities in relation to admission avoidance and community care utilisation	£4-5m	New Integrated Models	High Level "What if analysis has been undertaken, considering the Long term plan ambitions for integration, to assess the indicative efficiencies that could be achieved in SYB	£5-10m
Mental Health, Out of area Placements	What if analysis identifying how much could be saved through a reduction in Out of Area Placements	£5-7m	CHC	High level assessment of key areas of work that could potentially benefit from being done at scale, such as pooling budgets	£4-5.5m
Single MSK Triage	What if analysis undertaken to try understand the potential efficiency opportunity by either standardising practices or creating a single Triage Service for SYB	£2-3m	Transactional in nature		
			Independent Services	An opportunity has been highlighted to more effectively use NHS capacity.	£0-45m
			Estates	Work-underway to establish efficiency opportunities	<i>tbc</i>
			Digital	Focus on 'Buy-once' where appropriate as a system (Hardware and Software)	£2-13m
			WoS	Partnership approach to enable system economies of scale	£7-12m

7. Efficiencies – System Efficiency Board

- Following development of plans-on-a-page for each KLOE, each was assessed through an agreed process taking into account deliverability and value for money; and strategic fit and quality.
- The process took a two-stage matrix approach with the highest quadrant items moving from the first stage assessment to a second stage of assessment.
- Priority schemes reached the highest quadrant on both assessments.

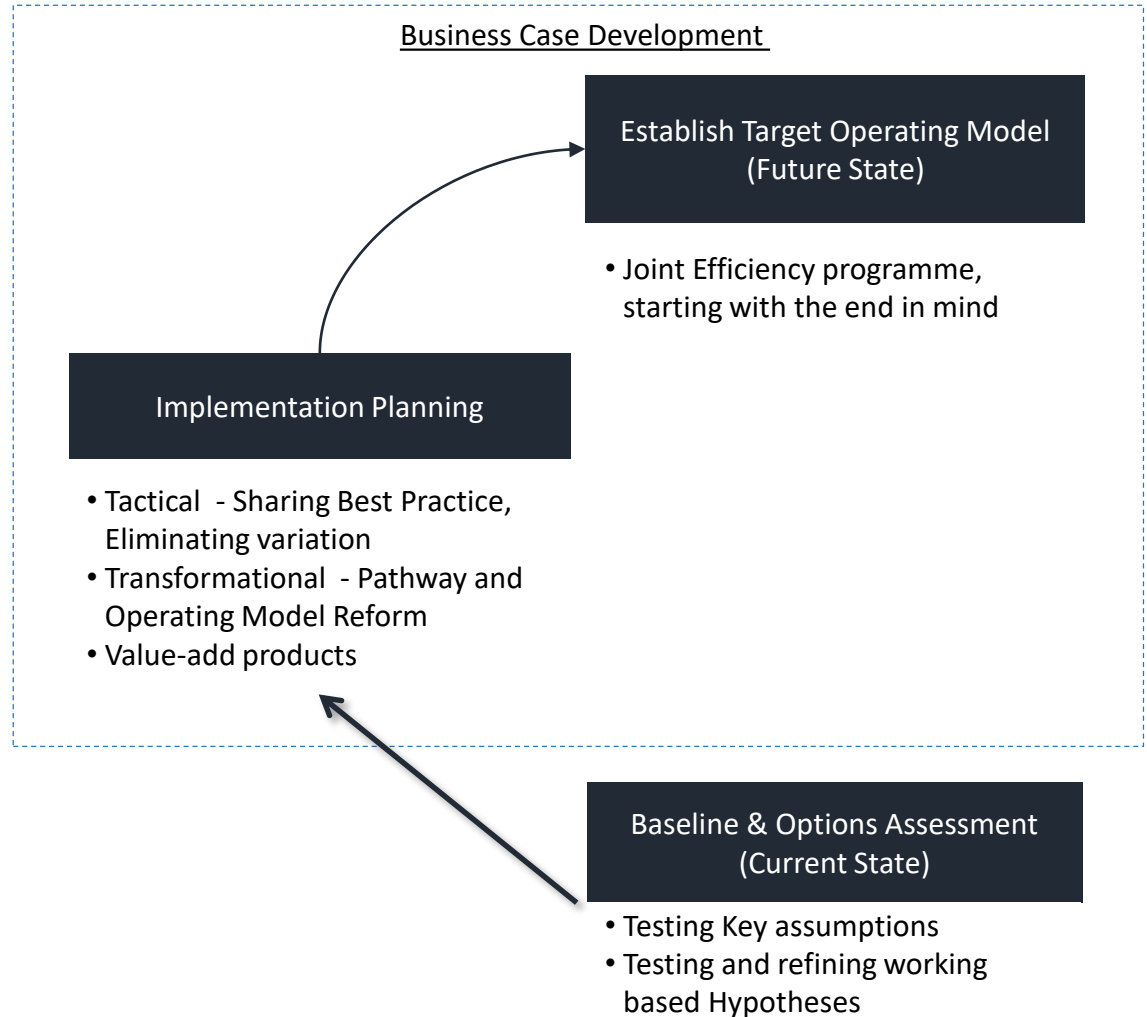


- As part of testing the outcomes the 2-step approach was reversed. The outcomes were not changed.
- The four emerging themes are:
 - **Outpatient Reform**
 - **Theatres**
 - **Workforce e-rostering**
 - **Independent Sector**
- Business Case activity will now focus on this smaller number of schemes which represent the emergent efficiency themes of focus at a system-level.



7. Efficiencies – System Efficiency Board

- The business case process will now take 3-stages
- (a) to undertake baseline analysis in detail (and a data-request has been issued to CCGs and Providers to enable this); also to reconcile against existing organisation and place based assumptions;
- (b) to agree a system-product list which describes the joint-steps on the system transformation journey developed through the formation of dedicated task and finish groups; and
- (c) to build the case for change to access the potential system savings and begin to access system-opportunity.



8. Performance & Quality Improvement



8a. Performance & Quality – ICS Approach to Quality Improvement

The SYB ICS quality approach is embedded through individual organisations, place and system level through:

- Patient Experience and Involvement – is a priority in the five places and at system level. In addition to the development of a Citizens' Panel in 2018/19, the SYB ICS piloted work with the national Patient and Public Involvement Team in NHS England on a national framework for involvement in ICS working. The work enabled the development of an action plan, co-created with representatives from the community and voluntary sector, NHS and the public, which will be used to strengthen the ICS's approach to involvement, including work to inform the local response to the Long-Term Plan in 2019/20.
- Patient Safety - progress on individual initiatives and national indicators are monitored at ICS level via the Single Assurance Framework with monthly reports of the ICS Quality Dashboard to the Quality Group (currently in development), the Health Executive Group and the Integrated Assurance Committee (non-executive assurance) via monthly and quarterly performance reports. Information and data will continue to be monitored at organisation and place level to ensure lessons are learned, improvements to care are identified and implemented and best practice is shared.
- Clinical Effectiveness – is embedded in the ICS transformation work through individual programme areas and through key initiatives such as the Acute Hospital Review and the System Efficiency Board. The Acute Hospital Review identified reducing unwarranted variation and improving clinical effectiveness as a key driver for improvement and this work is now being taken on by the five Hosted Clinical Networks which become operational from 1 April 2019. The System Efficiency Board draws together the work of RightCare, GIRFT and the Model Hospital to identify opportunities for improvement.

The experience and learning of local organisations is being used to build the approach to quality improvement by rapid transfer of knowledge in place and across the ICS. Examples of this include the DBHFT involvement in the first cohort of the NHSI Vital Signs Programme (a three-year improvement programme based on lean principles) and the nationally-recognised work in STHFT from the Microsystem and Flow Coaching Academies (MCA and FCA) to build improvement capability and redesign care the system.

8. Performance & Quality – ICS Approach to Quality Improvement

Protecting from avoidable harm				Commissioner					
Period	Better is...	Standard / Eng Value	SYB ICS	Barnsley CCG	Bassetlaw CCG	Doncaster CCG	Rotherham CCG	Sheffield CCG	
Cdiff	Jan-19	L 140 (ICS)	32	3	1	6	4	18	
MRSA	Jan-19	L 0	1	1	0	0	0	0	
MSA breaches	Jan-19	L 0	2	0	0	1	0	1	
MSSA - No of cases	Jan-19	L Lower is Better	34	4	5	7	5	13	
E-Coli - No of cases	Jan-19	L Lower is Better	102	16	11	18	14	43	
DTOC*	Jan-19	L 3.5%	3.3%	0.4%	1.5%	1.5%	3.8%	3.6%	
Cancelled Urgent Ops **	Jan-19	L 0	6	0	0	0	0	6	

* Please note uses provider level data mapped to CCG (Sheffield -STH)
 **Please note uses provider level data mapped to CCG (Sheffield = SCH+ STH)

Better Is...	
H (High)	Better performance the higher the vaue
L (Low)	Better performance the lower the value
	Not achieving constitutional standard

Protecting from avoidable harm				Provider					
Period	Better is...	Standard / Eng Value	SYB ICS	BHFT	DBTHFT	SCHFT	STHFT	TRFT	
Cdiff	Jan-19	L 140 (ICS)	11	0	5	1	5	0	
MRSA	Jan-19	L 0	0	0	0	0	0	0	
MSA breaches	Jan-19	L 0	0	0	0	0	2	0	
MSSA - No of cases	Jan-19	L Lower is better	10	0	4	0	6	0	
E-Coli - No of cases	Jan-19	L Lower is better	34	3	9	3	16	3	
Never events declared - number	Jan-19	L 0	1	0	1	0	0	0	
DTOC	Jan-19	L 3.5%	3.3%	0.4%	1.5%	-	3.6%	3.8%	
Cancelled urgent Ops	Jan-19	L 0	6	0	0	1	5	0	

Protecting from avoidable harm				MH Provider			
Period	Better is...	Standard / Eng Value		RDASH	SHSC	SWYPFT	Notts HC
MSA	Jan-19	L 0		0	0	0	0
Never Events declared - Number	Jan-19	L 0		0	0	0	-
DTOC	Jan-19	L 3.5%		9.3%	5.0%	1.5%	-

The delivery of key quality standards is reported on a monthly basis to the Hospital Executive Group and Integrated Assurance Committee. The two areas of under-performance (DTOCs and cancelled urgent operations) have both been the subject of improvement plans in 2019/20 so that the ICS will meet all the identified national standards at the end of 2018/19.



8. Performance & Quality – ICS Approach to Quality Improvement

Developing Quality in 2019/20

Each NHS organisation and place has planned for the introduction and development of national quality initiatives in 2019/20. The level of assurance on plans is:

	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
Learning from national reviews	G	G	G	G	G
Learning from deaths	G	G	G	G	G
7-day working	A	A	A	A	A
Reducing gram negative bloodstream infections	G	G	G	G	G
Introducing NEWS / PEWS	G	G	G	G	G

The amber-rating on 7-day working reflects the challenges associated with workforce supply. These challenges are covered more fully in the specific section on workforce. For the hospital sector, the Acute Service Review and the introduction of the five hosted clinical networks from 1 April is a significant step in achieving sustainable 7-day services in key specialities.

