NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Board of Directors
To be held on Tuesday 29 October 2019 at 9:15am
in the Board Room, Doncaster Royal Infirmary

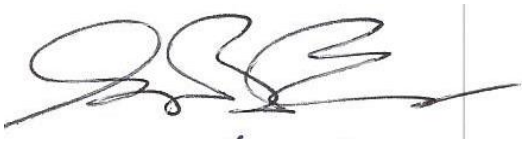
AGENDA

		LEAD	ACTION	TIME / ENC
A	**MEETING BUSINESS**			**9:15**
A1	Apologies for absence	SBE	Note	Verbal
A2	Declarations of Interest	SBE	Note	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.	SBE	Note	Verbal
A3	Actions from previous meeting	SBE	Review	A3
B	**PRESENTATION / UPDATE**			**9:20**
B1	CQC – Use of Resources and Well Led	DP	Note/ Discuss	B1
C	**STRATEGY**			**9:30**
C1	Executive Team Objectives (Q1/Q2)	RP	Note/ Approve	C1
C2	ICS Update	RP	Note	Verbal
D	**QUALITY, PERFORMANCE AND SAFETY**			**9:45**
D1	Quality and Performance Report	RJ	Note	D1
D2	Winter Plan	RJ	Note/ Approve	D2

BREAK				**10:30**

E	**CAPACITY AND CAPABILITY**			**10:45**
E1	EU Exit	RJ	Note	E1
E2	NHS EPRR Core Standards Return	RJ	Decision	E2
F	**FINANCE AND CONTRACT MATTERS**			**11:15**
F1	Finance Report – 30 September 2019	JS	Note	F1
F2	Use of Trust Seal	RP/JR	Note	F2
G	**GOVERNANCE AND RISK**			**11:40**
G1	Chairs Assurance Logs for Board Committees Charitable Funds Committee 24 Sept 2019 Finance and Performance Committee 22 Oct 2019 Quality Effectiveness Committee* 23 Oct 2019	SMc/ NR/PD	Note	 G1 G1 **Verbal*
G2	Corporate Risk Register	JR	Note	G2
G3	Board Assurance Framework	JR	Approve	G3
H	**INFORMATION ITEMS (To be taken as read)**			**11:50**
H1	Chair and NEDs' Report	SBE	Note	H1
H2	Chief Executive's Report	RP	Note	H2
H3	Minutes of the Fred and Ann Green Legacy Advisory Committee, 8 Feb 2019	SMc	Note	H3
H4	Minutes of Charitable Funds Committee, 21 May 2019	SMc	Note	H4
H5	Minutes of the Management Board, 16 Sept 2019	RP	Note	H5
H6	Minutes of the Quality and Effectiveness Committee, 21 Aug 2019	PD	Note	H6
H7	Minutes of the Finance and Performance Committee, 20 Sept 2019	NR	Note	H7
H8	Board Work Plan	JR	Note	H8

H9	Meeting Dates for 2020	JR	Note	H9
H10	Guardian Update	KB	Note	H10
I	**OTHER ITEMS**			**12:00**
I1	Minutes of the meeting held on 24 September 2019	JR	Approve	I1
I2	Any other business (to be agreed with the Chair prior to the meeting)	SBE	Note	Verbal
I3	Governor questions regarding the business of the meeting	SBE	Note	Verbal
I4	Date and time of next meeting: Date: 26 November 2019 Time: 9.15am Venue: Board Room, Doncaster Royal Infirmary	NR	Note	Verbal
I5	**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.	SBE	Note	Verbal
J	**MEETING CLOSE**			**12:15**



Suzy Brain England, OBE
Chair of the Board

B1

NHS

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

Well-Led Review Presentation

David Purdue

Director of Nursing, Midwifery and Allied Health Professionals and Deputy Chief Executive

Our values

www.dbth.nhs.uk

Our vision
And how we make it reality

To be the safest trust in England, outstanding in all that we do.

Our 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 intergrated care.

True north objectives

- **Objective one:** Achieved and maintained CQC oustanding.
- **Objective two:** 100% of staff know how to contribute to vision.
- **Objective three:** In top 10% for staff and patient feedback.
- **Objective four:** The Trust is in recurrent surplus.

Breakthrough objectives

- **Objective one:** Achieve CQC good rating.
- **Objective two:** Level one of Qi roll-out (train 40 practice and 30 kata coaches).
- **Objective three:** Higher than average for staff and patient feedback.
- **Objective four:** Achieve control total in financial year.