8b. Performance & Quality – Delivery in 2018/19

Delivery in 2018/19

Performance across the ICS in 2018/19 has been strong, with key risks to delivery

SYB ICS Delivery			Standard	Period	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
A&E - Maximum 4-hour wait	95%	Feb-19	●	●		●	●	●			●	●	●	●		●	●	●	
12 hour trolley waits	0	Feb-19	●	●		●	●	●			●	●	●	●		●	●	●	
RTT - 18 week wait	92%	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	
RTT - 52 ww	0	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	
Diagnostics	1%	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	
Primary Care - Extended GP Access	100%	Dec-18	●	●		●	●	●			●	●	●	●		●	●	●	
Primary Care - Satisfaction	83.8%	2018	●	●		●	●	●			●	●	●	●		●	●	●	
Cancer 2 week wait	93%	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	
Cancer 2 week wait breast	93%	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	
Cancer 31 day	96%	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	
Cancer - Early Diagnosis	PLACEHOLDER																		
Cancer - 62-day treatment	85%	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	
Mental Health - IAPT recovery	50%	Dec-18	●	●		●	●	●			●	●	●	●		●	●	●	●
Mental Health - IAPT access	4.48%	Dec-18	●	●		●	●	●			●	●	●	●		●	●	●	●
Mental Health - EIP	53%	Dec-18	●	●		●	●	●			●	●	●	●		●	●	●	●

Statutory measures			Standard	Period	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
CCG IAF Assessment QOL	RAG	Q2 18-19	G*					G*			G*		G			G			
CCG IAF Assessment - Finance	RAG	Q2 18-19	G					G			G		G			A			
Organisations in Special Measures	NO	2017-18	NO	NO	NO			NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
CQC Inspection rating - under new approach	0	Feb-19		GOOD	REQ IM				GOOD	GOOD		REQ IM		REQ IM	GOOD		GOOD	GOOD	REQ IM
NHSI - Single Oversight Framework Segmentation	0	Mar-19		2	2			2	1		2		3	1			2	2	2

Protecting from avoidable harm			Standard	Period	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
Cdiff	140 (ICS)	Jan-19	3	0			1				6	5	4	0		18	1	5	
MSA breaches	0	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	●
MSSA - No of cases	Lower is Better	Jan-19	4	0			5				7	4	5	0		13	0	6	
E-Coli - No of cases	Lower is Better	Jan-19	16	3			11				18	9	14	3		43	3	16	
Never events declared - number	0	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	●
DTOC (mapped to provider)	3.50%	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	●
Cancelled urgent Ops	0	Jan-19	●	●		●	●	●			●	●	●	●		●	●	●	●

● Achieving constitutional standard
 ● Not achieving constitutional standard



8b. Performance & Quality – Plan for 2019/20

Performance across the ICS on core standards has been strong in 2018/19. The forecast for 2019/20 from place plans continues this trend, with some risk in emergency care and cancer standards. Work will continue to mitigate these risks.

Area	Deliverable/Standard	Delivery Assurance						Comments
		SYBICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield	
Mental Health	Dementia Diagnosis	●	●	●	●	●	●	
	IAPT Access Rate	●	●	●	●	●	●	
	IAPT Recovery Rate	●	●	●	●	●	●	
	IAPT 6 Week Waiting Time	●	●	●	●	●	●	
	IAPT 18 Week Waiting Time	●	●	●	●	●	●	
	Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4	●	●	●	●	●	●	
	Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week	●	●	●	●	●	●	
	Improve Access Rate to CYPMH	●	●	●	●	●	●	
	EIP - Psychosis treated with a NICE approved care package within two weeks	●	●	●	●	●	●	
	Out of Area Placements	●	●	●	●	●	●	
	Physical health checks for those with severe mental illness	●	●	●	●	●	●	There are no concerns regarding 2019/20 delivery, but performance is currently below what is required.
Primary Care	Extended access (evening and weekends) at GP services	●	●	●	●	●	●	
	NHS 111 booking into Extended Access	●	●	●	●	●	●	



8b. Performance & Quality – Plan for 2019/20

Delivery Assurance

Area	Deliverable/Standard	SYB ICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield	Comments
Urgent & Emergency Care	Emergency Care Standard: Maximum 4 hour wait	●	●	●	●	●	●	Significant challenge across systems, most notably in Rotherham.
	Emergency Care Standard: Zero tolerance on handovers >30 mins	●	●	●	●	●	●	
Elective Care	18 Week Maximum Referral to Treatment Time	●	●	●	●	●	●	Significant challenge in Bassetlaw and Doncaster.
	6 Week Maximum wait for Diagnostic	●	●	●	●	●	●	
	Zero over 52 week waits	●	●	●	●	●	●	
	Maintenance of total waiting list: <i>Maintain March 2018 objective</i>	●	●	●	●	●	●	
Cancer	Cancer Waiting Times: <i>2 Week Wait</i>	●	●	●	●	●	●	
	Cancer Waiting Times: <i>2 Week Wait (Breast Symptoms)</i>	●	●	●	●	●	●	ICS has not delivered the standard Q1, Q2 or Q3 2018/19.
	Cancer Waiting Times: <i>31 Day First Treatment</i>	●	●	●	●	●	●	
	Cancer Waiting Times: <i>31 Day Surgery</i>	●	●	●	●	●	●	
	Cancer Waiting Times: <i>31 Day Drugs</i>	●	●	●	●	●	●	
	Cancer Waiting Times: <i>31 Day Radiotherapy</i>	●	●	●	●	●	●	
	Cancer Waiting Times: <i>62 Day GP Referral</i>	●	●	●	●	●	●	ICS has not delivered the standard Q1, Q2 or Q3 2018/19.
	Cancer Waiting Times: <i>62 Day Screening</i>	●	●	●	●	●	●	
	Cancer Waiting Times: <i>62 Day Upgrade</i>	●	●	●	●	●	●	ICS has not delivered the standard Q1, Q2 or Q3 2018/19.



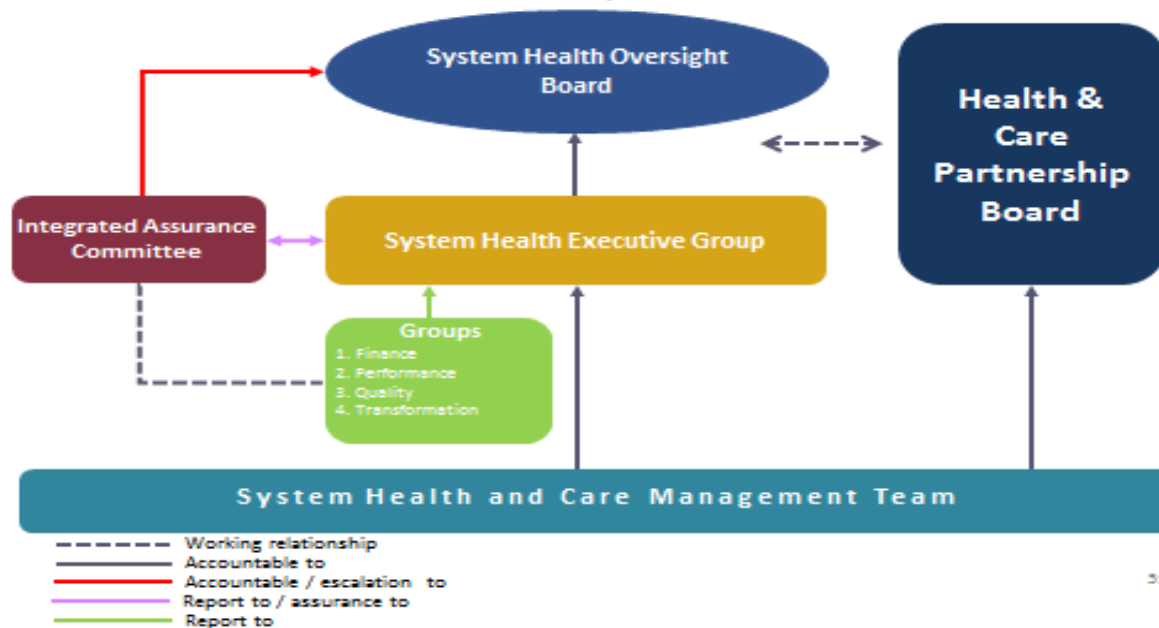
9. Governance



9. Governance

- The 2019/20 Operating Plan has been developed within the overall ICS Governance structure .
- The delivery of the plan will be monitored through the four delivery groups (finance, performance, quality, transformation)
- Executive scrutiny will take place in the System Health Executive Group
- Non-executive scrutiny will take place in the Integrated Assurance Committee
- Regional oversight will take place in the System Health Oversight Board.

Summary schematic: SYB –ICS Interim governance arrangements for 2019/20



10. Alignment with Long Term Plan



Aligning 2019/20 System Operating Plan to System Strategic Plan

Key principles: 2019/20 sets both the baseline for the system strategic plan and is implementation year 1 of the ICS five year plan.

Building on

We will continue to build on SYBs implementation of the Five Year Forward View and the 2019/20 system operating plan informs us of the progress made across SYB; setting both a revised baseline and refresh of priorities for transformation delivery in year one of the strategic plan, including activity, finance, delivery improvement requirements. We have established both a system planning mechanism to develop our system operating plan and also strategic plan, engaging key partners.

Key priorities

SYB has established priorities and delivery mechanisms covering the full range of national priorities within the LTP and key local priorities. These are being reviewed in light of the LTP, objectives refreshed and re-focused and delivery strengthened to ensure year 1 continues our journey of sustainability through transformation and improvement delivery including: plans and trajectories for further integration, implementing new models for example Primary Care Networks across the ICS and improvements in key constitutional standards.

Engaging with partners

Building on the strong relationships and leadership within each Place and across the whole of the ICS together with our experience of planning together, transforming together, delivering together and sharing risk together, within a mutual accountability framework we have begun the next of this journey, starting to engage with all partner organisations, patients and the public in the context of the long term plan. We have also strengthened our framework for how we do this with renewed governance, with a clear focus on delivery and transformation.

Whole system model

SYB has a population of 1.5 million. Health and care needs are met by many partners working together; health and care commissioners and providers, including, primary, community care, acute services and the voluntary sector. Meeting the needs of the total populations requires close working at a very local level in communities and networks across our five places and across SYB. Our strategy will set a vision for a sustainable whole system following the principles of the LTP.

Version Control

Version	Date	Description
0.1	11/02/19	Outline structure
1.0	18/02/19	Working Draft 1 – initial collation
1.1	18/02/19	Draft for ESG discussion – 19/02/19
1.2	19/02/19	Draft submitted to NHSE / I
2.0	11/04/2019	Final submission to NHSE/I
2.1	07/05/2019	Final draft for Health Executive Group Review 14/05/19

This version →



**Minutes of the meeting of the Charitable Funds Committee
Held on Tuesday 26th February 2019
In the Boardroom, Bassetlaw Hospital**

Present:	Sheena McDonnell	Non-executive Director (Chair)
	Suzy Brain England OBE	Chair of the Board
	Richard Parker OBE	Chief Executive
	Jon Sargeant	Director of Finance
	Alan Chan	Non-Executive Director
	Neil Rhodes	Non-Executive Director
	Kath Smart	Non-Executive Director
	Linn Phipps	Non-Executive Director
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals

In attendance:	Gareth Jones	Trust Board Secretary
	Adam Tingle	Acting Head of Communications and Engagement
	Matthew Bancroft	Head of Financial Accounts
	Phil Beavers	Public Governor Doncaster

ACTION

Welcome and apologies for absence

19/2/1 Apologies for absence were presented on behalf of Pat Drake and Mr Sewa Singh.

Minutes of the meeting held on 25 January 2019

19/2/2 The minutes of the meeting of the Committee held on 25 January 2019 were APPROVED as a correct record subject to the following:

- Moir to include 'a' to read Moira.

19/2/3 It was noted that the previous meeting had been held at short notice and therefore acknowledged this being the reason for the number of apologies received.

19/2/4 It was also acknowledged that the Trust had achieved, for the first time in three years, a successful early submission of the annual accounts. The Committee commended colleagues for their hard work to achieve this.

Action List.

19/2/5 The actions notes were discussed and updated.

Reports for decision

Committee Work Plan

19/2/6 The Committee reviewed the work plan and suggested the Annual Report and Accounts to be included for September 2019 and the Review of Investment Partner to be moved to February 2020.

Review of Charitable Funds Policy

19/2/7 The Committee considered a report of the Director of Finance that set out the updates to the Expenditure Policy following an internal review. A review of policy examples from across the sector had been undertaken and a DBTH specific policy developed.

19/2/8 The Committee discussed and APPROVED the policy.

Funding Request for Nutritional Support Role

19/2/9 The Committee considered a report of the Director of Nursing, Midwifery and Allied Health Professionals which sought approval of the funding request for a Nutritional Support role for a one year period as part of a pilot scheme.

19/2/10 It was discussed that the Nutritional Support role would cover all three DBTH sites and would support different groups of staff and patients to ensure nutritional needs are met.

19/2/11 The Committee was advised that one Band 7 Senior Nurse is currently in post but it was felt that further support is needed to cover across the DBTH sites and a Band 4 Assistant Practitioner should be considered to support this role.

19/2/12 The Committee was advised that the Fred and Ann Green Advisory Group had discussed the paper and felt that the project was innovative in nature and approved the funding in principle. However, due to the value of the funding request the Fred and Ann Green Advisory Group recommended the proposal to Charitable Funds Committee for approval.

19/2/13 Neil Rhodes asked if the £26k for the post also covered the on costs which Jon Sargeant confirmed that this had been accounted for and had been included in the budgets for the role.

19/2/14 Kath Smart asked why this position should be considered by the Charitable Funds Committee and not mainstream Trust funds to which Moira advised that it was to support the development of the service across the three sites of DBTH and was an opportunity to test the work before being routinely provided. Should this have been considered out of main Trust Funds it would have been included as a cost pressure and likely to be unsuccessful.