Strategic objectives
Underpin everything we do

The golden thread

True north Objectives

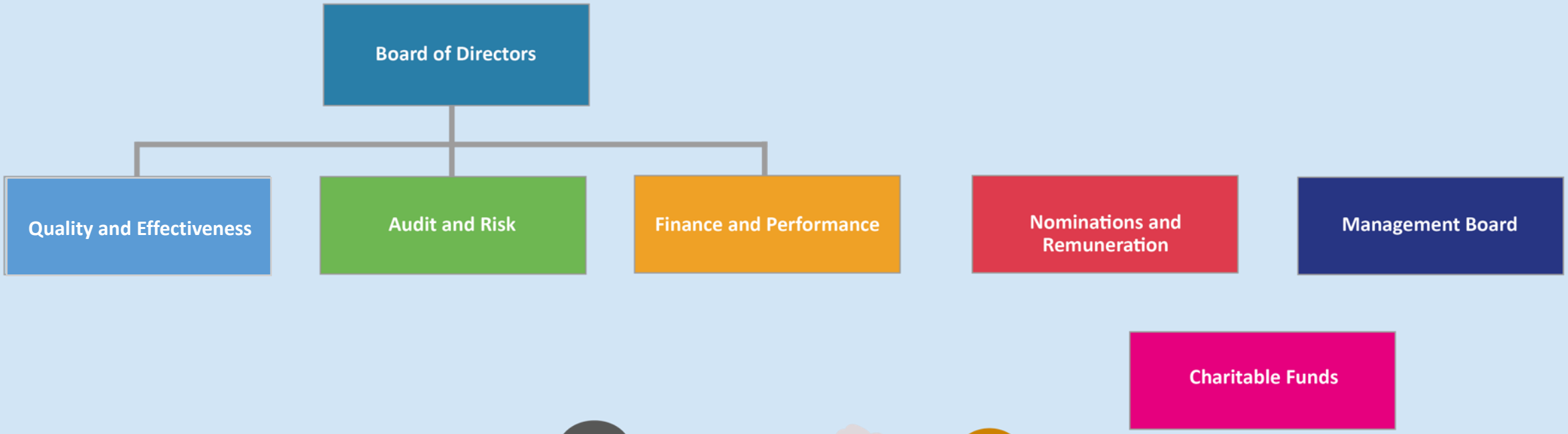
Breakthrough Objectives

Divisional Breakthrough Objectives

Team and departmental objectives

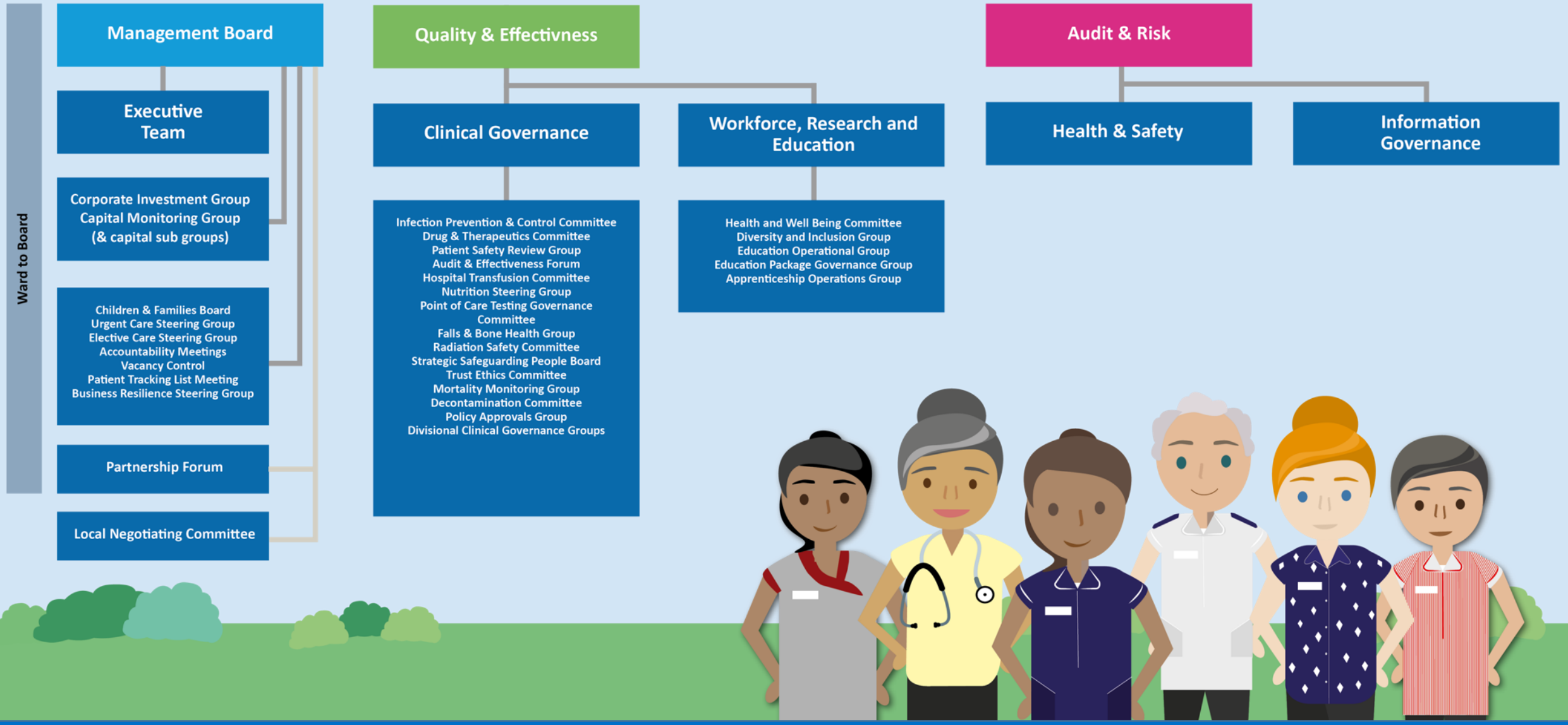
Individual objectives

Our True North



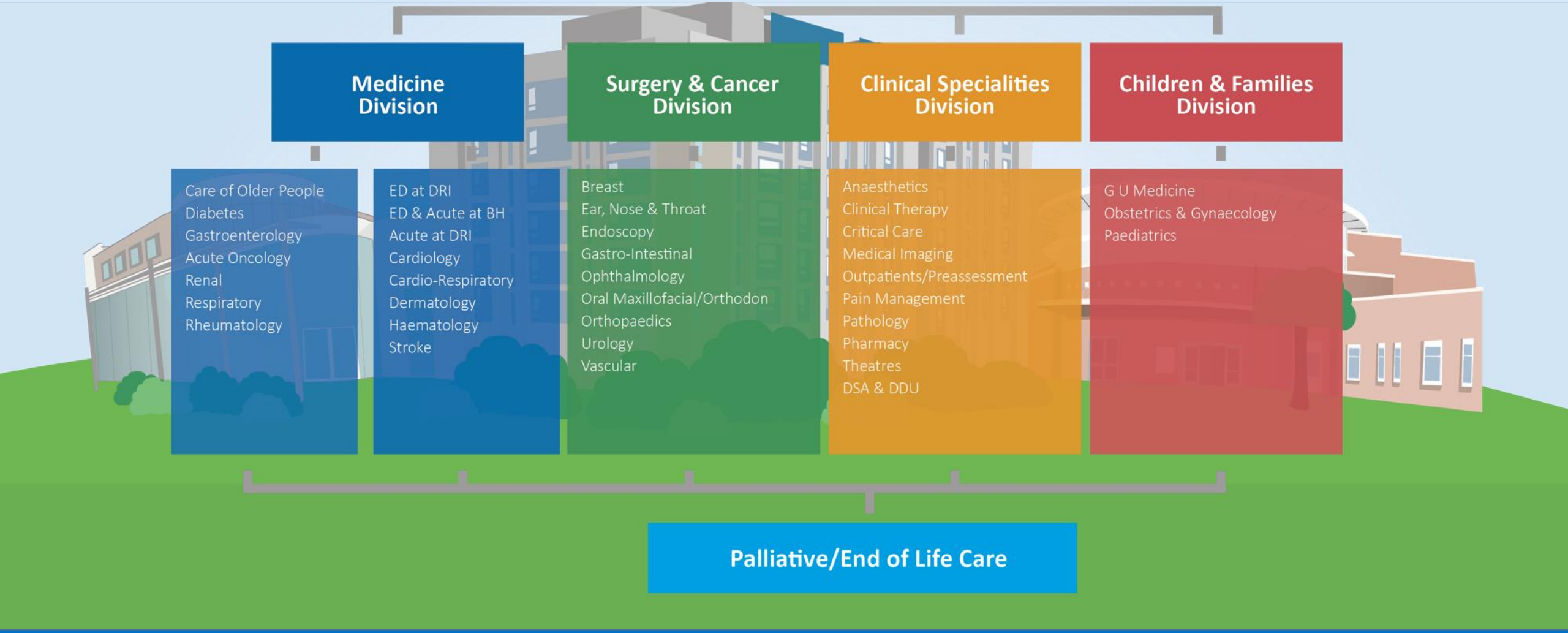
Governance structure (1/2)

www.dbth.nhs.uk



Governance structure (2/2)

www.dbth.nhs.uk



Divisional structure

www.dbth.nhs.uk

P&OD

- Occupational health
- Health and wellbeing
- Casework team
- Recruitment
- Medical HR
- HR people and business partners
- ESR
- eRoster
- eExpenses
- P&OD workforce systems
- Workforce information
- SBS liaison and payroll
- Agency and bank workforce solutions
- Widening access
- Communications
- Graphics
- Medical photography
- Training and education
- Leadership

Finance

- Reporting
- Management accountants
- Income
- Projects
- Planning and costing
- Financial control
- Procurement
- Project management
- Efficiency and Effectiveness

I&MT

- IT service desk
- Telecomms
- Governance and data protection
- Programmes and development
- Networking
- Cyber security

Estates & Facilities

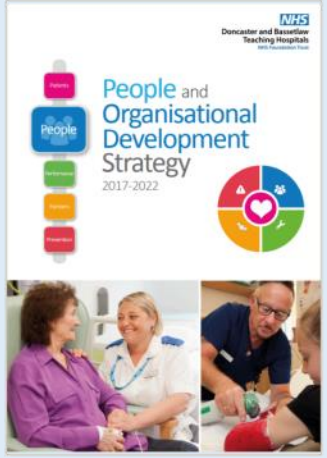
- Estates maintenance
- Capital development
- Medical Technical Services
- Transport
- Staff and student accomodation
- Car parking
- Security
- Health and safety
- Patient and retail catering services
- Cleaning and deep cleaning
- Linen and laundry
- Portering
- General Office
- Post room

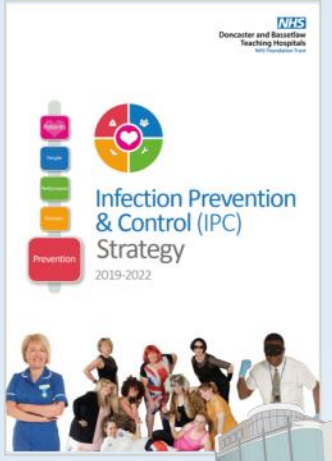
Strategy & Transformation

- Quality Improvement
- Strategy
- Service development

Directorate structure

www.dbth.nhs.uk





Supporting strategies

www.dbth.nhs.uk

Patients in 2018/19

- **Best cancer patient feedback in the region.**
- Low rates of infection **(zero MRSA for 700 days).**
- Implementation of **better ways of working.**
- Introduction of a number ‘**person-centred care’ projects**.
- 99% of patients said we were ‘**caring and compassionate’.**
- Digital transformation and **Quality Improvement** in progress.

People in 2018/19

- **Fantastic feedback** from learners.
- Trust **organisational restructure** into ‘Divisions’.
- Introduction of Trust ‘**Leadership**’ offer.
- **Emergency Departments** within **top 20%** for performance.
- ‘**PLACE**’ significantly improved and **region-leading**.
- Colleagues **nominated for numerous awards and accolades.**

What’s changed since the last visit?

www.dbth.nhs.uk

92.64%

Four Hour Access Target
National average was 88%.

6/8

Cancer targets
All achieved except two.

88.8%

Referral To Treatment
National average was 86.7%.

93.3

Rolling 12 month HSMR
Trust target of 100

Performance 2018/19 (1/2)

www.dbth.nhs.uk

Below

C.Diff and MRSA cases
Trust below trajectory

412

Complaints raised
Trust exceeded target.

1

Never Events

84.73%

Statutory & Essential Training (SET)

4.51%

Sickness Absence

Performance 2018/19 (2/2)

www.dbth.nhs.uk

Prevention in 2018/19

- **75%** of clinical staff vaccinated against the flu in **four weeks.**
- Further **100 Day challenge** work in ENT, Urology and Cardiology.
- We have been a key partner with '**Complex Lives**' work in the area.
- We are undertaking **smoking-cessation** 'QUIT' work for patients.
- Further work with **Macmillan Cancer Support** in Outpatients.
- Further exploratory work with **System Perfect** to better understand local health care provision and need.

Partners in 2018/19

- UK's first-ever **Foundation School in Health** launched.
- **Regulator accredited services** such as Pathology and Endoscopy.
- Further work as partners within the **Integrated Care System**
- Agreement to work closely with Sheffield Children's NHS FT.
- Refurbished DRI's **dining room**, **entrance** and **new eateries.**
- Our **Hyper Acute Stroke Services** to provide regional care and funding for new **CT Suite** received in part from **Cancer Detection Trust.**

Qi in 2018/19

- The Trust has been accepted into the NHS Improvement 'Lean' programme.
- Enhance existing Qi team and help us to develop.
- Potential in the processes of every organisation.
- Staff and patients see this potential.
- Methodology to allow them to release it.
- Safety quality and cost – improvement in that order.

What's changed since the last visit?

www.dbth.nhs.uk

Qi in 2018/19

- **300 colleagues** involved in 190 Quality Improvement (Qi) projects.
- Over **2,000 members** of Team DBTH trained in our Qi way.
- Our improvement methodology is now embedded in all forms of training, such as ‘Leading to Outstanding’.
- A few examples of the above work can be seen our recent **Trauma** and **Orthopaedic** and **Antenatal** projects.
- Qi is now part and parcel of what we do as a Trust and will continue to help us on our journey to ‘Outstanding’.

Partnership approach

- **South Yorkshire and Bassetlaw ICS:** An influential member, leading the region for Gastroenterology.
- **Best procurement practice:** Working in close partnership with neighbours to get the best deal for the NHS.
- **Working in the 'place':** A close link to local partners to improve health and care in Doncaster and Worksop.
- **Developing the future workforce:** Strong ties with Health Education England and other learning bodies.
- **Enabling research:** Improving and growing our focus upon innovation and development within the NHS.

Risks 2019/20

- Workforce
- Finance
- Capital

Harm Free Care risks

- Hospital Acquired Pressure Ulcers (HAPU).
- Falls.
- Medication Errors.

Since inspection

Areas identified as requiring attention actioned:

- Patient Group Directions in Maternity
- Refreshed birthing pool protocols
- Montagu Hospital Minor Injuries Unit SOP
- Imaging quality assurance process
- Mental Health Strategy ratified
- World Patient Safety Day

Won Patient Safety Learning Award:

Sharing How We Care

Use of Resources

Well prepared for the review
Excellent examples of
Service delivery changes
Workforce efficiencies
Financial control

Well Led

Trust aware of its strengths and areas to work on
Concerns
Pace on complaints process
Quality of data on papers
What is Safest

Positives
Feedback on how well the values are embedded
Expressed positively the innovations in finance
Very positive on how QI has been embedded at all levels

Looking forward 2019/20

- An **exciting 12 months** ahead with many developments and opportunities for our patients and staff, but we must remain focus.
- Continue to **improve and increase** the quality of care we deliver.
- **Further develop our workforce** and improve our offer as employers.
- Journey to become '**Outstanding**' in all that we do, while ensuring financial control.

Thank you, any questions?

C1

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	Corporate Objectives 2019/20		
Report to	Board of Directors	Date	29 October 2019
Author	Richard Parker, Chief Executive Jeannette Reay, Head of Corporate Assurance / Company Secretary		
Purpose			Tick one as approp riate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues
The corporate objectives for 2019/20 were agreed at the Board of Directors in June 2019 following completion of the appraisals process. Progress for each objective in 2019/20 is provided in the attached update, with a RAG rating on progress at the end of quarter 2.
Key questions posed by the report
Is the Board sufficiently assured by progress in relation to the objectives for each director?
How this report contributes to the delivery of the strategic objectives
This paper contributes to all strategic objectives.
How this report impacts on current risks or highlights new risks
Relevant risks are highlighted in the appendix.
Recommendation(s) and next steps
The Board is asked to note the paper for assurance.

OBJECTIVE	EXPECTED OUTCOME	Q1 & Q2 UPDATE	Q3 UPDATE	Q4 UPDATE	CURRENT RAG RATING
Chief Executive					
N1 – Achieved and Maintained CQC Outstanding. **B1 – Achieve CQC Good.**	Ensure that the Trust's 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.	The CQC and Use of Resources assessment have now taken place. Initial feedback was positive and the detailed feedback and outcomes are expected to be received in November. The Trust is now involved in the Regional work which supports Trusts to improve their CCQ assessments and in CQC Co-production work.			
N2 – 100% of staff know how they contribute to the delivery of the vision. **B2 – Level 1 QI rollout (train 40 practice coaches and 30 Kata coaches).**	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.	Work continues to deliver this years 'Breakthorugh Objectives' and the work to date received positive feedback during the CQC inspection.			
N3 – In top 10% for staff and patient feedback. **B3 – Higher than average for staff and patient feedback.**	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.	Internal benchmarking has indicated improvements in all of the questions relating to staff feedback which it is hoped will translate into positive improvement in the national staff survey which is in progress. Recent national patient feedback results have shown an improvement in the Trusts results which it is hoped will translate into improvement in the Trusts results in the national patient survey.			

N4 – Trust in recurrent surplus. **B4 – Achieve control total.**	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 control total; maximising the benefits available to the Trust from partnership working.	At month 6 the Trust was achieving the 19/ 20 Control total and CIP programme. However the scale of the challenge increases in Quarters 3 and 4 and a continued focus will be required to achieve plans.			

Deputy Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals					
N1 – Achieved and Maintained CQC Outstanding. **B1 – Achieve CQC Good.**	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.	CQC well led inspection completed on the 10th of October. Which was the final stage of our inspection. CQC undertook a comprehensive review of the key areas where the Trust was rated as requires improvement. The Trust was well prepared for the visit with numerous communication campaigns and mock inspections. Actions arising from the unplanned inspection are either completed or smart action plans in place. Information requests all completed. No issues raised to the Trust either during the inspection or since.			
N2 – 100% of staff know how they contribute to the delivery of the vision. **B2 – Level 1 QI rollout (train 40 practice coaches and 30 Kata coaches).**	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	QI report outs all supported. Kata training undertaken. Sponsor for Model Ward programme			
N3 – In top 10% for staff and patient feedback. **B3 – Higher than average for staff and patient feedback.**	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.	Undergoing ward and department visits, requesting feedback on what is working well and how we need to improve. Continue to work alongside staff to understand their issues and respond to them.			

N4 – Trust in recurrent surplus. **B4 – Achieve control total.**	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.	Workforce plans reviewed. SNCT being run as planned Birthrate plus being re-run OPD establishments being reassessed Review of enhanced care requirements being reassessed. LoS Beds closed in August and September in medicine Plan to maintain bed closures in key areas Superstranded levels below expected trajectories Relaunch of Red to Green with roll out of electronic bed management.			

Medical Director					
N1 – Achieved and Maintained CQC Outstanding. **B1 – Achieve CQC Good.**	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.	The CQC assessments have now taken place in obstetrics and paediatrics. Detailed feedback and outcomes are expected to be received in November and it is hoped that the work which has been undertaken in these areas, and which appears to have improved staff engagement and morale and patient pathways, will be reflected in the results. Work with Sheffield Teaching Hospitals continues and a Memorandum of Understanding is being prepared for discussion at BOD. A clinical Lead for the Gastroenterology Hosted Network has been appointed but unfortunately the Network Managers post remains vacant as a result of backword. This post is being re-advertised. The Trust continues to make a positive contribution to the Hospital Services Review and is keen to see partnership work to improve out of hours pathways accelerated.			
N2 – 100% of staff know how they contribute to the delivery of the vision. **B2 – Level 1 QI rollout (train 40 practice coaches and 30 Kata coaches).**	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	The Medical Directors office continues to make a positive contribution to supporting the Qi work with the work of the Leadership fellows being very positively received.			

N3 – In top 10% for staff and patient feedback. **B3 – Higher than average for staff and patient feedback.**	Ensure that specific actions are in place to improve staff and patient feedback relating to all areas of medical and dental services.	In the recent internal benchmarking the feedback from the Medical Directors team has been very positive and work with the Divisional Directors on improving overall engagement continues.			
N4 – Trust in recurrent surplus. **B4 – Achieve control total.**	Provide leadership and visible support to the delivery of the Medical Directors designated budget and Productivity and Efficiency Programmes.	The Medical Director is SRO for a number of areas of the efficiency programme and work continues to ensure delivery of the targets in Q3 and Q4.			

Chief Operating Officer					
N1 – Achieved and Maintained CQC Outstanding. **B1 – Achieve CQC Good.**	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.	The Trust continues to report monthly on performance against the key local, ICS and National metrics. In year recovery plans are in place whether there is work to recover the position. This particularly focuses on RTT and the 4 hour wait. There is considerable internal and external focus on the RTT position in particular. The Trust continues to perform well against the majority of local, ICS and National Metrics.			
N2 – 100% of staff know how they contribute to the delivery of the vision. **B2 – Level 1 QI rollout (train 40 practice coaches and 30 Kata coaches).**	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	The Chief Operating Officer has - Been inducted to the DBTH "QI way" - Is participating in Board level development sessions with our QI Sensei. The COO provides Executive sponsorship to the Radiology programme and wider leadership to support the promotion of a culture of quality improvement throughout the organisation.			
N3 – In top 10% for staff and patient feedback. **B3 – Higher than average for staff and patient feedback.**	Ensure that specific actions are in place to improve staff and patient feedback relating to the COOs areas of responsibility.	Within the COO's portfolio, specific action plans are being implemented to promote and improve staff engagement within the central Patient Administration Team, which was an outlier in the last Staff Survey. Additionally, the COO is supporting all Divisional Leadership teams to promote and spread a culture of high engagement.			

N4 – Trust in recurrent surplus. **B4 – Achieve control total.**	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.	Specific actions relating to quality and access which affect patient experience are embedded within individual action plans (for example within our action plan to improve the management of elective systems and processes to promote more timely access). In addition, feedback relating to individual patients complaints or feedback related to the COO's portfolio are followed up by the COO. The COO supports executive colleagues on addressing specific themes of patient feedback identified through the monthly quality report.			

Director of Finance					
N1 – Achieved and Maintained CQC Outstanding. **B1 – Achieve CQC Good.**	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.	Led the programme for use of resources processes all milestones met. IBR in place and Accountability meetings and framework commenced from July 2019 Bids for emergency capital for theatres and fire works submitted in October 21019. CIG and Capital Monitoring continue to manage			
N2 – 100% of staff know how they contribute to the delivery of the vision. **B2 – Level 1 QI rollout (train 40 practice coaches and 30 Kata coaches).**	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Finance Directorate staff have been given time to work on how the directorate works to support the True North and Breakout objectives, including briefing times on the strategy. Q1 projects in finance are ongoing but slow.			
N3 – In top 10% for staff and patient feedback. **B3 – Higher than average for staff and patient feedback.**	Ensure that specific actions are in place to improve staff and patient feedback relating to the DOFs areas of responsibility.	The finance division continues to work through its work plan on improving staff morale and staff turnover.			

N4 – Trust in recurrent surplus. **B4 – Achieve control total.**	Provide leadership and visible support to ensure the delivery of the Trusts Financial Plans and Control Total.	The Trust has agreed additional investment into nurse staffing for the A&E department to ensure compliance with the CQC action plan. This investment increases the underlying deficit. At month 6 the Trust is on plan, however there is significant risk in the position with both CCG's challenging income figures. The lack of agreement around review patients and final implementation of the RTT plans increase the risk. Recovery plans are to be produced to mitigate the risk. Currently the most likely financial outcome is a miss of plan by £6m.			

Director of People and Organisational Development					
N1 – Achieved and Maintained CQC Outstanding. **B1 – Achieve CQC Good.**	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	SET compliance improving; appraisal compliance rates improving through appraisal season. Contribution to use of resources and well led inspection. Contribution leadership and OD team to development activities. Feedback from CQC visit on the focus on people and values. P&OD strategy milestones being achieved.			
N2 – 100% of staff know how they contribute to the delivery of the vision. **B2 – Level 1 QI rollout (train 40 practice coaches and 30 Kata coaches).**	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Leadership development programmes include Qi (in particular Leading to Outstanding programme) Participation in exec team development related to Qi programme. Teams within P&OD being encouraged to review their processes with view to removing waste.			
N3 – In top 10% for staff and patient feedback. **B3 – Higher than average for staff and patient feedback.**	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	Delivery of leadership development programme – Develop, Belong, Thrive, Here. Leading to Outstanding programme delivery Leadership masterclass delivery (refer to comprehensive update that went to September Board) Trust level staff survey plan in place – refer to September Board paper re updates on the progress being made. Examples of OD interventions in place. External commission for OD specific pieces of work eg			

	staff experience and team working plans in place through an enhanced OD support offer.	ED			
N4 – Trust in recurrent surplus. **B4 – Achieve control total.**	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 DPODs designated Budget and Productivity and Efficiency Programmes. Ensuring that opportunities which exist through partnership working and maximised.	Workforce plan/strategy submitted to Board of Directors. Recruitment plans being updated regularly. SRO of workforce workstream – PIDs in place to deliver CIPs. Local CIP being delivered.			