19/2/15 Suzy Brain England noted the timely implementation of this role due to

the work being undertaken around making mealtimes matter.

19/2/16 The Committee APPROVED the request and SUPPORTED the pilot.

Reports for assurance

Communications for DBTH Update

19/2/17 The Committee considered a report of the Acting Head of Communications and Engagement which presented an update on the progress and actions of the Communication Team in the set-up and operation of the DBTH Charity.

19/2/18 The report detailed a number of activities taking place across the Trust to include:

- Promotion of the internal charity bidding process
- Raising awareness of Charitable Funds available
- Ground breaking ceremony for the new CT scanner
- Work with the Cancer Detection Trust – future Urology Project under review
- Exploring replication of Christmas Baubles outdoors in Doncaster as previously showcased at Sheffield Childrens Hospital
- A musical event on 22nd March by Linn Phipps and Roy Underwood to support a bereavement garden at Bassetlaw Hospital
- Supporting the approach for people to undertake runs on behalf of the DBTH Charity with the Trust supporting with the development of material such as T-shirts.

19/2/19 The Committee was advised that the charitable bidding process is being reviewed to enable easier access to the funds. Further details to be included on the newly developed extranet, The Hive.

19/2/20 The updated was NOTED.

Charitable Funds Development Committee Update

19/2/21 The Committee considered a report of the Director of Nursing, Midwifery and Allied Health Professionals detailing the requests for funding that had been received by the committee and approved in the period of November 2018 to February 2019.

19/2/22 The Committee was informed that the Charitable Funds Development Committee had received 22 funding requests with a total spend of £140k to date. The approval limit for each item was noted as £25k and it had been suggested that £350k to be allocated to the committee for the year.

19/2/23 In response to a concern raised regarding the amount the Committee had approved, it was noted that the Committee had been catching up from

previous months and the turnover is not expected to be as high going forward.

19/2/24 Members of the Charitable Funds Committee felt assured in the approach of the Charitable Funds Development Committee and supported the ongoing work in approving proposals going forward. Members extended their thanks to the Charitable Funds Development Committee and acknowledged the effectiveness of the committee across the organisation.

19/2/25 The Committee NOTED the recommendations and AGREED the financial limits of approval of £25k per item with an overall annual allocation of £350k total spend.

Compliance with Charity Commission Guidance

19/2/26 The Committee considered a report of the Director of Finance that set out the updates in compliance with Charity Commission Standards. It was recommended that the Charities review their practices against what is recommended by the Charity Commission to ensure good governance.

19/2/27 An area of concern was noted around the natural conflict that occurs with being corporate trustees as well as Board Members of the DBTH Charity. Following a detailed discussion by members, it was agreed that the Trusts Governors as observers at the committee provided independent question and challenge to the decisions made and further links are made with the Fred and Ann Green Legacy Advisory Committee that provides scrutiny to the choices of spending of charitable funds. It was discussed that a further audit would be considered in 2019/20 to ensure this is operationally effective.

19/2/28 The Committee NOTED the update.

Investment Update

19/2/29 The Committee considered a report of the Director of Finance that set out the investment updates and the handover of investment management to the newly appointed investment managers, Standard Life, from Investec. It had been proposed that Standard Life would be appointed on the same rules as Investec. It was agreed that a session would be held with all Board Members on the investment risk appetite.

JS / MB

19/2/30 As part of the handover, Jon Sargeant reported that a risk appetite questionnaire was required and Standard Life had been recommended on a basis for completion. It was acknowledged that the risk profile was likely to change following an investment workshop with trustees that would be held in the coming months.

19/2/31 The Committee discussed the signatories required for Standard Life and agreed that all Non-Executive Directors and Executive Directors on the

Charitable Funds Committee would be an approved signatory and at least one Non-Executive Director and one Executive Director should sign where possible to ensure balance and fairness. The Head of Financial Control advised that necessary identity checks would need to be undertaken and he would liaise with NEDs to obtain the relevant details.

MB

19/2/32 The Committee:

- 1) CONFIRMED the approach taken to allow Standard Life to proceed with managing the investment portfolio.
- 2) CONFIRMED that the suggested responses to the questionnaire are appropriate, and NOTED that these change following a presentation from Standard Life.
- 3) CONFIRMED the signatories to operate the account, along with the number of signatories required to action any changes.

Charitable Funds Management Accounts to December 2018

19/2/33 The Committee considered a report of the Director of Finance that set out the Charitable Funds Management Accounts to December 2018.

19/2/34 The Director of Finance reported that expenditure had increased and investment currently stands at £7.7million, with a healthy cash balance at the end of December 2018.

19/2/35 The update was NOTED.

Review of Funds Balances

19/2/36 The Committee considered a report of the Director of Finance that set out the Charitable Fund Balances up to December 2018.

19/2/37 A detailed discussion took place on the listing of staff lottery funds as part of the charitable funds balance following a concern highlighted by the Chair of the Board. It was noted that the Charitable Funds Committee was noted responsible for the staff lottery funds and therefore the Committee AGREED for the Director of Finance to move staff lottery to the Trust accounts.

19/2/38 The fund balances to December 2018 was NOTED.

Review of Risk Position

19/2/39 The Director of Finance reported that a risk review would be undertaken and feedback would be provided at the next committee.

JS

Any Other Business

19/2/40 No any other business raised.

Date and Time of next meeting

19/2/41 The next meeting of the Committee would take place on 21st May 2019, in the Boardroom at Bassetlaw Hospital, following the Board of Directors meeting.

Sheena McDonnell
Chair of the Committee

Date

DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

**Minutes of the Audit & Risk Committee Meeting
held at 9:30am on Tuesday 19th March 2019
in the Boardroom, Doncaster Royal Infirmary**

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

IN ATTENDANCE : Mark Bishop, Local Counter Fraud Specialist
Rob Fenton, Internal Audit (KPMG)
Michael Green, External Audit (EY)
Jon Sargeant, Director of Finance
Gareth Jones, Trust Board Secretary
Matthew Bancroft, Head of Financial Control
Sewa Singh, Medical director (part)
Roy Underwood, Head of Information Governance / DPO (part)
Nigel Hall, Head of IT Operations (on behalf of Simon Marsh)
David Purdue, Chief Operating Officer
Moira Hardy, Director of Nursing, Midwifery ad Allied Health Professionals (part)

OBSERVERS: Bev Marshall, Public Governor

Action

Apologies for absence

Apologies were received from Simon Marsh, Kate Sullivan and George Webb. Introductions were made around the table.

Action Notes

19/37 The Committee considered the action log and made the following comments:

Action 1 – The Trust Board Secretary reported that a review of risk management, particularly in relation to clinical risk, was underway across the organisation and a new policy is anticipated for July 2019. The new timeframe had been agreed with the Audit Committee Chair to enable consultation with Executive Team and Management Board.

Action 3 – It was agreed that the Trust Board Secretary would liaise with Tim Noble to review the progress of including declaration of interest forms as part of the Trusts appraisal for clinical staff and to report progress to the next Audit and Risk Committee. **Action: G.Jones to liaise with Tim Noble on the progress of including DOI in clinical appraisals.**

GJ

Action 8 – Nigel Hall reported that penetration testing would be completed by the end of March 2019 and agreed to circulate the outcomes to Audit and Risk

Committee Members. **Action: N.Hall to share outcomes of penetration testing to committee members.**

NH

Action 9 – Linn Phipps confirmed her attendance at the Serious Incidents Panel on 17 December 2018. The Committee agreed this action as complete. Action to be closed.

Action 10 – Linn Phipps queried the scope of the risk management audit and advised that she did not recall seeing this paper for comment prior to the Committee. In response, Rob Fenton provided assurance that audit proposals would be circulated to Non-Executives going forward. Rob Fenton reported that the risk management audit proposal had been closed as a draft and the fieldwork had been completed. Linn Phipps expressed her disappointment in not being able to comment and requested that relevant audit plans that require NED's input are shared in advance so that an opportunity is given for comment. The Terms of Reference had been shared and Rob Fenton agreed to share the relevant terms of reference with NED's.

RF

Action 11 – David Purdue advised that the Clinical Administration review had been completed and the new structure was expected to be in place by the end of March 2019. An assessment of baseline training needs would be undertaken due to the risk of having suitably trained or qualified staff in post. A working group had been set up chaired by David Purdue. The Committee agreed this action as complete. Action to be closed.

19/38 Internal Audit Progress Report

Rob Fenton presented the progress report highlighting the progress against plan and days delivered. R.Fenton noted there was still work to undertake for a number of reviews to include Risk Management, Medical HR and Recruitment, and Reporting Stocktake Audit. Rob Fenton was pleased to report that 145 out of 190 days had been utilised.

19/39 Kath Smart, Chair of Audit and Risk Committee, sought assurance from Rob Fenton on the confidence to deliver the remaining days in the plan. Internal Audit was confident they were in track to complete the plan.

19/40 Following a question from Sheena McDonnell regarding the number of audits that had been placed towards the end of the year and whether this was seen to be usual practice, Rob Fenton confirmed that any pending audits would be brought forward where possible but this was reliant on agreement from the Trust on the audit terms of reference.

19/41 Sheena McDonnell was pleased to see the progress of KPI's but had concerns around management responses received within 15 days. Rob Fenton advised that timescales had been complied with where possible and delays occurred due to the priorities of the Trust at the time of Audit. Jon Sargent acknowledged the delayed timescales of providing management responses and advised the committee that significant progress had been made since the last reporting and the Trust had several mechanisms in place to gain the responses needed. This included Internal Audits attendance at Executive Team Meeting. J.Sargeant acts as the conduit between Internal Audit and the Trust.

19/42 Committee Effectiveness

The Committee considered a report of Rob Fenton that outlined the key progress on the Committee Effectiveness Review. The report provided 'significant assurance with minor improvement opportunities' with no issues raised. R.Fenton brought the Committees attention to the medium priority recommendation relating to the risk register and the coverage of risk at committee meetings. R.Fenton was pleased to report that improvements had been made and coversheets for committees had now been adapted to include an increased coverage of risk. R.Fenton provided assurance that all Board Committees had now seen the report for consideration and appropriate actions were underway.

19/43 Complaints

The Committee considered a report of Rob Fenton that outlined the key progress on complaints and the areas where progress was outstanding. The report provided 'partial assurance with improvements required'. There were six recommendations in total with five of these being rated as a medium priority. An area of concern were raised around policy implementation to which Moira Hardy confirmed that a mismatch had occurred due to a change in personnel and the policy would be reviewed to include the benefits of patients. Several recommendations were due for review in May and M.Hardy confirmed that these had been listed on the agenda for Patient Engagement and Experience Committee (PEEC).

19/44 The Committee raised their concerns around recommendation 5 relating to the timeliness of complaints responses. Following a query from Linn Phipps around the route of receiving assurance and the role of the escalation process, Moira Hardy advised that quarterly reports are provided to Quality and Effectiveness Committee, PEEC and Clinical Governance Committee with the Board receiving an oversight via these committees of the assurance process.

19/45 Following a query from Sheena McDonnell around the action plan achieving the outcome of recommendation 5, M.Hardy advised that the action plan would be developed with Divisional involvement in which they would own the changes in relation to the timeliness of responses that would be further escalated through PEEC. An action plan of achievement would be presented to PEEC on 29 March 2019.

19/46 Emergency Planning Procedures

The Committee considered a report of Rob Fenton that outlined the key progress on current Emergency Planning and Business Continuity Procedures. The report provided 'significant assurance'. The Committee extended their thanks to Jeannette Reay for her work and support on Emergency Preparedness Resilience and Response for the Trust.

19/47 Following a query from Linn Phipps on disaster recovery and the timeline of health and safety assurances seen through Board Committees, Gareth Jones reported that the Director of Estates and Facilities had prepared a report that would be reviewed at Executive Committee in April. David Purdue advised that disaster recovery formed

part of the annual assurance processes to Audit and Risk Committee.

19/48 Core Financial Controls

The Committee considered a report of Rob Fenton that outlined the key progress on current Core Financial Controls. The report provided 'significant assurance with minor improvement opportunities'. Internal Audit was satisfied with the controls in place around journals and the authorisation limits for journals, ledgers and transactions.

19/49 R.Fenton brought the committees attention to the ESR payroll data element and absence management reporting which posed the greatest need for attention and investigation. The concern related to the recording of absences outside of ESR and the assurances given by Management that this was captured accordingly. Jon Sargeant advised that a review of the implementation and use of ESR would be undertaken in partnership with Internal Audit. A detailed summary including assurances would be provided in the next Internal Audit Report.