Director of Strategy and Improvement					
N1 – Achieved and Maintained CQC Outstanding. **B1 – Achieve CQC Good.**	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.	QI input provided to teams in Maternity and Emergency Department with clear outputs and positive staff engagement. Strategic Direction refresh process completed. Director level engagement in ICS response to Long Term Plan and in local place plan projects.			
N2 – 100% of staff know how they contribute to the delivery of the vision. **B2 – Level 1 QI rollout (train 40 practice coaches and 30 Kata coaches).**	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.	Deployment of True North objectives is underway and forms part of Leading to Outstanding Improvement projects underway in each division. Kata coaching according to plan including Director of Nursing and teams from Paediatrics, Maternity, medicine and Orthopaedics. 20 trained so far. Practice coaching on plan - first cohort of 5 completed and 4 others complete shortly – a total of 16 are in programme.			
N3 – In top 10% for staff and patient feedback. **B3 – Higher than average for staff and patient feedback.**	Ensure that specific actions are in place to improve staff and patient feedback relating to the DSIs areas of responsibility.	No staff survey data available for team as cohort is small. Appraisals are up to date. Patient involvement in main QI value streams.			

N4 – Trust in recurrent surplus. **B4 – Achieve control total.**	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.	Cost improvement identified as plan QI processes with tangible outputs to demonstrate effective use of resources – evidence provided as part of Use of Resources assessment			

Chief Information Officer					
N1 – Achieved and Maintained CQC Outstanding. **B1 – Achieve CQC Good.**	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.	The delivery of the Digital Transformation Programme remains on schedule with positive feedback from clinicians. The implementation of e-Observations in Bassetlaw is already generating a wealth of clinical management information which is helping to improve patient outcomes. The introduction of the Sepsis module on 29 October will provide enhanced safety alerts for clinicians. A new workflow process has been introduced to increase productivity across the IT Directorate. This will improve the prioritisation of change requests from customers. Following the annual penetration test and central security alert a robust cyber security patching exercise was completed in October to make sure all patching was up-to-date and in line with industry best practice.			
N2 – 100% of staff know how they contribute to the delivery of the vision. **B2 – Level 1 QI rollout (train 40 practice coaches and 30 Kata coaches).**	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Qi methodology has been fully embedded into the standard operating process for handling all new digital requests. This includes providing advice and guidance on the benefits of Qi help customers define their requirements. All IT Project Managers and the IT Business Partner are fully conversant with Qi methodologies and the accreditation programme. Two of the Project Managers are currently working towards the Level 2 Qi Coaching Certificate.			

N3 – In top 10% for staff and patient feedback. **B3 – Higher than average for staff and patient feedback.**	Ensure that specific actions are in place to improve staff and patient feedback relating to the CIOs areas of responsibility.	A baseline was established from the latest staff survey results. A number of OD and communication interventions are planned within the next 3 months to improve staff engagement. A review of sickness absence management was completed in October and the Directorate sickness absence rate remains below the Trust average.			
N4 – Trust in recurrent surplus. **B4 – Achieve control total.**	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.	Notwithstanding the Digital Transformation Programme CIP the IT Directorate is on plan at month six with an under-spend on pay due to delays in recruiting personnel for specialist posts. Considerable effort has been afforded to ensuring all outstanding budget anomalies have been investigated and resolved. This work will continue The team are ever mindful to identify 'gain-share' opportunities with Divisions and Corporate Directorates.			

Director of Estates and Facilities					
N1 – Achieved and Maintained CQC Outstanding. **B1 – Achieve CQC Good.**	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.	Links to EFM Annual Objectives/Breakthrough Objectives 4 & 5: 4. Annual Premises Assurance Model received by Board in Q1; Board assured of levels of compliance against CQC KLOE, improved from 80% to 85% in 18/19. Dynamic PAM dashboard used in Trust H&S meetings, reporting to ARC and Board. 5. Annual ERIC submitted to Board in Q2 – updated information to ERIC is used by Model Hospital and demonstrates year on year improvements to variation. Any variations explored as part of CIP's and Efficiency & Effectiveness Committee.			
N2 – 100% of staff know how they contribute to the delivery of the vision. **B2 – Level 1 QI rollout (train 40 practice coaches and 30 Kata coaches).**	Provide leadership and visible support to specific QI programmes, completing the required training and development programmes.	Links to EFM Annual Objectives/Breakthrough Objectives 3 & 7: 3. Estates Workforce Continuous Improvement Project - progressed review work with NHSi/Qi Q1, Visual Management Tools in place in a number of EFM areas, three Practice Coaches being trained in Q2 and review of workforce completed with Business case submitted to DoF for CIG. 7. Facilities Recruitment Strategy – streamlined 'on the day' recruitment process in place Q1 for Service Assistants.			

N3 – In top 10% for staff and patient feedback. **B3 – Higher than average for staff and patient feedback.**	Ensure that specific actions are in place to improve staff and patient feedback relating to the DEF's areas of responsibility.	Links to EFM Annual Objectives/Breakthrough Objectives 3, 6 & 8: 3. Estates Workforce Continuous Improvement Project - progressed review work with NHSi/Qi Q1, Visual Management Tools in place in a number of EFM areas, three Practice Coaches being trained in Q2 and review of workforce completed with Business case submitted to Director of Finance for CIG. 6. EFM Communications Strategy – Q1 increase profile of positive EFM schemes to wider Trust and external via Buzz and social media. 8. Effective EFM Teams – Q1 Develop bespoke leadership development for bands 1-4, increased self-awareness, effective teams, ownership. Q2 Identify objectives and develop bid for external funding.			
N4 – Trust in recurrent surplus. **B4 – Achieve control total.**	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.	Links to EFM Annual Objectives/Breakthrough Objectives 1, 2 & 9: 1. 2019/20 Capital Investment Programme – Q1 BoD approval, monthly reports to Estates Capital Group and Trust Capital Group on progress to delivery. 2. Identify Joint Venture opportunities W&C DRI – Q1 progress plans contained in ICS £137m bid re W&C. Q2 Developing high level proposal for new build DRI. 9. Sustainable development Management Plan – no Q1 or Q2 millstones – however identification in estates Workforce review of requirement for 1 x B7 Trust Energy/Sustainability Manager to lead on development of Sustainability Strategy and Management Plan.			

D1

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	Integrated Performance Report		
Report to	Trust Board	Date	29th October 2019
Author	Rebecca Joyce, Chief Operating Officer Sewa Singh, Medical Director David Purdue, 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
Key Questions for the Board are: • Is the Trust maintaining performance against agreed trajectories with our CCGs and in the context of national standards? • 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
The Board is asked to consider the report.

Category	Indicator	Latest Month Reported	National Target	Peer Benchmarking	National Benchmarking	CURRENT MONTH			YEAR-TO-DATE			YEAR END FORECAST			Trend Graph (April 17 - stated month)	Trend Rating (In Development)	NOTES 2
						Local Target	Actual	Variance	Local Target	Actual	Variance	Target	Actual	Variance			
NHSI Compliance Framework	A&E: Max wait four hours from arrival/admission/transfer/discharge	Sep 19	95%	86.2%	85.4%	93.7%	88.7%	-5.0%	92.0%	90.27%	-1.7%	95.0%	89.1%	-5.9%			
	Max time of 18 weeks from point of referral to treatment- incomplete pathway	Sep-19	92%	86.2%	85.0%	91.3%	86.4%	-4.9%	90.0%	86.4%	-3.6%						
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	Sep-19	.N/A	.N/A	.N/A	31,423	32,362	939	31,423	32,362	939						
	% waiting less than 6 weeks from referral for a diagnostics test	Sep-19	99%	94.1%	95.7%	99.0%	99.3%	0.3%	99.0%	99.3%	0.3%	99.0%	99.5%	0.5%			
Cancer	31 day wait for diagnosis to first treatment- all cancers	Aug-19	96.0%	96.7%	96.1%	96.0%	100.0%	4.0%	96.0%	99.3%	3.3%	96.0%	99.4%	3.4%			
	31 day wait for second or subsequent treatment: surgery	Aug-19	94.0%	95.7%	91.4%	94.0%	100.0%	6.0%	94.0%	100.0%	6.0%	94.0%	100.0%	6.0%			
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Aug-19	98.0%	100.0%	99.4%	98.0%	100.0%	2.0%	98.0%	100.0%	2.0%	98.0%	100.0%	2.0%			
	62 day wait for first treatment from urgent GP referral to treatment	Aug-19	85.0%	78.6%	78.5%	85.1%	91.4%	6.3%	85.0%	83.8%	-1.2%	85.0%	84.1%	-0.9%			
	62 day wait for first treatment from consultant screening service referral	Aug-19	90.0%	88.9%	87.7%	90.0%	82.4%	-7.6%	90.0%	85.2%	-4.8%	90.0%	82.2%	-7.8%			
Activity	ED Atendances	Sep-19	N/A	N/A	N/A		13624			85345							
	Daycase Activity - Discharges	Sep-19	.N/A	.N/A	.N/A	4,169	4,319	150	24,693	24,885	192						
	Other Elective Activity - Discharges	Sep-19	.N/A	.N/A	.N/A	753	777	24	4,128	4,528	400						
	Outpatient new activity (Contracted levels achieved)	Sep-19	.N/A	.N/A	.N/A	11,686	11,414	(272)	68,445	68,003	(442)						
	Outpatient Follow Up activity (Contracted levels achieved)	Sep-19	.N/A	.N/A	.N/A	23,680	21,765	(1,915)	138,711	136,414	(2,297)						
Ambulance Handover Times	Ambulance Handovers Breaches -Number waited <= 15 Minutes	Sep-19			.N/A	77.3%	54.0%	-23.3%		67.60%							
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	Sep-19			.N/A	22.0%	32.7%	10.7%		31.48%							
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	Sep-19			.N/A	0.7%	0.5%	-0.2%		0.84%							
	Ambulance Handovers Breaches -Number waited >60 Minutes	Sep-19			.N/A	0.0%	0.1%	0.1%		0.08%							
Stroke	Proportion of patients scanned within 1 hour of clock start (Trust)	Jul-19	48.0%	.N/A	.N/A	48.0%	48.1%	0.1%	48.0%	45.5%	-2.5%	48.0%	44.3%	-3.7%			
	Proportion directly admitted to a stroke unit within 4 hours of clock start	Jun-19	90.0%	.N/A	.N/A	90.0%	61.5%	-28.5%	75.0%	55.2%	-19.8%	75.0%	51.8%	-23.2%			
	Percentage of eligible (according to RCP Guideline minimum threshold) given Thrombolysis (Trust)	Jul-19	90.0%	N/A	N/A	90.0%	100.0%	10.0%	90.0%	100.0%	10.0%	100.0%	100.0%	0.0%			