19/50 Information Governance (DSP Toolkit)

The Committee considered a report of Rob Fenton that outlined the key progress on Information Governance (Data Security and Protection Toolkit). The report provided 'significant assurance with minor improvement opportunities'. The scope of the review covered 15 mandatory assertions of the 32 assertions required in the DSP Toolkit. A submission of the DSP Toolkit is required by 31 March each year. Roy Underwood noted that further evidence would be required for the assertions and plans were underway to obtain this which included penetration testing.

19/51 Following a query from Alan Chan on staff understanding of how their activity on Trust devices is monitored, and whether colleagues are informed, R.Underwood confirmed that a policy statement is provided to colleagues on the login page to inform of the rights to monitor the use and staff activity within Trust systems. R.Underwood advised that the review of staff activity is not about monitoring but about supporting the use and activity of Trust systems.

19/52 Linn Phipps queried the Trusts resilience if future IT pressures and demands to which Nigel Hall reminded members of the IT Strategy developed by the Chief Information Officer that identifies the requirement to meet national policies. A staged process of implementation was in progress.

19/53 Roy Underwood advised members of the Committee of a Board Development programme to be delivered by NHS Digital at the Board of Directors Meeting to be held on 26 March 2019.

Internal Audit Recommendation Tracker

19/54 R.Fenton presented recommendation tracker and clarified that the progress of outstanding recommendations on page 3 of the report should read as 'in progress but not overdue' rather than 'incomplete and overdue'. It was reported that there were 14 outstanding high and medium priority recommendations and follow ups on the progress of 2018/19 recommendations were underway. It was agreed that

follow up of low priority recommendations would be reviewed at an Audit and Risk Committee on an annual basis, and evidence would be sought by Internal Audit on the outstanding recommendations prior to presenting to members, with the current follow up work to be extended and completed. It was agreed that the low internal audit recommendations would be completed by Internal Audit and be included in the audit committee workplan to be discussed at a future meeting.

19/55 The recommendations were discussed as follows:

Booking Management (2016/17) – D.Purdue advised that the standard operating procedure had been drafted and the process of accepting referrals had been reviewed throughout the Trust. Training had been undertaken on the newly implemented ERS system with the new model expected to launch on 31 March 2019. The revised SOP would be approved by 01 April 2019 being led by Karen McAlpine.

Estates Strategy and Capital Expenditure - J.Sargeant provided assurance that the 7 facets condition and performance survey as part of the rolling programme would be in place by end of June 2019.

The Committee discussed the reporting of grip and control meetings in 2018/19. J.Sargeant reported that the meetings had been shared amongst Executives S.Singh, K.Barnard and J.Sargeant and found that some meetings had not been held, and those that had been held had not been effective. It was also discovered that the setup of budgets and rotas did not allow budget setting to work in its current format. As a result, working group meetings had been held with medical divisions and a new nursing a module system known as 'Allocate' had been implemented. Nursing Meetings had been held that looked at recruitment and allowed clinicians to work on specific plans and monitor performance.

Action – J.Sargeant to provide an update on grip and control meetings to the finance and performance committee in April 2019 and to share the F&P report with Rob Fenton of Internal Audit.

JS

Draft Internal Audit Plan 2019/20

19/56 The Committee considered a report of Rob Fenton detailing the draft internal audit plans for 2019/20. The plans had been shared with Executive Team and a review of the Trusts Risk Registers had been undertaken.

19/57 Following a question from Linn Phipps on the number of medium risks assessments identified on the strategic plan and the trends in financial risks, R.Fenton advised that financial risk is recognised as a high risk to the Trust and the risk assessment in the report is from an audit perspective and not a reflection of the Trusts Corporate Risk Register.

19/58 L.Phipps queried the need for a risk appetite workshop to which it was agreed that R.Fenton would progress in October / November.

Action: R.Fenton to arrange risk appetite workshop in October / November depending on the Trusts / Members availability.

RF

19/59 Following a query from Alan Chan on the rationale of the CQC areas within the plan, R.Fenton reported that these had been included as a result of the CQC inspection of November 2018 and at the request of the Director of Nursing. Members were advised that the ongoing review planned for 2019/20 was around the emergency department and how the Trust responded to the action plans set out by CQC. R.Fenton informed members that a wider approach had been given to inspections of the CQC and the audit would focus around control and processes. A discussion had been held around the use and implementation of ESR to support compliance with SET and appraisal target and it was agreed that a discussion would be held outside of the meeting between J. Sargeant and K.Barnard.

19/60 Sheena McDonnell highlighted that one of the biggest risks for the Trust relates to estates and asked how internal audit could support going forward. R.Fenton advised that a review of estates could be undertaken in 2020/21. J.Sargeant advised the committee that work was being undertaken on capital emergency bids and this linked to the risks identified on the Trusts Board Assurance Framework and Corporate Risk Register.

19/61 Draft Internal Audit Annual Report & Head of Internal Audit Opinion 2018/19

Rob Fenton provided the Committee with the draft reports and drew the Committees attention to page 5 of the report that detailed the completed reviews and summary of recommendations. It was agreed that a final position report would be presented to the Committee in May 2019.

Action: Final Internal Audit Report & Head of Internal Audit Opinion to be presented to May's Audit Committee by Rob Fenton. RF

19/62 Effectiveness of Trust Audit Functions

The Committee discussed the effectiveness of Internal and External Audit functions delivered to the Trust. The key points included:

External Audit – the Committee felt that the Trust had received its expected service from external audit. It was recognised that a number of difficulties had arose in the initial stages of working together and a significant overrun posed problems in the first year with the accounts but the service went well in 2019/20. The Committee agreed that the Trust has good quality external auditor that maintained their independence and statutory duties to the Trust with the required skill set needed.

L.Phipps queried how the skill set and knowledge could be demonstrated in terms of performance to the Trust. Michael Green advised that External Audit had been involved in significant pieces of work over the last year to include technical accounting discussions, depreciation concerns, incomplete financial records in the first year, charitable funds commitment and prior year assets. L.Phipps felt the report undervalued the work of external audit but acknowledged a significant amount of work had been achieved that added value and credit to Ernst and Young for the work undertaken at the Trust.

The Committee agreed to recommend the approval of external auditors to the Council of Governors.

Internal Audit - the Committee felt that the Trust had received its expected service from internal audit and its commitment mirrored that of external audit. The Committee felt that KPMG added value to key pieces of work at the Trust that can be further demonstrated with the auditing of the information team in 2020. It was agreed that internal audit consistently provided appropriate challenge to the Trust and continued to have good interaction with the Executive Team. Internal audit had demonstrated good responsiveness over the last year and had demonstrated their support with consultancy work for the internal control statement.

The Committee agreed the continuation of KPMG as the Trusts internal auditors.

The Committee agreed a two year extension in the contract for internal audit and agreed to recommend a two year extension for external audit to the Council of Governors for approval.

19/63 External Audit Progress Report / Update on Planned Timing of Audit Work

Michael Green provided an update on the external audit planning report that detailed the proposed audit approach and scope for forthcoming audits at the Trust. The key significant risks remained the same as 2018/19 with no noted changes to the financial statement and value for money. M.Green advised that the RICS guidance on assets depreciation had been received following the development of the report which may impact on the costs that the Trust is asked to factor in to the costings.

19/64 Governor Questions / Reflections

B.Marshall extended his appreciation on behalf of Governors for the external audit report being presented to Governors. B.Marshall stated the format of the internal audit report was easy to follow and further extended his thanks to internal audit.

Following an earlier conversation on the escalation of complaints B.Marshall sought assurance that complaints would be received by the Patient Engagement and Experience Committee. It was noted that policy training would be expected in July 2019 and a working group of CGC would be established to review escalation and the coordination with divisional colleagues.

19/65 Bev Marshall felt there was no evidence to show that feedback was given to patients following their complaint and asked how recommendation 2 relating patient feedback on complaints handling would be addressed. M.Hardy advised that feedback gained is anecdotal and the Trust had planned to implement the NHS Toolkit but was awaiting the commencement of the new Head of Patient Experience and Complaints before implementing.

19/66 Board Assurance Framework and Corporate Risk Register

Gareth Jones presented the Board Assurance Framework and Corporate Risk Register which had been evaluated by executive leads prior to the meeting.

19/67 The Board Assurance Framework (BAF) contained all of the risks to the Trust's five strategic objectives. There had been two risks added to the Corporate Risk Register or Board Assurance Framework in the previous quarter relating to the CQC inspections of November 2018.

19/68 The Committee NOTED the Corporate Risk Register and Board Assurance Framework.

19/69 Risk Management Policy Update

G.Jones advised of the review that would take place on the Risk Management Policy to explain the role of the committees and their responsibilities and, to include a risk escalation flowchart that identifies the process of risks being escalated from Divisions at an operational level.

19/70 It was anticipated that the Risk Management Policy would be ready for approval via relevant committee structures by April 2019 however further work is to be undertaken with Clinical Governance and Divisional colleagues to explore how risks are managed and escalated from an operational level and further utilised within the DatixWeb system. A consultation is underway on including risk appetite within the policy. It is expected that the policy review is to be completed by July 2019. The new timeframe had been agreed with the Audit Committee Chair to enable consultation with the Executive Management Team and Management Board.

19/71 The Committee NOTED the update.

19/72 Standing Orders, SFI's & Scheme of Delegation

The Committee considered a report of the Director of Finance that set out the changes to the SO's, SFI's and Scheme of Delegation that had been updated in line with best practice and up to date practices within the Trust; a summary of the changes had been provided in the coversheet.

19/73 The Committee APPROVED the updates and RECOMMENDED to the Board of Directors.

Local Counter Fraud & Security Management

19/74 LSMS Report

The Committee considered a report of the Director of Estates and Facilities that set out the Trust Security arrangements in the last quarter. The report provided an overview of the security management at a local level and provided updates to members of work streams and work targets for 2018/19.

19/75 In response to a query raised by Bev Marshall around flexible methods for car

parking payments, K.Edmondson-Jones confirmed that payments by cash and card would be incorporated in the new car parking contract.

19/76 B.Marshall sought feedback from K.Edmondson-Jones on the implementation of a charge for the park and ride service from the racecourse to Doncaster Royal Infirmary. It was noted that the service is progressing well and no concerns had been raised from members of the public.

19/77 K.Edmondson-Jones advised the CCTV control room would be located in the basement in response to a question from B.Marshall. It was noted that the CCTV would cover the three DBTH sites. CCTV is to be rolled out to the park and ride service at Doncaster Racecourse and solar powered floodlights would be installed. It was noted that the buses are already equipped with CCTV recording equipment.

19/78 Following a query raised by S.McDonnell on methods available to staff other than Datix for the reporting of incidents and how general feedback would be provided to colleagues on safety and security issues raised, K.Edmondson-Jones advised that work was being undertaken with the Communications Team to further utilise the staff Facebook page and Survey Monkey.

19/79 S.McDonnell raised concerns around the language used when describing homeless people and the view that they are a nuisance rather than requiring support. It was recognised that there are fundamental reasons to why a person has become homeless and expressed the importance of partnership working to support the vulnerable people of Doncaster. K.Edmondson-Jones spoke of a presentation that was given to the Council of Governors that showed the integrated working and reflected the Trusts approach in tackling homelessness. K.Edmondson-Jones provided assurance that those needing help have been supported. The Q4 Security Report would reflect the changes. K.Edmondson-Jones advised that the Complex Lives teams have linked with the Trust to support homeless people and are undertaking twice daily site visits which had seen good progress.

19/80 The Committee NOTED the content of the paper and the progress made to improving current standards of Security Management.

19/81 Counter Fraud Reports

The Committee considered three key reports presented by Mark Bishop to include; LCFS Progress Report, Operational Fraud Plan and Fraud, Bribery and Corruption Policy and Response Plan. The Operational Fraud Plan set out the standard for organisations from the NHS Counter Fraud Authority.

19/82 Linn Phipps queried the frequency of the fraud newsletters to which M.Bishop advised these were quarterly publications and a further newsletter is due in the next quarter.

19/83 Sheena McDonnell queried whether a process was undertaken to review cases prior to them being identified as potential fraud cases due to the high number of unproven cases in the report. M.Bishop advised that all information received had to be recorded and a minimal amount developed into criminal investigations.