	Percentage treated by a stroke skilled Early Supported Discharge team	Jul-19	40.0%	.N/A	.N/A	40.0%	93.9%	53.9%	24.0%	82.0%	58.0%	24.0%	83.2%	59.2%			
	Percentage discharged given a named person to contact after discharge	Jul-19	95.0%	.N/A	.N/A	95.0%	100.0%	5.0%	80.0%	95.6%	15.6%	80.0%	99.8%	19.8%			
Theatres & Outpatients	Cancelled Operations (For non-medical reasons)	Sep-19			1.0%	0.8%	1.1%	0.3%	0.8%	1.0%	0.2%	0.8%	1.0%	0.2%			
	Cancelled Operations-28 Day Standard	Sep-19		.N/A	.N/A	0	1	1	0	6	6						
	Out Patients: DNA Rate	Sep-19	7.5%	6.78%	.N/A	7.6%	10.0%	2.4%	7.6%	10.1%	2.5%	7.6%	10.2%	2.5%			
	Out Patients: Hospital Cancellation Rate	Sep-19		.N/A	.N/A	4.5%	13.3%	8.8%	4.5%	13.5%	9.0%	4.5%	15.2%	10.7%			
	Theatre Utilisation	Sep-19		.N/A	.N/A	87.0%	83.7%	-3.3%	87.0%	84.2%		87.0%					
	Clinic Utilisation	Sep-19		.N/A	.N/A	95.0%	87.3%	-7.7%	95.0%	89.9%		95.0%					
Effective	Emergency Readmissions within 30 days (PbR Methodology)	Aug-19		.N/A	.N/A		3.0%			6.3%							
	Length of Stay (21 Days) - Number of Patients	Sep-19		N/A	N/A	71	48	-23		48							
	Length of Stay (21 Days) - Number of days	Sep-19		N/A	N/A		1937			1937							
	Infection Control C.Diff	Sep-19		.N/A	.N/A	3	3	0	7	20	13						
	Infection Control MRSA	Sep-19		.N/A	.N/A	0	1	1	0	1	1				N/A		
	HSMR (rolling 12 Months)	Jun-19	100			100.0	93.6	-2.5	100.0	97.5	-2.5						
	HSMR : Non-Elective (rolling 12 Months)	Jun-19	100						100.0	97.5	-2.5						
	HSMR : Elective (rolling 12 Months)	Jun-19	100						100.0	98.3	-1.8						
Safe	Never Events	Sep-19				0	0	0	0	0	0						
	Sis	Sep-19					3			29							
	Avoidable Pressure Ulcers Cat 3&4	Sep-19					0			24					N/A		
	Unavoidable Pressure Ulcers Cat 3&4	Sep-19					0			4					N/A		
	Falls that result in a serious Fracture	Sep-19					0			3					N/A		

SPECIFIC THEMES :

				NHS England NHFD Benchmarking												
	% of patients achieving Best Practice Tariff Criteria	Sep-19		63.50%		51.4%			48.5%			49.1%				

Fractured Neck of Femur	36 hours to surgery Performance	Sep-19				62.2%			56.8%			57.3%				
	72 hours to geriatrician assessment Performance	Sep-19				89.2%			90.2%			90.7%				
	% of patients who underwent a falls assessment	Sep-19		95.70%		100.0%			95.8%			96.5%				
	% of patients receiving a bone protection medication assessment	Sep-19		93.70%		100.0%			97.0%			97.4%				
	% who underwent a pre-operative AMTS Assessment (Delirium Assessment)	Sep-19		94.60%		94.6%			95.1%			93.7%				
	Mortality-Deaths within 30 days of procedure	Sep-19				5.4%			6.1%			6.7%				

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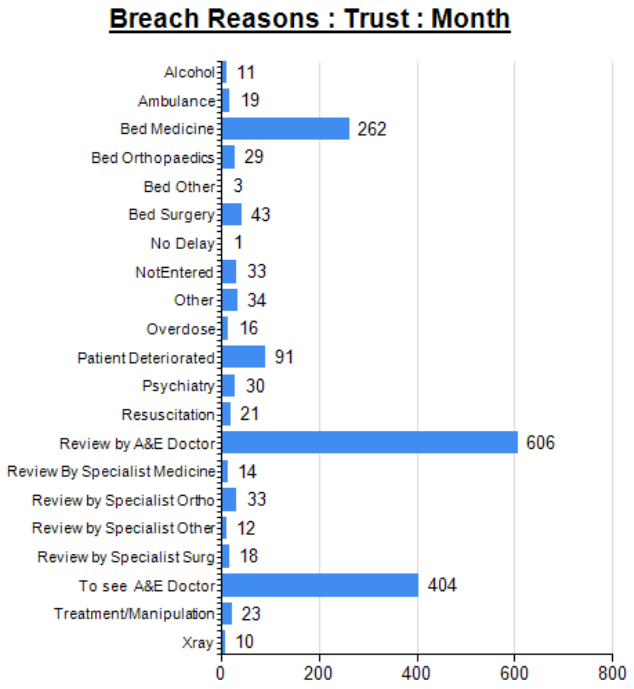
(A) 4hr Access Target

Trust

In September 2019 the Trust achieved performance of 88.73% against the 4hr access standard of 95%, in comparison to 93.67% in September 2018. This is an improvement in performance compared to last month. This is below the locally agreed CCG trajectory of 93.7%. The Trust managed 15302 ED attendances across sites and streams, during September 2019. This is 1086 more patients than in September 2018, a 7% increase. 1724 patients were not treated within 4 hours – this is 824 more than in September 2018:-



The team have developed a full recovery plan to support the department to get back on track with performance. Towards the end of September, the position is showing improvement following the implementation of the action plan. The key performance issues remain at DRI with better performance at Bassetlaw and Mexborough. The key issues have been

- Considerable growth in attendance (6-8% year on year)
- Gaps in medical staffing at middle grade level & reliance on locums

There have also been changes in medical leadership, with a need to stabilise the position for the future. The full ED action plan focuses on:

- Improving day to day operational grip (i.e. 2 hourly huddles)
- Clinical pathway changes (including for example, a review of resus, radiology led discharge)

- Changes to workforce (i.e. Early Senior Assessment role now in operation over 80% of time; Skill mix/ consultant rota review; review of middle grade rota; liaison with HOLT; Navigational nurse fully implemented; additional middle grades recruited through QIMET and CESR)
- Implementation of streaming on both sites (with 1.10.19, Nottingham Health Care provide streaming at Bassetlaw from 09:00 – 23:00 7 days a week, this will be further extended)
- A refresh of the clinical leadership structure
- Organisational development to support team working and leadership throughout the department
- A focus on the Emergency Care Standards and specialty escalation plans

This builds on longer term improvement work:

- Ongoing Quality Improvement work to improve flow
- ED Staffing Investment - £ 2 million case agreed Sept Board
- Place wide Urgent and Emergency Care Redesign in both Doncaster and Bassetlaw
- The development of Mexborough as an Urgent Treatment Centre
- An estates plan to improve flow and create greater space for majors – redesigning the use of CDU

Ambulance Breaches

Performance at DBTH is not meeting the local standards agreed with the CCG, except for the standard for patients waiting over 30 minutes and less than 60 minutes. Flow quality improvement work in ED has reduced waits for patients and this has reduced the % of patients waiting over 30 minutes and 60 minutes, with data tracking the improvement as part of the work. However, further work is required, working in partnership with YAS and EMAS. The table below summarises performance for September:

PLEASE NOTE ANY FIGURES PROVIDED FOR OVER 30 MINUTES ARE VALIDATED FIGURES FROM A&E NOT FROM AMBULANCE REPORTS

Month	Hospital	Total Arrivals by Ambulance	Less Than 15 Minutes	% Less than 15 Minutes	Between 15 & 30 Minutes	% Between 15&30 Minutes	Total Waits 30-60 Minutes 2019-20	% Waits 30-60 Minutes 2019-20	Total Waits over 60 Minutes 2019-20	% Waits over 60 Minutes 2019-20	Longest Wait (Hours and Minutes) 2019-20	Total % Over 30 including all them over 60 2019-20
Sep-19	Doncaster Royal Infirmary	2261	1351	59.75%	645	28.53%	7	0.31%	0	0.00%	00:50	0.31%
	Bassetlaw Hospital	857	333	38.86%	374	43.64%	10	1.17%	3	0.35%	02:25	1.52%
	Trust	**3118**	**1684**	**54.01%**	**1019**	**32.68%**	**17**	**0.55%**	**3**	**0.10%**	**N/A**	**0.64%**

(B) Referral to Treatment (RTT)

The Trust Level month end performance for September 2019 is 86.4% which is an improvement on August 2019. Nationally we are currently performing slightly above the national average (85% for August 2019) but below the performance of acute hospital peers within SYB ICS. The Trust is under considerable scrutiny from the ICS.