19/84 B.Marshall asked about the case of falsifying timesheets as set out within the paper and the actions taken to address the gaps. M.Bishop advised that an e-roster had been implemented and an instruction given to staff at the request of the Director of Nursing of signing in and out procedures.

19/85 The Committee NOTED the LCFS Progress Report, Operational Fraud Plan and APPROVED the Fraud Policy.

19/86 Health and Safety Committee Bi-annual Report

The Committee considered a report of Sean Tyler, Head of Compliance, detailing the work of the Trust Health and Safety Committee and the updates achieved throughout 1 August 2018 and 31 January 2019.

19/87 S.Tyler advised that the fire enforcement notices were still in place but action had progressed against these.

19/88 The Premises Assurance Model (PAM) had been shared with the Chair of Audit and Risk Committee during her attendance at the Health and Safety Committee; further work would be undertaken by the Director of Estates and Facilities in ensuring relevant Board Committees receive the assurances. S.McDonnell felt that the assurance model looked like a comprehensive approach to providing oversight in this important area.

19/89 In response to a question from S.McDonnell on the progress of KPI's in the PAM where it appears that while progress towards achievement looks positive none are meeting target as yet. S.Tyler advised that this was a live model and a demonstration may show more accurately the progress in relation to KPI's and the improvements that had been made during the last year.

19/90 Following debate, members of the Committee felt that a decision could not be made on the recommendation of approval for use of the Performance Assurance Model and deferred the decision to a future Audit and Risk Committee. It was agreed that a live example of the PAM Tool would be provided to the next Audit and Risk Committee in May 2019.

Action: K.Sullivan to include on the May agenda.

Action: S/Tyler and K.Edmondson-Jones to present a live demonstration of the PAM Tool.

19/91 Benchmarking against RIDDOR was raised in relation to the PAM to which K.Edmondson-Jones advised that there is lack of national benchmarking but the Trust continued to monitor its own themes and trends. A local benchmarking exercise had been requested of local Trusts to benchmark the PAM Tool with two Trusts responding with their guidance on providing Board assurance.

19/92 The Committee NOTED the contents of the report.

19/93 Information Governance Steering Group (IGSG) Bi-annual Report

The Committee considered a report of Roy Underwood detailing the work undertaken by the Information Governance Steering Group and the progress set out in the information governance report that underpins the achievement of significant assurance. R. Underwood highlighted the key points of the report, details in which were included on the coversheet. The report focused on the key outcomes and areas of attainment of the Data Security and Protection Toolkit.

19/94 The Committee NOTED the report.

19/95 Items for Information to note

The Committee had received the following items for noting:

- (a) Terms of Reference & ANCR Work Plan
- (b) Minutes of the Information Governance Steering Group meetings held on 27 November 2018 and 31 January 2019
- (c) Minutes of the Health and Safety Committee meetings held on 16 November 2018 and 17 January 2019
- (d) Annual Statement Shared Business Services
- (e) Losses and Compensation Payments
- (f) Waiving of Standing Orders

No matters were raised. The Committee NOTED the reports.

19/96 Governor Questions / Reflections

Bev Marshall extended his thanks to the Estates and Facilities Team for a comprehensive and useful report relating to Health and Safety.

19/97 Issues escalated from sub-committees

None.

19/98 Issues for escalation to Board of Directors

- SFI's, Standing Orders and Scheme of Delegation we also requested the health and safety strategy once completed be escalated to the board as they will need to sign it off.

19/99 Items referred to or from F&P and QEC

It was agreed that the Complaints Audit would be referred to QEC.

19/100 Minutes of the meetings held on 22 November 2018

The minutes of the meeting held on 22 November were APPROVED as an accurate record.

19/101 Any Other Business

Linn Phipps asked for Internal Audit to define the definition of a 'closed' action.
Action: J.Sargeant agreed to liaise with internal audit on the definitions used and the nature of recommendations within the actions plans that had been referred to as 'closed'.

JS

Time and date of next meeting:

19/102 Date: Thursday 23rd May 2019
Time: 9:00am
Venue: DRI – Boardroom

Signed:

.....
Kath Smart
Chair

.....
Date



Minutes of the Meeting of the Management Board
of
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
on
Monday 13 May 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
Jon Sargeant	Director of Finance
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

In attendance:

Gareth Jones	Trust Board Secretary
Simon Marsh	Chief Information Officer
Howard Timms	Deputy Director of Facilities & Estates (<i>for Kirsty Edmondson Jones</i>)
Mandy Espey	General Manager – Surgery & Cancer (<i>Part</i>)
Claire Jenkinson	Deputy Chief Operating Officer – Clinical Specialities (<i>Part</i>)
Kate Carville	General Manager – Medicine (<i>Part</i>)
Lesley Hammond	General Manager (Emergency) – Medicine (<i>Part</i>)
Julie Thornton	Head of Performance

Apologies:

Richard Parker OBE	Chief Executive
Marie Purdue	Director of Strategy & Improvement
Kirsty Edmondson-Jones	Director of Estates & Facilities

Action

Welcome, Introductions and apologies

MB/19/5/1 Apologies as recorded above were noted.

It had previously been arranged to discuss the Bassetlaw Clinical Site for the second half of the meeting. Since that time this discussion had been deferred to the June meeting, instead, the second half of the meeting would be dedicated to discussing progress with annual plans. Divisional Senior Management Teams (SMTs) would attend from 3pm to contribute towards



the discussion.

Actions last meeting

MB/19/5/2 The action log was discussed and updates acknowledged.

3 – Risk 2003 relating to Unsustainable situation to provide out of hours cover in anaesthesia was to be escalated to the corporate risk register managed. This would be covered as part of the discussion to take place in June about the Bassetlaw Clinical Site. The Deputy Chief Executive/Chief Operating Officer gave an update on discussions between the Chief Executive (CE) and Medical Director (MD) with the CE of Bassetlaw CCG Briefly discussed. The Trust had agreed to write formally to the CCG with its intentions regarding service provision at Bassetlaw Hospital. It was noted that any changes would be taken through Management Board, then Board and would include risks / mitigations. Some pre-work for the Bassetlaw Clinical Site workshop in June would be shared with Divisions.

DP

Strategy

Clinical Site Strategy

MB/19/5/3 Deferred to June for wider discussion.

ALL

Finance & Commercial Strategy

MB/19/5/4 Management Board considered a presentation from the Director of Finance (DoF) on progress with the Finance & Commercial Strategy. He provided an overview of the 2018/19 targets, additional work, and targets for 2019/20. He provided further background and contextual information relating the business case for a Wholly Owned Subsidiary (WoS) which had been due to changes in regulations around approvals imposed by the Department of Health (DoH) / NHS Improvement (NHSI). He noted that the business case was still valid with an option to review later in year if required and if the rules changed again, but the current annual plan did not have the WoS in it, although it did have the smaller Pharmacy WoS to replace Well Pharmacy.

MB/19/5/5 Management Board were advised that 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. Therefore an alternative methodology was required. A number of options had been considered with the establishment of a subsidiary, wholly owned by the Trust, identified as the preferred option. The Finance & Performance Committee (F&P) had been updated on the range of options in March 2019 and in April 2019 F&P had recommended to Board for approval the full business case for the development of a wholly owned subsidiary to provide the Trust's outpatient pharmacy service.



MB/19/5/6 He provided further detailed updates on the contract and lease review with Parkhill Hospital, managed equipment scheme and capital funding sources.

MB/19/5/7 The update on capital funding sources led to a wider discussion about, amongst other things, how the Trust would be affected by the request from NHSI for Trusts to reduce their need for capital in annual plans, how existing bids, including those that had included an element to address some of the Trusts backlog maintenance, would be affected and, in light of this, what divisions should do about work they were already progressing for capital bids, for example work on the Children's department and Theatre bid. The Trust had been told it could not submit any bids greater than £15m and therefore there was work to do to re-work some bids and the DoF gave examples of what this meant in terms of changes to existing/planned capital bids. The letter from NHSI had set out that all Trusts must review / reduce capital expenditure and could not submit a revised plan with more capital funding than any original plan. Antonia Durham Hall made the point that given the age of the Trusts estate it was not sustainable to keep up the management of decades of backlog maintenance; the DoF agreed and noted that overall the Trusts capital plans for this would remain the same; For clarity/transparency he would circulate the letter from NHSI

MB/19/5/8 Management Board NOTED to Finance & Commercial Strategy Update.

Corporate Issues

ICS Update

MB/19/5/9 The Deputy Chief Executive/Chief Operating Officer provided an update on recent ICS meetings and discussions about proposed changes to the way in which the Trusts were managed in the context of the ICS and questions were raised about how this would impact on decision making at Trust level; it was clarified that Management Board would be kept up to date with any changes. There was also an update on ICS level 2018/19 performance for 4hr access, cancer and diagnostics and a more detailed update on ICS level financial performance for 2018/19; overall the ICS had ended 2018/19 ahead of combined plans. There was further discussion about how financial support could be accessed for work being done at Trust level to support the ICS and this led to a wider discussion about ICS level work.

MB/19/5/10 There was an in depth discussion about the potential for a hosted network for vascular services; The Medical Director shared details of the background to this and there was a candid discussion about key issues, progress of discussions with vascular surgeons, key issues and risks.

MB/19/5/11 The Medical Director noted that in terms of oversight of ICS work an Efficiency Board looked at finance & performance but the ICS had only very



recently described what would happen in terms of quality standards oversight and governance and he felt there had been a lost opportunity to engage more widely with clinicians on this. Management Board needed to have an open discussion around the Trusts strategy for Doncaster within the ICS, across a range of clinical specialities, and it needed to be clear about what was in the best interests of the Trust's patients and clinicians, similarly there needed to be a discussion around BDGH.

MB/19/5/12 The Update was NOTED.

Finance Report as at 31 March 2019

MB/19/5/13 Management Board received the report of the Director of Finance which set out the Financial Position at Month 12.

MB/19/5/14 Management Board NOTED:

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

Corporate Risk Register

MB/19/5/15 Management Board considered a report of the Trust Board Secretary which set out the latest corporate risk register for consideration. Management Board were asked to consider 3 new risks, escalated via Datix, for escalation to the Corporate Risk Register (CRR). Detailed were set out in the covering report and were discussed:

Risk 2184 - Risk relating to a broken macerator – Howard Timms advised that this risk had been mitigated as the macerator had been replaced. The risk was referred back to the Division for review.

Risk 2191 – Risk relating to patient safety due to reduced diabetes specialist nursing staff – The risk was rated 20 (L5 x I4) and was discussed. The risk related to funding which was due to be discussed later the same week. It was



agreed to escalate the risk to the CRR but with a revised risk rating of 16 (L4 x I4).

Risk 2193 – Risk relating to no ward clerk for wards 1 & 3 resulting in poor or miss-filing of patient notes. The risk was discussed; although the risk was acknowledged it was agreed that the risk was already covered by an existing risk relating to medical records.

MB/19/5/16 Management Board NOTED the report.

Divisional Issues

Annual Plans

MB/19/5/17 The Executive Team were due to discuss progress with annual plans and to feed in to these discussions Management Board had invited General Managers (GMs), Deputy Chief Operating Officers (DCOOs) and Associate Directors of Nursing (ADoNs) to attend this part of the meeting to discuss how they were getting on and to determine whether the Divisions required any support with this work. Representatives from the Medicine, Surgery & Cancer and Clinical Specialties Divisions were present.

MB/19/5/18 There was a wide ranging discussion about overall progress with annual plans and key issues in terms of various elements of the plans. Key areas of discussion included:

Workforce Plans - There had been a workshop with HR colleagues about how to complete workforce plans but there was still uncertainty amongst some colleagues about expectations in terms of the level of detail required, how the plan should be presented and how plans should reflect/link to planned activity growth. This led to a wider discussion about how workforce planning across the organisation might evolve in the future. It was clarified that for this round of planning the planning documentations provided should be completed and should include what was needed, what and where the gaps were, details of staff that were due to leave the organisation.

Community Services - An update was provided on the expected closure of care home where the Trust utilised 15 beds and this led to a wider discussion about plans for community services and funding for community response.

Demand & Capacity Plans:

Not all colleagues were clear about detailed expectations for growth.

There was a detailed discussion about capacity planning during which the Medicine division expressed concern about the tools being used for capacity



planning: significant resource had been put in to populating the plans but the output figures did not look right and did not align to the previous year. Several colleagues had attended a training session on the NHSi tool and this had been very informative but, in practice, using the tool hadn't been as straight forward as expected and other colleagues shared the concerns expressed by Nick Mallaband about the accuracy of the information the tool produced. Colleagues discussed how best to go about determining capacity and issues they had experienced, for example how review lists would be fed in to the plans. Executives emphasised the need to complete capacity planning; Divisions needed to set out core capacity and then capacity from additional sessions. This could then be compared to contract expectations and divisions could then identify gaps. Nick Mallaband expressed some concern about this approach; the DoF would meet with Nick after the meeting to discuss this in more detail.