The following table summarises the position by specialty:

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Specialty Group	Under 18 Weeks	18 Weeks & Over	Total	Percentage
General Surgery	2345	396	2741	85.6%
Urology	1413	275	1688	83.7%
T&O	5413	1027	6440	84.1%
ENT	2577	540	3117	82.7%
Ophthalmology	2560	462	3022	84.7%
Oral Surgery	1529	185	1714	89.2%
General Medicine	1693	451	2144	79.0%
Cardiology	1796	262	2058	87.3%
Dermatology	1953	141	2094	93.3%
Thoracic Medicine	896	101	997	89.9%
Rheumatology	774	195	969	79.9%
Geriatric Medicine	210	19	229	91.7%
Gynaecology	1536	56	1592	96.5%
Others	3261	296	3557	91.7%
Trust Total	**27956**	**4406**	**32362**	**86.4%**

Finance and Performance Committee received a deep dive report in September 2019, which was subsequently shared with CCG and ICS colleagues in early October 2019. Considerable work is continuing across the Trust to address this position and recover 92% in year:

- The full action plan comprises
  - Specialty by specialty recovery plan to get back to 92%
  - A plan to improve underpinning systems, processes and training
- The learning from the North East Commissioning Support (NECS) validation has been incorporated into the plan to develop more consistent approaches to managing RTT, embedding the learning from the data quality NECs audit.
- The Elective Intensive Support Team have been invited into the Trust and are making recommendations in October to further strengthen our improvement plans.
- Improvements to performance monitoring with the creation of a new activity / income / performance monitoring tool to be rolled out in October 2019.
- The interim RTT trainer commenced in post 7.10.19 and recruitment for the substantive RTT trainer is in progress.
- The introduction of a new performance assurance framework, which includes a strengthened focus on RTT both at specialty and Trust wide level has been implemented.

52 Week Breaches

During September 2019, the Trust reported 3 x 52 week breaches for:-

- Ophthalmology
- Trauma & Orthopaedics
- Gastroenterology

Full breach reports have been completed for each breach, however all patients were not visible on the PTL and were all identified via validation due to incorrect clock stops being administered.

RTT training (as described above) will mitigate against further similar breaches, however the Trust does acknowledge a continued risk of breaches being identified until the training has been fully rolled out and new practices implemented.

(C) Diagnostics

The Diagnostics target has been achieved for September 2019 with 99.3% achievement

Exam Type	<6W	>=6W	Total	Performance	Longest Breach (weeks)
MRI	1433	6	1439	**99.58%**	8
CT	1985	3	1988	**99.85%**	7
Non-Obstetric Ultrasound	2519	0	2519	**100.00%**	-
Barium Enema	0	0	0		-
DEXA	249	2	251	**99.20%**	7
Audiology	205	8	213	**96.24%**	17 (completed 2.10.19)
Echo	204	0	204	**100.00%**	-
Nerve Conduction	134	0	134	**100.00%**	-
Sleep Study	22	0	22	**100.00%**	-
Urodynamic	37	30	67	**55.22%**	15 (due to capacity)
Colonoscopy	236	0	236	**100.00%**	-
Flexible Sigmoidoscopy	106	0	106	**100.00%**	-
Cystoscopy	139	1	140	**99.29%**	11
Gastroscopy	298	0	298	**100.00%**	-
Total	**7567**	**50**	**7617**	**99.34%**	**17**

Performance for the Trust, NHS Doncaster and NHS Bassetlaw is outlined below:

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	7567	50	7617	99.34%
NHS Doncaster	4859	27	4886	99.45%
NHS Bassetlaw	1865	15	1880	99.20%

Missed Targets:

- Urodynamic – 55.22% -30 breaches out of 67 waiters. Although a decrease in performance, the number of patients waiting for Urodymanics has reduced significantly from last month. Additional activity is being sought for October 2019 to support recovery of the position, alongside the implementation of improved systems to manage the waiting list.

- Audiology – 96.24% - 8 breaches out of 213 waiters. The team have introduced some additional short-term capacity to manage the backlog of patients and are establishing improved monitoring information with the central Information team. This is indicative in their overall improved performance position from last month with the number of breaches declining by 50%.

(D) Cancer Performance

The following information relates to performance for August 2019. 2 week wait and 31 day position continues to perform well. Our challenge continues around the 62 day wait standard, however we have seen a significant improvement in most of the 62 day standards with screening the only nationally recorded targets not met. There were 2 breaches for this standard – both relating to patient choice with the bowel screening service.

Work continues to take place to improve compliance with the day 28 faster diagnosis standard – an action plan is currently in development and will be presented at Cancer Programme Board in November 2019. The tables below provide further breakdown data:

Cancer Performance – August 2019

Standard	Local Performance %	Position from Previous Month
31 day	100%	↑
31 day Sub – Surgery	100%	↔
31 day Sub – Drugs	100%	↔
31 day Sub – Other	N/A	
62 day – IPT scenario split	87.2%	↑
62 day – 50/50 split	91.4%	↑
62 day – Local Performance only	97.1%	Local Measure only
62 day – Shared Performance only 50/50 split	60%	Local Measure only
62 day Screening	82.4%	↑
62 day Con Upgrades	88.9%	↑
Day 28 – shadow monitoring	*79.5%*	FDS testing site – set performance at 80% for first 3 months

Cancer Performance by Specialty – August 2019

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	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	31 Day Sub - Palliative	*62 Day – Classic 50/50 split*	62 Day – 38 Day IPT split	62 Day Screening	62 Day Consultant Upgrades	Day 28 Shadow Reporting
Operational Standard	96%	94%	98%	94%	85%	85%	90%	TBA	TBA
Breast	100%	*100%*			97.1%	94.3%	92.9%	100%	98.3%
Gynaecology	100%	*100%*			100%	100%			53.9%
Haematology	100%		*100%*		100%	100%		100%	40%
Head & Neck					0%	0%		100%	72.7%
Lower GI	100%	*100%*			89.5%	84.3%	33%	100%	72.4%
Lung	100%				55.6%	45.5%		72.7%	61.3%
Sarcoma									
Skin	100%				100%	100%			76.6%
Upper GI	100%				66.7%	60%			83%
Urological	100%	*100%*			100%	100%		100%	72.4%
Overall Performance	100%	*100%*	*100%*		91.2%	87.0%	87.5%		79.5%

Cancer Performance Exceptions – August 2019

CWT Standard	Tumour Group	Performance against CWT standard	High Level View
62 day (using 6 scenario data)	H&N	0%	**3** Patients –all shared care, 1 , patient choice, 1 complex pathway, 1 pathway delays (OMFS pathway)
	Lower GI	84.2%	**2** Patients – Both shared care – 1 Complex diagnostic pathway plus patient choice. 1 pathway delay linked to enabling treatment
	Lung	45.5%	**4** Patients – All shared care – 1 treatment delayed for medical reasons, 1 complex diagnostic pathway, 1 delay in histology reporting 1 patient choice
	Upper GI	60%	**2** Patients – both Local pathways - both pathways treatment delayed for medical reasons
62 day Screening	Lower GI	33%	**2** Patients – Both Local Pathway - both patient choice within bowel screening service .
62 day Con Upgrade	Lung	72.7%	**4** Patients – All Shared Care pathways 1 – patient fitness, 3 pathway delays

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

62 Day Cancer Performance by CCG – August 2019

	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 – not available*	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	96%	94%	98%	94%	85%	85%	90%	TBA
Doncaster CCG	100%	100%	100%		88.50%		*75%*	78.57%
Bassetlaw CCG	100%	100%	100%		90.90%		*0%*	

	Count of Tumour Type
02Q: Bassetlaw CCG - Total and breakdown	**2**
Breast	1
Upper Gastrointestinal	1
02X : Doncaster CCG - Total and breakdown	**10**
Head & Neck	3
Lower Gastrointestinal	2
Lung	4
Upper Gastrointestinal	1
Grand Total	**12**

(E) Stroke

Performance July 2019

The Trust level percentage for Direct Admission to the Stroke Unit was 61.5% against a 90% target, which is an improvement from last month. 48.1% of patients were scanned within 1 hour of clock start, achieving the target of 48%.

	CCG					
Direct Admission within 4 Hours	Bassetlaw	Doncaster	Barnsley	Rotherham	Other	**Total**
Yes	8	19	2	2	1	**32**
No	5	14	0	0	1	**20**
Grand Total	**13**	**33**	**2**	**2**	**2**	**52**
Performance	61.5%	57.6%	100.0%	100.0%	50.0%	**61.5%**

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PERFORMANCE EXCEPTION REPORT – September 2019

Category	Sub Category		Total
Organisational	Beds		0
	Staff Availability		0
	Pathway	Delay in Transfer from ED	5
		Delay - transport BDGH to DRI	0
Clinical	Patient Presentation: secondary / late diagnosis of stroke.		9
	Patient Needs		2
	Neurosurgery delay		0
Patient Choice	Declined		0
Awaiting further validation			2
Excluded			1*

**Excluded due to in-hospital stroke*

Longest wait for admission – 7hrs 3 mins – patient presented with non-stroke symptoms

Summary

The outcomes of the Deep Dive completed by the service will be presented to the Trust's Finance & Performance Committee in October 2019. The key highlights for performance improvement are set out in the table below.