MB/19/5/19 Progress with Annual Plans was DISCUSSED and NOTED.

Information Items

MB/19/5/20 The following items for information were NOTED:

- Business Intelligence Report as at 31 March 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 15 April 2019

MB/19/5/21 The minutes of the meeting held on 15 April 2019 were agreed as a true record.

Any Other Business

MB/19/5/22 **Academic Surgical Unit** – Antonio Durham-Hall shared details of extensive discussions between the Trust's surgical specialities with the University of Sheffield and Sheffield Hallam University about the requirements/standards for the becoming an Academic Surgical Unit. Feedback from the Universities suggested there were no barriers to this and Antonia Durham-Hall raised the question of how the Trust could progress this. The matter was discussed and it was agreed that the Trust would need to agree and set out its own standards/expectations. It was noted that Research & Development (R&D) had also been looking at such opportunities and was developing a paper; therefore there needed to be a joint response from R&D and the Surgical Specialities. Karen Barnard would share the paper with Antonia Durham Hall.

KB



MB/19/5/23 Pension Tax Rules - There had been a recent change to pension tax rules and the potential implications of this on consultants had raised concern amongst colleagues. Nick Mallaband and Antonia Durham-Hall shared some of the concerns raised with him noting that it had led to reluctance amongst some consultants to take on additional sessions and others asking to reduce their PAs. The felt this posed a potential risk in terms in terms of delivering contract levels and they raised the question of whether this should be escalated to the risk registers and this was discussed. It was noted that this was a National issue and the implications were not fully understood at this stage, the Trust would look in to the matter.

MB/19/5/24 Email Etiquette – There had been an instance where a colleague had set their email out of office (OOO) message to say that all emails received while they were on leave would be deleted and not read. It was felt by some that this was inappropriate and the matter was discussed. It was agreed to task the Communications & Engagement Team with setting out some guidelines for staff about email etiquette in general to cover the matter of a standard OOs.

KB/Comms

MB/19/5/25 Annual leave for Non-Clinicians – In response to a query it was clarified that annual leave for GMs and ADoNs should be approved by Divisional Directors.

Date and time of next meeting

MB/19/5/26 The next meeting of Management Board would take place 10 June 2019 at 2pm in the Boardroom at Bassetlaw Hospital.

**Minutes of the Finance & Performance Committee
held at 9:00am Monday 20 May 2019
in the Boardroom and then the Chief Operating Officer's Office, DRI**

PRESENT : Neil Rhodes, Non-Executive Director (Chair)
Pat Drake, Non-executive Director
Jon Sargeant, Director of Finance (*Part*)
Karen Barnard, Director of People & Organisational Development

ALSO IN ATTENDANCE: Alex Crickmar, Deputy Director of Finance
Kate Sullivan, Corporate Governance Officer
Gareth Jones, Trust Board Secretary (*Part*)
Julie Thornton, Head of Performance (for David Purdue)
Sewa Singh, Medical Director (*Part*)
Antonia Durham-Hall, Divisional Director, Surgery & cancer Division (*Part*)
Mandy Espey, General Manager, Surgery & cancer Division (*Part*)
Imran Hussain, Internal Audit (KPMG)
Khurram Asif, Internal Audit (KPMG)

OBSERVERS : Bev Marshall, Governor Observer

APOLOGIES : Kath Smart, Non-Executive Director
David Purdue, Deputy Chief Executive & Chief Operating Officer

Action

Agenda Review

19/05/1 The agenda was reviewed.

Agenda item 12 – F&P Committee Annual Report – The report was deferred to the next meeting to allow further review. The Chair requested that it be updated to reflect work the Committee had undertaken on, amongst other things, oversight of CIPs, the Catering Contract, workforce development and performance and work to co-develop the Integrated Performance Framework report.

JS / KB

Apologies for Absence

19/05/2 Apologies as recorded above were noted. Gareth Jones, Trust Board secretary would attend for agenda item 11 - Corporate Risk Register & BAF Highlights.

Action Notes from Previous Meeting

19/05/3 The Actions were reviewed and updated.

Enabling Strategy Progress Reports – Throughout 2018/19 the F&P Committee and the Quality & Effectiveness Committee (QEC) had received regular presentations on progress to achieve enabling strategy milestones, as well as a quarterly Strategy Exception Report. The reports were received after scrutiny by Management Board (MB) In light of this, and considering the already heavy committee work plan for the year ahead, it had been suggested, by the Chairs of F&P and QEC, that going forward the Committees only received the quarterly exception report as a standing agenda item and that individual Enabling Strategy reports only be received if escalated by Executives from MB. This had

been put to the Executive Team who had endorsed the proposal providing all Committee Chairs were in agreement.

Capital Plan

19/05/4 The Committee received a presentation from the Director of Finance (DoF) which provided an overview of the 2019/20 Capital Plan.

19/05/5 The DoF provided a detailed update on the National position in the context of a recent letter received from NHSI requesting that all NHS bodies review their capital plans. Details were provided of changes to the plan which had been re-submitted to NHSi on 15 May 2019. The changes were noted. The main change to highlight was the assumed source of funding associated with the emergency bids for fire enhancement work and theatre upgrade work. The revised requirement for 19/20 was £11.5m (from £24.1m) for both Fire and Theatres. £9.5m was to be funded from 18/19 bonus PSF, with an interim capital loan requirement of £2m.

19/05/6 Overall the 2019/20 capital plan had been revised from £35.3m to £22.7m. The DoF took the committee through a detailed analysis of movements for each capital scheme which were illustrated in the presentation.

19/05/7 The Committee received a detailed update on the robust, integrated and informed approach taken to 2019/20 capital planning. This included risk assessment and prioritisation of capital bids by the capital sub-committees, with plans challenged and reviewed by the Executive Team in line with affordability. The Trust had implemented governance arrangements to develop and monitor capital plans and ensure that schemes were consistent with clinical strategies, delivered safe and productive services and ensured that schemes were prioritised within, and between, categories. The DoF Provided details of the membership of key committees within the Governance structure including the roles of an additional sub-set of capital sub-committees created to ensure robust monitoring and planning, these were; the Medical Equipment Group, Estates Capital Group and IT Capital Group which all met monthly.

19/05/8 In response to several questions from Pat Drake and Neil Rhodes about the capital scheme governance process, particularly the prioritisation of schemes based on their risk rating; the DoF advised that he had confidence in the process in terms of prioritisation. He reported that the meetings were inclusive giving everyone chance to contribute and there was a good level of challenge particularly around risk. An illustration of the governance structure and committees was provided. There was further discussion about the level of schemes risk rated just below the schemes being taken forward, expected slippage, plans for bringing in reserve schemes and how well developed they were. It was clarified that medical equipment maintenance was dealt with separately and was included in budgets. There was a 5 year rolling plan for medical equipment but the DoF felt this needed to be improved and there was more work to do to better understand future requirements in terms of medical equipment.

19/05/9 The Committee NOTED the update and endorsed the plans. The Chair wished to better understand the Capital Governance process and see it in action; it was agreed to identify an appropriate meeting for him to attend. JS/NR

Finance Report

19/05/10 The Committee received the report of the Director of Finance which set out the Financial Position at Month 1 (April 2019) which was adverse against plan by £190k. The Trust's deficit for month 1 was £2.6m before PSF/FRF/MRET (£1.8m deficit after

PSF/FRF/MRET),

19/05/11 There had been an under-performance in clinical income of £75k due to some expected growth that hadn't happened. The Deputy DoF reported that operationally (on the ground) staff were reporting that the Trust had been very busy but this wasn't consistently reflected in terms of income despite medical spend and staffing being in line with budgets; this was being investigated and monitored closely. The Trust would also be investigating some areas of increased non-pay spend to determine whether there was a trend or possible phasing issues. The Deputy DoF gave an overview of variances and shared examples of areas of concern.

19/05/12 Savings (CIPS) - In April 2019 the Trust had delivered savings of £193k against the NHSI plan of £213k. This represented an under-delivery of £20k versus the submitted plan (91% achievement). The majority of schemes were up and running and a lot of work was going on to develop plans. The DoF reported that he felt there was better grip on plans this year than in previous years but there was still some concern in terms of the level of unidentified schemes and the Trust was working on this. The DoF described the oversight and governance process for CIPs, this included the fortnightly EEC meetings which were working well. The Chair welcomed the illustration of forecast savings on page 26 of the report, this had been helpful in highlighting where challenges were, he was also pleased to see that the bubble diagram illustrating the value and rag rating schemes, that had been so helpful to the Committee during the previous year, had been included. The Committee discussed local schemes and areas of key concern at this stage.

19/05/13 The Committee noted that the report related to strategic aims 2 and 4 and the areas of the Trust's BAF and CRR linked to the Committee. The Deputy DoF would check that these were still correct and relevant for 2019/20. **AC**

The Trust NOTED:

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

Theatre Utilisation

19/05/14 The Committee received a detailed presentation from Antonia Durham-Hall, Divisional Director and Mandy Dalton, General manager for the Surgery & Cancer Division. The presentation focussed on three key areas:

Theatre Utilisation CIP Work stream – Detailed updates were provided on:

- Improving theatre scheduling specific to Trauma & Orthopaedics (T&O)
- Theatre scheduling actions (all specialities £47k)
- Improving productivity of cataract lists
- Reducing cancelations

Getting It Right First Time (GIRFT) - There were a lot of pipeline schemes but the division needed to focus on larger schemes; examples of GIRFT work were shared. Antonia Durham-Hall commented that GIRFT was a positive way to improve patient care and quality whilst trying to make services as cost effective as possible. It was noted that input from PLICS was required to take this work forward; the DoF noted that support was available to Divisions with PLICS and that, if help wasn't being received, the matter should be escalated.

Divisional CIP / CIP Gap – Local Schemes

- A Detailed update on local scheme targets was provided, these included schemes for vascular stents, breast implants and dentistry. It was noted that the GAP for local schemes was £337k and this was a key challenge.

19/05/15 There was a wide ranging and in depth discussion about work to ensure theatre scheduling rules were being observed and that rotas were populated 6 weeks in advance during which Mandy Dalton and Antonia Durham-Hall described the wide ranging work of the Division, progress to develop better working relationships across specialities, and how the Division was working with the Head of Performance to better understand performance and increase transparency with staff. In response to several queries Antonia and Mandy provided the Committee with candid and insightful updates on Fracture Neck of Femur (#NOF), how this linked to GIRFT, recent changes to #NOF guidance and how the new Trauma Board had improved planning of work across all 3 sites. The Trauma Board was now part of the electronic Bluespinner system which meant everyone could see it; this had resulted in significant improvements in ways of working. In terms of the rota planning Antonia Durham-Hall gave assurance that there was good engagement with and adherence to rota rules, for example short notice leave requests, and regular meetings were taking place to monitor the position. Antonia Durham-Hall shared feedback from her own engagement with Consultants on this; broadly Consultants were on board with the rota rules.

19/05/16 The Medical Director provided an update on work to look back at previous theatre lists to identify missed opportunities in terms of theatre utilisation and identify any learning; this information was being considered by teams at meetings. Antonia Durham-Hall reported that there had been a significant improvement this year in terms of clinical engagement and there was now better support to help them understand their data, theatre utilisation and missed opportunities.

19/05/17 The Chair noted that the Theatre Utilisation CIP was a cross cutting scheme that also fell in to the remit of other Divisions and he asked for assurance about in-divisional relationships to ensure this work progressed. The Medical Director reported that linkages across clinical specialities were good and much better information was available to all Divisions. A key area of focus was pre-operative assessments and making these as efficient as possible and he gave details of this work. Antonia Durham-Hall gave assurance that the process for pre-operative assessments had already improved but she raised concern about staffing of the waiting list coordinators department, the recent restructure of the department had resulted in a number of vacancies, there were also a number of cases of long term sickness absence, and this was causing significant issues in terms of capacity to book patients for theatre. These staff were vital to the success of the theatre scheduling work and the current staffing issues were of significant concern.

19/05/18 The Committee thanked Antonia and Mandy for the detailed report which was NOTED.

Internal Audit

19/05/19 The Director of Finance (DoF) introduced colleagues from Internal Audit (KPMG) who presented a detailed presentation on key findings of their review of the Trust's Informatics department which had included a review of reporting. He noted that Informatics had been moved to his portfolio the previous year and he had commissioned the review, using some contingency days in the IA plan, in order to better understand key challenges in the department. He noted that the information produced by the informatics team was closely aligned to the work of the Board and its committees.

19/05/20 The Review had been conducted across 5 domains and detailed updates on key findings were provided by Internal Audit:

Strategy & Leadership – An informatics strategy did not currently exist and there was no clear vision of how information should be provisioned across the Trust and by whom. The Information Team leadership, whilst being regarded as capable and respected, was too insular and did not have sufficient engagement or presence with Divisions and within operational forums. Weak governance had allowed pockets of siloed informatics functions to be formed away from the central team. There was no formalised or ring-fenced training time has resulted in the Information Team not feeling invested in. The Informatics Team were highly capable but were not responsive enough, they are working incredibly hard but not necessarily delivering what the organisation needed and certain individuals were overburdened as they were better known across the organisation.

Resource Capacity & Capability – The informatics team was highly competent but the Head of Information needed to delegate more work as it was currently too hands on with the production of reports and this was impacting on the development of the Information Team as well as hindering team management tasks. The Information Team was currently lacking in resource capacity partly due to the fact that vacancies had not been filled and partly due to certain additional roles that were being performed, such as database administration (DBA).

Informatics Process – There were good SOPs and the team were maintaining an active log of requests however this was not being prioritised effectively. The team was working very hard but there was too much processing of information manually and there was a lack of automation of tasks.

Tools & Reporting – Trust information was currently not transparent and the organisational usage of information needed to mature to be more effective and embedded in operational practice. Many of the regular reports being produced were not fit-for-purpose for use by Divisions and Trust Executives and limited benchmarking data was being presented. There was an inconsistent approach to reporting with no centralised platform of choice nor any organisation-wide format and siloed informatics teams were creating reports without consultation from the central Information Team. The use of “freeware” software was commonplace and posed a governance risk to the Trust as it lacked IT support and may require specialist skills to operate.

Stakeholder Engagement - There was an over reliance on certain people as being the point of contact for information for the whole information team and stakeholders lacked confidence in the Team.

19/05/21 The Committee welcomed the candid update from the DoF and IA and they acknowledged that the Informatics Team was clearly highly competent and hardworking however there was some work to do to address the key findings of the review. 8 key areas for improvement had been identified and these would be taken forward as part of an action plan to be developed through workshops. This would also address actions relating to working practices such the use of freeware platforms. The action plan would be brought back to a future meeting (July/August 2019).

JS

Jon Sargeant left the meeting

19/05/22 The Internal Audit Review of Informatics was NOTED

Draft 2018/18 Financial Accounts

19/05/23 Whilst the 2018/19 annual report and accounts were to be formally signed off at the Audit & Risk Committee on 23 May 2019, an updated set of draft annual accounts were presented at this Committee for information. It was noted that the Committee had considered a previous version in April 2019 which had been submitted to NHSI on 24 April, whilst the audit was still ongoing, a small number of changes had been put through the draft accounts since that time. The minor presentational adjustments included:

- Updating the Going Concern note on page 7 following the approval of the Going Concern paper at April Board.
- Resetting the cost/depreciation values on page 30 following the Land and Building revaluation. This is a disclosure adjustment and had no impact on expenditure or overall asset valuation.

None of the adjustments had had an impact on performance against Control Total.

19/05/24 The **Draft 2018/18 Financial Accounts were NOTED**

Integrated Performance Report

19/05/25 The Committee considered the Integrated Performance Report (IPR). The report was presented in two 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.

It was noted that, given the time lag in the generation and validation of elements of the data contained in the report, data was often a number of months behind for some elements. Therefore, a small number of the performance measures contained within the report had not been updated since the previous month. For completeness this could be shown as a further appendix to next month's report.

19/05/26 The Chair reiterated previous requests to include peer benchmarking information and it was agreed to ensure this was included, where possible, in future reports. JT/DP

19/05/27 Julie Thornton, Head of Performance, took the Committee through key areas of performance by exception and the report was considered in detail. Key points of discussion focussed on:

19/05/28 A&E / ED 4 Access target performance was 90.6% in month. Whilst this was below the national 95% target, it was noted that there had been a 6% & 8.7% increase in attendances at DRI and BDGH respectively. In response to a previous request from Pat Drake an update on winter performance had been included and this was briefly discussed. The Committee probed the reasons for fluctuations in performance within the month and across sites; this was multifactorial and included, amongst other things, the overall level of staffing on the day, including the level of locum (rather than substantive) staff, the level attendances and the acuity/complexity of cases, staffing, and beds. ED are looking at piece of QI work to speed up time for patients to get through diagnostics.

There had been a significant rise in the number of paediatric admissions to ED in March 2019 when compared to March 2018 (18% increase). Pat Drake reflected on this in the context of issues raised by the CQC at the most recent unannounced inspection in 2018 and she asked if the Trust understood the reasons for this.

Bev Marshall made the point that Governors should be made aware of this to enable a better understanding of the pressures the Trust was experiencing. Julie Thornton shared some anecdotal feedback from staff but, in order to understand the increase, the Trust would need to conduct a deep dive in to the presenting condition of patients.

19/05/29 RTT performance against the “18 week” target was 87.7%, this was lower than the previous month but this was as anticipated that due to validation work. Actions were in place, at speciality level, to improve performance against this measure into 2019/20. AN overview of RTT by exception was provided.

19/05/30 Diagnostics - The Diagnostics tests “6 weeks wait” target of 99% was not achieved with Trust wide performance at 93.93% after validation. The majority of the waits longer than 6 weeks related to Nerve Conduction and Urodynamics. Additional capacity was being sought from external sources for Nerve Conduction for May 2019 onwards. Pat Drake asked for assurance about how quickly after the 6 weeks those patients not meeting the target were being seen and this was discussed. This varied as patients were offered alternative dates, some would be seen within days while others may not be seen for several weeks. It was agreed to include details of the ‘longest’ wait in future reports.

**DP/JT/A
T**

19/05/31 Reflecting on other areas of the report the Committee welcomed reporting on numbers of patients, not just percentages. The report was discussed and the Committee requested that the report included updates on the following in future:

- An overview of patient transport performance and key issues including ambulant care.
- Delayed discharges
- Delayed transfers of care
- An update on work to reduce Outpatient follow-up appointments.

DP/JT

The committee wished to receive a future deep dive on challenges to patient transport including inter hospital transfers of both adults and children.

DP

19/05/32 The Integrated Performance Report was NOTED

Strategy

19/05/33 The Committee received the Strategy Exception Report that highlighted progress made with implementation of the Trust’s Strategic Direction 2017 – 2022 (including enabling strategies) on an exception basis. Reflecting on the recent agreement to no longer receive the individual updates on enabling strategies, the Chair requested that, in future, this report include more thorough analysis in relation to strategy and transformation exceptions and assurance that these had been considered by Executives.

**MP/ALL
EXECS**

19/05/34 The Strategy Exception Report was NOTED

Corporate Risk Register and BAF Highlights

19/05/35 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. The Trust Board Secretary (TBS) advised that, following a request from the Committee to include more narrative to update them on ongoing work and discussions about risks and to track changes to risks, a new column ‘progress timeline’ had been included on the revised BAF. This column was yet to be fully populated and gaps would be filled in time for the next meeting. The Committee welcomed this new feature of the report but commented that some sections of the report, particularly assurances, remained out of

date. The Chair also pointed out that some assurances, for example reports received by Board Committees, were not reflected and some examples were shared.

- 19/05/36** The Chair emphasised that for the report to be fit for purpose and useful to the Committee it needed to be refreshed regularly and he requested Executives and the TBS to ensure this was addressed for the next meeting. The Chair also requested that the cover sheet included narrative to summarise the changes to the BAF & CRR since the last meeting and any proposed/planned work. **GJ/ALL EXECS**

Workforce Report

- 19/05/37** The Committee considered the report which provided data in relation to month 1 however due to the timing of the meeting it had not been possible to update data with regard to vacancy levels, sickness rates, and benchmarking data; this would be reported in June. It was noted that the agency spend had been considered as part of the Finance Report.

- 19/05/38** Pat Drake raised the point that at recent QEC meetings, senior Divisional colleagues, including a Divisional Director, had raised issues about the timeliness of the Vacancy Control (VCF) approval process and she asked for assurance that Divisions were not experiencing unnecessary delays in recruiting key staff. Key issues were discussed and Pat provided further details of the discussion at QEC. Executives reported that delays usually arose when extra funding (funding not already in budgets) was being requested via the VCF process rather than taking a business case through the Corporate Investment Group (CIG) first, which was the correct process in such circumstances. The VCF panel could only approve cases where a budget for a post was already in place, in these circumstances the process was very timely with VCF approval meetings being held on a weekly basis.

- 19/05/39** The Workforce Report was NOTED.

Sub-committee Minutes

- 19/05/40** The Minutes of the Capital Monitoring Group meeting held on 21 March 2019 were NOTED.

The minutes of the Efficiency & Effectiveness Committee (EEC) meetings held on 29 April and 13 May 2019 were DEFERRED to the next meeting to allow for them to be updated to reflect, at least once, the full names where acronyms had been used. **PM**

- 19/05/41** The minutes of the Cash Committee meeting held on 25 February 2019 were NOTED

Minutes of the meeting held April

- 19/05/42** The Minutes of the April meeting were APPROVED as a correct record.

- 19/05/43 Meeting reflections** - Reflecting on the report from the Surgery & Cancer Division in the context of the IPF. Finance and Workforce Reports, the Chair felt it would be helpful if, when receiving updates from Divisions, the Committee could be briefed beforehand by Executives on key performance challenges to include questions / suggested areas the Committee might wish to probe further. The Deputy Director of Finance (DoF) would feed this back to the DoF. **AC/JS**

Work plan

19/05/44 The Work Plan was NOTED.

Items for escalation to the Board of Directors

19/05/45 None.

Time and date of next meeting:

Date: 21 June 2019

Time: 9:00am

Venue: Boardroom, DRI

Signed:

Neil Rhodes

.....

Date

	SRO/Author	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Mixed Sex Accommodation	DNMAHPs ??												
Bassetlaw Place Plan Update	CE	✓								✓			
Doncaster 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 21 May 2019
In the Boardroom, Doncaster Royal Infirmary**

Present:	Suzy Brain England OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	Sheena McDonnell	Non-Executive Director
	Richard Parker OBE	Chief Executive
	David Purdue	Chief Operating Officer
	Pat Drake	Non-Executive Director
	Jon Sargeant	Director of Finance (part)
	Sewa Singh	Medical Director
In attendance:	Emma Shaheen	Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Peter Abell	Governor
	Dr Kirsty Edmondson-Jones	Director of Estates and Facilities (Part)

ACTION

Welcome and apologies for absence

19/5/1 Apologies were received on behalf of Kath Smart, Neil Rhodes and Marie Purdue. Apologies were noted on behalf of Anthony Fitzgerald of Doncaster Clinical Commissioning Group who was due to provide a presentation to Board on the Doncaster Joint Commissioning Strategy and Place Plan Refresh; it was agreed that this would be rescheduled to the next meeting. The Chair of the Board welcomed Jeannette Reay who would be joining the Trust as Head of Corporate Assurance and Company Secretary. Three members of the public attended; Graham Moore, Yvonne Butcher and Gina Holmes.

Declarations of Interest

19/5/2 No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

19/5/3 The list of actions from previous meetings were noted and updated.

Presentation slot – 10 Year Cancer Plan & Target Changes

19/5/4 The Board considered a presentation from Olumuyiwa Olubowale Consultant Oncoplastic Breast Surgeon and Cancer Lead, Stacey Nutt Lead Nurse for Cancer and Palliative Care, Jackie Simpkin Cancer Services Manager and Antonia Durham-Hall Divisional Director, at the Trust.

19/5/5 The presentation outlined the 10 Year Cancer Plan and Strategy, the Cancer

Team Management Structure and the areas of specialism within the Cancer Division. Olumuyiwa provided the Board with the key areas of the DBTH 10 year plan, which would see high-level engagement, improved practice in partnership, improvement in the use of technology and better patient experiences. A 'Living With and Beyond Cancer Programme' would support the plan.