Challenges	**Issues**	**Actions**
CT scan within 1 Hour – main issues affecting performance are delays in stroke diagnosis but also patients not medically stable.	Patients presenting in Emergency Department may be diagnosed as unwell adults, dizziness and be admitted to assessment units such as FAU with no scan being requested. Some patients with very soft symptoms are triaged as possible stroke, with SNPs +/- Stroke consultants reviewing everyone as they arrive, which is not physically possible when there are competing priorities. Mis-diagnosis of stroke resulting in patients being admitted incorrect via stroke pathway.	Review triage process for patients self-presenting. Ensure pre-alerts being received from YAS/EMAS. Discuss opportunity for ED staff to carry out urgent medical assessment and if necessary scan such patients.
Delay in 4 hour admission to stroke unit	Delay in diagnosis of stroke or no stroke diagnosis with patients being admitted to FAU or AMU as unwell/dizziness Late ED referrals to Stroke Specialist Nurse Practitioner (SNP) and staffing issues resulting in the Stroke SNP dealing with high acuity of patients already on the stroke unit and unable to pick up ED referrals (although this is minimal). Bassetlaw patients – transport waits causing delays once stroke diagnosis confirmed.	Education / training for ED staff To be escalated to Trust exec team and commissioners.

Stroke mimics	Being admitted onto the stroke unit rather than a general medical bed causing bed capacity issues. This will become more of an issue as HASU demand increases.	Education / training for ED staff
Delayed repatriation of patients to their local providers	Can be challenging where Trusts have bed pressures and unable to accept their patients. Goole patients are outside scope of SYB ICS HASU pathway, so it is particularly difficult for patient repatriation back their local provider.	Patient flow policy agreed as part of HASU implementation should mean minimal delays across SYB ICS providers. Clinical leads communication (DBTH/NLAG) confirms there is no clinical justification to delay a transfer on a specific day – there is junior doctor cover every day. NLAG to pick up internally.

(F) Cancelled Operations

In September 2019 120 (1.14%) of Trust operations were cancelled.

CCG Name	CCG Code	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
TRUST		0.83%	0.98%	0.91%	1.47%	0.91%	1.14%	1.05%
Of which Theatre Cancellations		*0.39%*	*0.52%*	*0.59%*	*0.96%*	*0.66%*	*0.67%*	*0.64%*
Of which Non-Theatre Cancellations		*0.43%*	*0.46%*	*0.32%*	*0.51%*	*0.25%*	*0.48%*	*0.41%*
NHS DONCASTER CCG	02X	0.77%	1.11%	1.05%	1.15%	0.92%	1.12%	1.03%
Of which Theatre Cancellations		*0.38%*	*0.56%*	*0.65%*	*0.93%*	*0.70%*	*0.69%*	*0.66%*
Of which Non-Theatre Cancellations		*0.38%*	*0.56%*	*0.40%*	*0.23%*	*0.22%*	*0.43%*	*0.37%*
NHS BASSETLAW CCG	02Q	1.02%	0.79%	0.85%	2.53%	1.04%	1.16%	1.23%
Of which Theatre Cancellations		0.65%	0.44%	0.76%	0.94%	0.66%	0.54%	0.66%
Of which Non-Theatre Cancellations		0.37%	0.35%	0.09%	1.59%	0.38%	0.63%	0.57%

Non-Clinical Reasons for Cancellations – September 2019:-

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

Count of Canc. ID			Column Labels								
Row Labels	Main Reason	Sub Reason	Breast	ENT	GI	Gynaecology	OMFS	Ophthalmology	Orthopaedics	Urology	Grand Total
BDGH	Equipment	HSDU issue						1			1
	Insufficient Time	Problems with previous case	1								1
	No Elective Bed	N/A			1	1					2
	Other Urgent Case	Trauma							1		1
BDGH Total			**1**		**1**	**1**		**1**	**1**		**5**
DRI	Equipment	Equipment failure						1			1
		Equipment not available							1		1
		HSDU issue							1		1
	Insufficient Time	Late start - AM list over-run			1						1
		Problems with previous case		2	1	4			2	1	10
	No Staff	Anaesthetist							2		2
	Other Urgent Case	Trauma							6		6
DRI Total				**2**	**2**	**4**		**1**	**12**	**1**	**22**
MMH	Equipment	Equipment failure			1						1
	Insufficient Time	Problems with previous case					1				1
	No Elective Bed	Anaesthetist						1			1
	No Staff	Anaesthetist						4			4
MMH Total					**1**		**1**	**5**			**7**
BGH	Insufficient Time	Surgeon late							1		1
BGH Total									**1**		**1**
Grand Total			**1**	**2**	**4**	**5**	**1**	**7**	**14**	**1**	**35**

DNA or Unfit

There was a total of 111 operations cancelled in September for clinical reasons. Of these 71 we due to DNAs or patients being declared unfit on the day of surgery. The cancellation deep dive exercise is complete and the main recommendation is to extend the use of the DrDoctor text message appointment reminder system to patients awaiting surgery.

Equipment issues

5 operations were cancelled due to problems with equipment due to either missing equipment or damaged packaging meaning it was not sterile. There are a number of business cases for replacement equipment currently being progressed.

Insufficient time

There were 14 cancellations due to insufficient time, of these 12 were due to problems with the previous case.

Pre-op

12 operations were cancelled due to issues with pre-op, mainly because the patient had not fasted or not stopped medication, however there were 3 cases where the patient had not received an investigation needed prior to surgery.

Non Clinical Cancellations - 28 Day Breaches

In September 2019, there was one cancellation that breached the 28 day target.

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

Site	Specialty:	TCI Date:	28 Day Breach Date:	New Date:	Cancellation Reason:	Breach Reason
DRI	Medical Ophthalmology	14.8.19	12.9.19	16.9.19	Pre-Op Assessment	Booking team not aware of 28 day re-booking target*

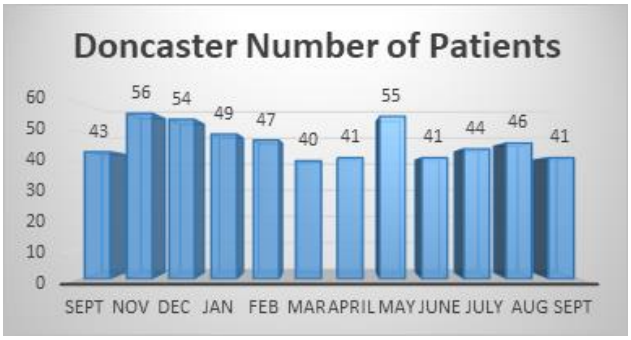
*The forthcoming administrative training will include awareness & training around 28 day cancellation breaches for all clinical admin staff.

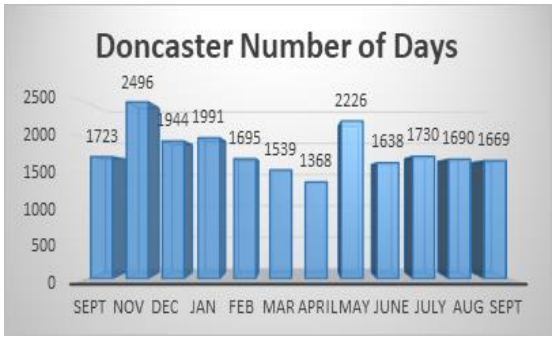
Length of Stay (21 Days)

NHSi set an ambition for a reduction in 'super stranded' patients by 38% for DBTH for 2019/20. This meant a reduction from 115 patients to 71 patients for both Doncaster Royal Infirmary and Bassetlaw District General Hospital combined.

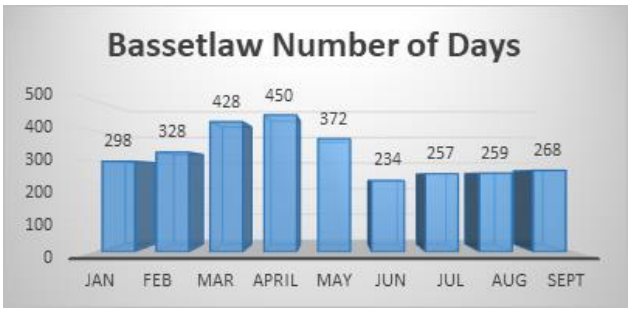
DBTH continues to achieve this reduction with 48 patients reported as per the Discharge Patients Tracking List (DPTL) submission on 19 September 2019.

Doncaster
From the data recorded at the monthly LOS meeting in September 2019, there were 41 patients in Doncaster Royal Infirmary with a length of stay of 21 days or more, this is a reduction of 5 patients compared to August 2019. The total bed days for these 'super stranded patients' was 1669 which has seen a reduction from August 2019, however the average LOS has increased which is attributable to a complex neurological patient with a LOS of over 100 days. This patient has complex needs and is awaiting long term placement.





Bassetlaw
From the data recorded at the monthly LOS meeting in September 2019, there were 7 patients in Bassetlaw District General Hospital with a length of stay of 21 days or more, this is a reduction of 1 patient compared to August 2019. The total bed days for these 'super stranded patients' was 268, a 9 day increase compared to August 2019. This increase relates to a long stay patient during September 2019 who has now been discharged.



ERS Utilisation & Appointment Slot Issues

Internal data currently being validated – to be included on future report

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Executive Summary - Safety & Quality - Sept 2019 (Month 6)

Mortality: HSMR & Crude Mortality Rate

The HSMR continues to be below expected levels with the rolling 12 month figure being 97.47. There continues to be an upward trend in the elective figure which after investigation is likely due to the way the mode of admission is recorded. This has been acknowledged and work has commenced in the coding department to try and address this. Meanwhile assurance can be provided through clinical reviews of such patients that the quality of care delivered was good.

Fractured Neck of Femur (BPT Performance)

The BPT has been achieved in all domains other than getting patients into theatre within 36 hrs (61%). This is mainly due to theatre capacity issues however, work continues on streamlining the NOF pathway. Mortality for this high risk group of patients remains good.

Serious Incidents

The reduction in serious incidents and in particular, in care issue SIs continues. There have been no serious incidents in paediatrics.

Children & Young People (Serious Incidents/Incidents/Complaints/Duty of Candour)

Executive Lead: Mr Sewa Singh

Executive Safety Summary

Safe Care

September 17th 2019 was the first National Safety Day, the Trust used this date to launch our initiatives to reduce the incidence of acute kidney injury within the Trust. These included # but first a drink, which encourages anyone seeing the patient offering them a drink. The traffic light lids which allows staff to see at a glance if the patients are drinking adequate amounts of fluid. The new fluid balance charts were launched to standardise the documentation for all ward areas.