- 19/5/6** The Strategy included cancer governance and improving the quality of cancer, optimisation of pathways, the timely diagnosis and treatment of cancer, and consolidation of effective multidisciplinary team working. The overarching goal was to exceed minimum performance standards and identification of new initiatives and advances in the diagnosis, care, treatment and prevention for cancer patients.
- 19/5/7** The Cancer Alliance had supported the work of DBTH during the past 18 months and the Trust had received £0.5million. It was acknowledged that DBTH had been one of the first Trust's nationally to start the one stop prostate clinic. Antonia Durham-Hall stated the Cancer Team submitted bids to fund this work and it was through the hard work and determination of the team that the funding had been received. It was noted that the Trust was currently one of the best performing Trust's in the ICS with respect to cancer performance.
- 19/5/8** Following a query raised around the future funding of projects and expansion of cancer services at the Trust, Richard Parker advised that when funding is needed for core NHS Service the process of approval is through the Corporate Investment Group. However, should there be a proposal around the need for further equipment to support patients then consideration of the use of charitable funds should be undertaken. Furthermore, the Chair shared her vision for the options of expanding cancer services to Montagu Hospital and reminded colleagues of the charitable funds, which may be available for this via the Fred and Ann Green Legacy.
- 19/5/9** Pat Drake raised a question around the 10 Year Plan and how this linked to research and the outcomes of patient care, and what plans were in place for improving research capacity. The Board were advised that research had been undertaken. The future aim is to increase the capacity of Research Nurses and Consultants that have a background in research. Further work was being undertaken with advances in technology and how this could be used in Haematology.
- 19/5/10** Pat Drake reflected on a recent performance meeting and queried if there were any issues arising in Primary Care and how patients are informed about cancer when being transferred for a two-week wait. Stacey Nutt advised that further work would be undertaken with colleagues in Primary Care to encourage the use of the word 'cancer' so that patients can be better prepared. The introduction of Triage Nurses had seen better informed discussions with patients and it had been acknowledged that the challenge is around getting GP's to inform patients why they are attending

a two-week referral.

The Board thanked the presenters and NOTED the presentation.

Reports for Decision

NHS Providers Licence Self-Assessment / Certification

- 19/5/11** Board considered a report of the Trust Board Secretary and Director of Finance that sought approval of the Trusts self-assessment against the NHS Providers Licence.
- 19/5/12** Each year the Trust is required to self-certify its compliance with conditions of the NHS providers licence and provide assurance that the Trust continues to comply with those conditions. The completed templates had been shared with the Board for approval and to be signed by the Chair and Chief Executive prior to publishing on the website by 30 May 2019. Submissions are then subject to a potential anonymous audit.
- 19/5/13** Board APPROVED the self-assessment.

Reports for Assurance

Finance Report as at 30 April 2019

- 19/5/14** The Board considered a report of the Director of Finance that set out the Trusts financial position at month 1. The Trust's deficit for month 1 was £2.6m before PSF/FRF/MRET, which is adverse variance against plan of £190k. The month 1 income position was favourable to plan. In month expenditure 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 was £297k against the month 1 plan of £326k, £29k behind plan with Estates schemes currently above planned spend by £96k. In April, the Trust had delivered savings of £193k against the NHSi Plan of £213k, a total of 91% achievement.
- 19/5/15** The Medical Director raised his concerns around the coding of patients on the Doncaster Royal Infirmary site as it had appeared that elective care had been recorded as emergency that may inaccurately reflect the figures. Jon Sargeant advised that the inaccuracies were likely to be because of a coding backlog and the time of the Board Meeting. The Board was assured that clear coding protocols were in place. David Purdue advised that emergency cases increased by 6% at Doncaster Royal Infirmary in April. However, conversion rates had remained the same and this would be reflected in the next report.
- 19/5/16** The Director of Finance reported positive movement on the CIP schemes but noted that £1.7m remained unidentified and £800k of this is within the Estates and Facilities Directorate.

19/5/17

The Board NOTED:

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

19/5/18

Performance Report as at 30 April 2019

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 1, 2019/20.

19/5/19

Performance against metrics included:

- RTT – The Trust remained below target at 87.7% and this was lower than March 2019.
- Diagnostic wait is 93.84% against the standard of 99.5%.
- 2 week waits – The Trust achieved 93.4% and was compliant with the national target of 93%.
- The 62-day performance achieved 83.9%, which was below target.
- Four Hour Access Target – The Trust achieved 90.6% against national standard of 95%. This was below the 92.2% achieved in April 2018.
- HSMR rolling 12 months remained better than expected at 94.43%.
- 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 82.78% at the end of April.
- Sickness Absence – the data was not available due to the timing of the meeting.

19/5/20

The Board had detailed discussion around the performance at Bassetlaw Hospital in respect of accident and emergency attendances and whether this would see an increase when the plans for 1500 additional houses had been built in the surrounding area. The Board acknowledged that there could be a potential increase however, this could not be determined until the housing had been built. The Board were assured that discussions would be held with partners to consider how a partnership approach to patient

management could be held going forward.

19/5/21 Sheena McDonnell queried the performance against missed appointments and what impact the missed appointments group had. David Purdue advised that missed appointments had been identified as one of the Performance Directorate's CIP work streams and advised that impact would not be determined until the new group had commenced.

19/5/22 Pat Drake raised concerns around the rise in paediatric admissions and asked if this had put more pressure on staffing levels. David Purdue provided assurance that no incidents had been reported and bed capacity had been reviewed in order to match capacity to paediatric nurse staffing.

19/5/23 The Board NOTED the report.

Guardian for Safe working (Quarterly Report)

19/5/24 The Board considered a report of the Director of People and Organisational Development on behalf of Dr Jayant Dugar, Guardian for Safe Working, which set out quarterly update for the period 1st January 2019 to 31st March 2019.

19/5/25 Karen Barnard highlighted that the numbers of exception reporting remained low and identified a number of issues to include; the engagement with Junior Doctor forum and the Junior Doctors mess facility. Karen Barnard advised that notification had been received in recent weeks that over £60k had been made available to improve Junior Doctors rest facilities at the Trust.

19/5/26 Sheena McDonnell raised her concerns around the reported exceptions and the timescales in which issues with Junior Doctors mess facilities were being addressed. Karen Barnard advised that the small numbers in exception reporting was due to the small proportion of Junior Doctors in medicine and provided assurance to the Board that Dr Jayant Dugar had not been concerned about the issues that had been raised with regard to exception reporting. Karen Barnard reported that there was a potential to relocate the Junior Doctors mess facilities and a review of other locations across the Doncaster site would be undertaken.

19/5/27 Sheena McDonnell queried whether the low exception reporting was an indication that staff felt unable to raise concerns. Karen Barnard provided assurance that whilst there had been low attendance at the Forums there is links with trainees and other options are available for Junior Doctors to raise concerns. The Medical Director said there had been no suggestion of major issues with Junior Doctors from either trainee or management perspective and the lack of engagement could be viewed as a good sign as if Junior Doctors were unhappy they would attend the forum to ensure their voice was heard. Furthermore, Junior Doctors had been invited to attend the Local Medical Committee.

19/5/28 The Board NOTED the quarterly update and was assured that trainee Doctors have a safe working practice as envisaged by the 2016 contract.

19/5/29 **Annual Estates and Facilities Report**

The Board considered a report of the Director of Estates and Facilities that set out the annual review against performance of the Estates and Facilities Services for 2018/19. The report included the Annual Declaration of the Trust compliance against the Department of Health NHS Premises Assurance Model. A summary of the key points was provided to include the results of the staff survey, appraisal and staff training compliance.

19/5/30 Pat Drake commended the Estates and Facilities Directorate for their performance over the past year and extended her congratulations to Kirsty Edmondson-Jones and the team for their improvement work.

19/5/31 Pat Drake queried the Porterage Services timeliness of completed jobs and the reported performance of over 30 minutes per job. Kirsty Edmondson-Jones advised porters were allocated in areas that required a quick turnaround such as accident and emergency, and further work would be required in order to drill down into each portering task to determine the timing in other areas.

19/5/32 Sheena McDonnell was pleased to see the planned opportunities being rolled out and felt this would support the feedback given on estates jobs that had been reported. Sheena McDonnell noted that a large proportion of logged jobs are delayed, or not completed, and queried whether a benchmarking exercise had been undertaken and what the aspiration is going forward. Kirsty Edmondson-Jones advised that a review of the estates workforce is underway that would review capacity, demand and skill mix, which aims to look at reactive and preventative planned maintenance. A lean review would be undertaken to determine the need of the team and would be provided to a future Board Meeting.

19/5/33 The Director of Finance provided an update on the emergency capital loans following a deep dive undertaken at the Finance and Performance Committee on theatres, CT scanners and fire. Jon Sargeant provided feedback on a letter received from NHSi that asked the Trust to consider the use of bonus money to support capital schemes and confirmed that Executives had reviewed the proposal and a response had been submitted to NHSi. Jon Sargeant confirmed that the capital plan would maximise the monies available to remedial fire works and the initial work on theatres.

The Chief Executive said that this had been a really positive step in terms of capital investment and wished to extend his thanks to staff for the contribution and support they provided on meeting performance targets and financial plans in 2018/19 which had enabled the Trust to achieve PSF and bonus funding which would now support further capital work programmes.

19/5/34 The Board NOTED the update.

Workforce Race Equality Standards

19/5/35 The Board considered a report of the Director of People and Organisational Development that set out the compliance against expectations placed upon NHS organisations in relation to diversity reporting, namely the Equality Delivery System, the Workforce Race Equality Standards and the newly introduced Workforce Disability Equality Standards. The report provided a comparison with the data published in 2018/19 and the wider national picture.

19/5/36 Pat Drake queried the difference between bullying and harassment figures as it appeared they had increased and whether this related to staff or patients. Karen Barnard acknowledged there had been a worrying rise in bullying from patients of BME staff and this would need to be reviewed going forward. Assurance was given that all patients were advised of the zero tolerance policy upon their appointment or admission. A new leadership development programme had been implemented that included themes of respect and how others should be fairly treated in regards of staff to staff.

19/5/37 The Board NOTED the report.

Chairs Assurance Logs for Board Committee held 20 May 2019 and 24 April 2019

19/5/38 The Board considered an update from Pat Drake on behalf of the Chair of the Finance and Performance Committee from the meeting held on 20 May 2019. Pat Drake reported that the committee had undertaken a review of the capital plan, CIP achievement and future focus, a deep dive with the surgery division and a high level review of informatics from KMPG.

19/5/39 The Board NOTED the update for assurance.

Reports for Information

19/5/40 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Patient, Public and Staff Involvement Plan for the development of the South Yorkshire and Bassetlaw 5 Year Strategy
- Minutes of Management Board, 15 April 2019
- Minutes of the Finance and Performance Committee, 23 April 2019

19/5/41 In relation to the Patient, Public and Staff Involvement Plan for the development of the South Yorkshire and Bassetlaw 5 Year Strategy, the Chief Executive provided a summary of the process that the ICS planned to implement to gather patient and public views, ideas and thoughts for the requirements to the ICS long term plan. Richard Parker advised that patients would be involved in the engagement in the coming months and would form part of the direction of travel for the ICS.

19/5/42 In relation to the Management Board minutes of 15 April 2019, the Director of Nursing, Midwifery and Allied Health Professionals noted a change to reflect that Cindy Storer attended and Moira Hardy had recorded apologies. Kate Sullivan had been notified and requested to make the appropriate change.

Items to Note

19/5/43 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/5/44 The minutes of the meeting of the Board of Directors on 30 April 2019 were APPROVED as a correct record.

Any other business

19/5/45 The Chief Executive announced that this would be David Purdue's last meeting as Chief Operating Officer as he takes up the position as Director of Nursing, Midwifery and Allied Health Professionals in August. Richard Parker extended his appreciation to David Purdue for his achievements, and commitment to the Trust as Chief Operating Officer.

Governors questions regarding business of the meeting

19/5/46 Peter Abell congratulated the presentation on cancer and cancer developments but noted his concern with regard to the travelling required for treatment. Peter Abell asked where in the process of developing service and treatments the Trust takes into consideration the impact on travel to patients. The Chief Executive responded that one of the ICS and Trust's biggest challenge was the location of cancer services and for the Trust the impact this had on Bassetlaw patients. Issues like providing a local service for cancer treatment were being considered. A large amount of work had been undertaken in the modelling of the flow of patients and the ambulance services had been involved in the modelling and development of detailed travel plans.

Date and time of next meeting

19/5/47 9:15am on Tuesday 25 June 2019 in the Fred and Ann Green Boardroom at

Montagu Hospital.

Exclusion of Press and Public

19/5/48

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

Suzy Brain England
Chair of the Board

Date