Infection Prevention and Control: MRSA/ C-Diff

The Trust has a trajectory of no more than 44 cases for 2019/20 financial year with changes as to how cases are assigned as follows:
Healthcare onset healthcare associated (HOHA): cases detected in the hospital ≥2 days after admission {So far we have 13 cases in this category}.
Community onset healthcare associated (COHA): cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks (we report a total of 7 cases in this category).

Community onset indeterminate association (COIA): cases that occur in the community (or within2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks.

Community onset community associated (COCA): cases that occur in the community (or within 2 days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

The HOHA and COHA categories are attributed to the Trust while the COIA & COCA to the CCGs.

To achieve this new challenge means going further with good antimicrobial stewardship and effective/proactive management of cases to reduce the incidence of relapse, not only for patients on admission, but for cases discharged into the community.

Themes from the post incident reviews include the need for timely testing of samples and correct antibiotic prescribing on admission. There have been no lapses in care identified. The deep clean programme continues and is being closely monitored.
Our internal Trust trajectory has been set at not more than 40 cases for 2019/20.

MRSA
The Trust ended September with zero MRSA bacteraemia, and totalled 700 days without a case. This ended at day 701. The case will be reported at the next Board. There were no lapses in care identified.

Serious Incidents: Fall resulting in significant harm:

There were no falls resulting in significant harm in September

Hospital Acquired Pressure Ulcers:

Rates remain within trajectory following the changes to reporting. A review of pressure relieving equipment is underway.

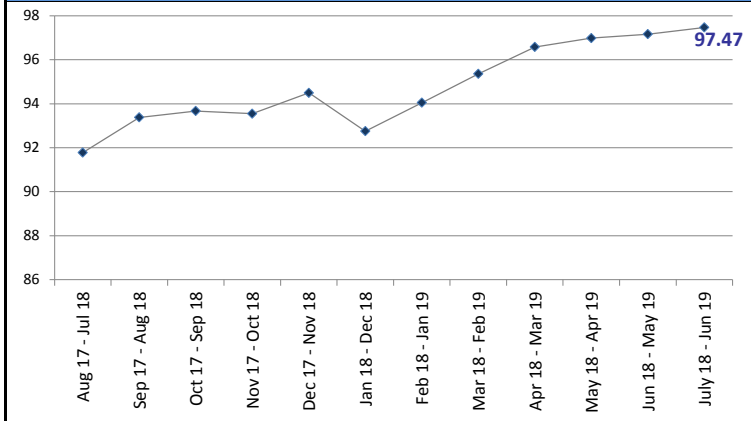
Complaints and Concerns

The complaints process is under review following a survey which was undertaken during June from complaint respondents. The Trust follows all the guidance in the NHSi Patient Experience Toolkit with the exception of undertaking the survey.
The results from the survey are disappointing from the aspect of did the response totally address the concerns raised.
The response rate to the survey was poor and so as part of the review of the complaints procedure the survey is being repeated alongside a number of focus groups to understand how we need to improve our responses.

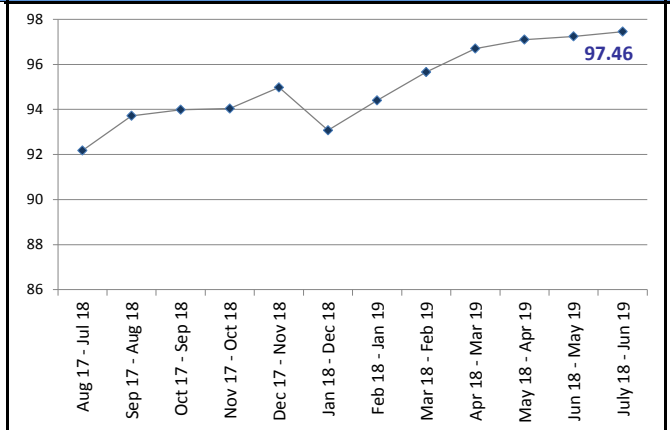
Executive Lead: David Purdue

Hospital Standardised Mortality Ratio (HSMR) - June 2019 (Month 3)

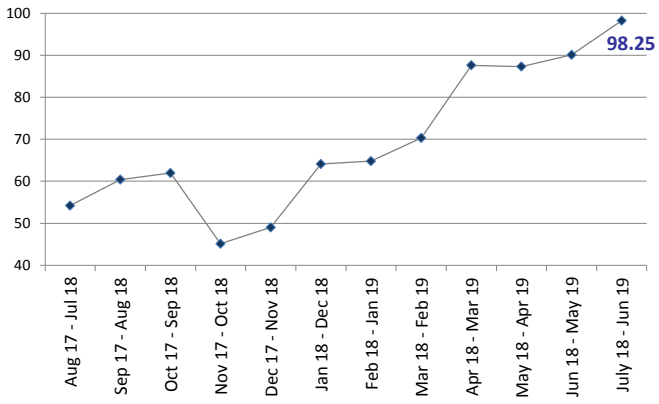
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

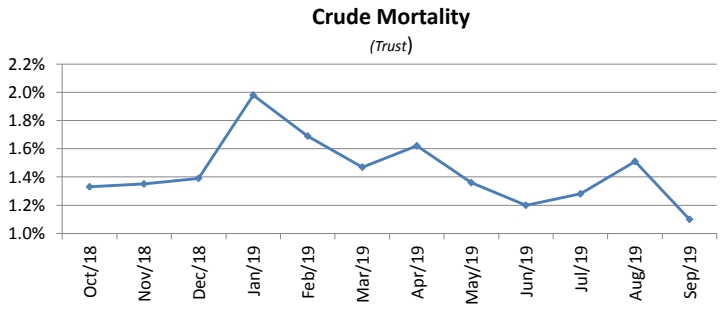


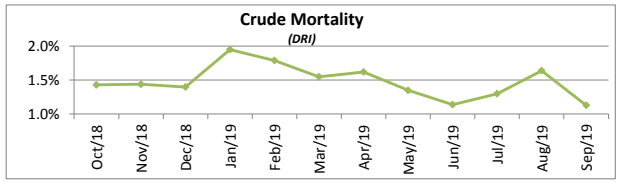
HSMR Trend (monthly)

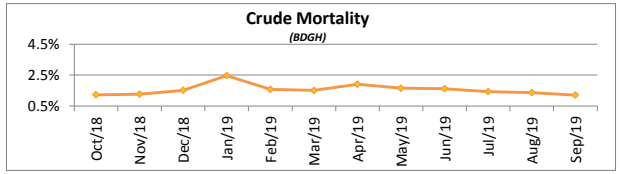
	2016	2017	2018	2019
January	116.80	99.21	94.86	106.54
February	99.94	97.73	105.44	97.97
March	90.54	97.37	88.42	101.62
April	105.91	88.50	98.90	103.47
May	101.15	96.60	92.08	94.75
June	80.27	93.67	90.32	93.62
July	92.56	97.73	107.78	
August	100.27	87.52	95.03	
September	90.26	95.34	90.42	
October	90.29	88.66	97.08	
November	88.98	82.30	99.42	
December	82.30	93.52	80.68	

Crude Mortality (monthly) - Sept 2019 (Month 6)

(number of deaths/number of patient discharged)



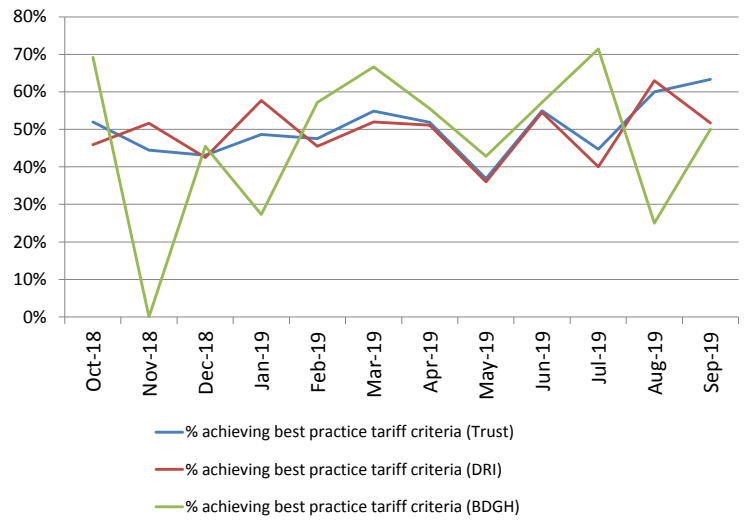




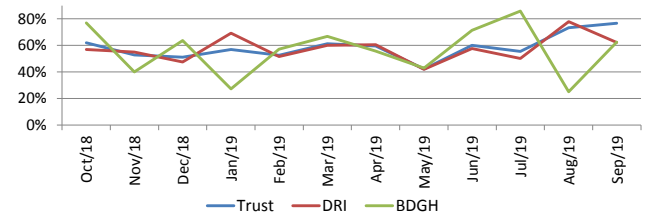
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Trust	1.33%	1.35%	1.36%	1.98%	1.69%	1.47%	1.62%	1.36%	1.20%	1.28%	1.51%	1.10%
DRI	1.43%	1.44%	1.45%	1.95%	1.79%	1.55%	1.62%	1.36%	1.14%	1.30%	1.64%	1.13%
BDGH	1.23%	1.27%	1.26%	2.47%	1.58%	1.51%	1.91%	1.65%	1.61%	1.43%	1.37%	1.21%

NHFD Best Practice Pathway Performance -Sept 2019 (Month 6)

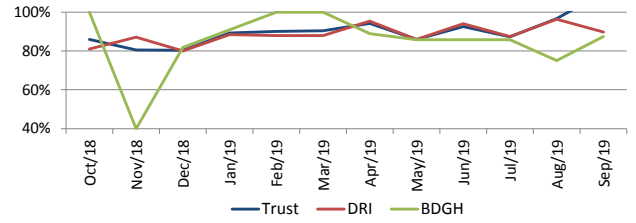
Best Practice Criteria Performance



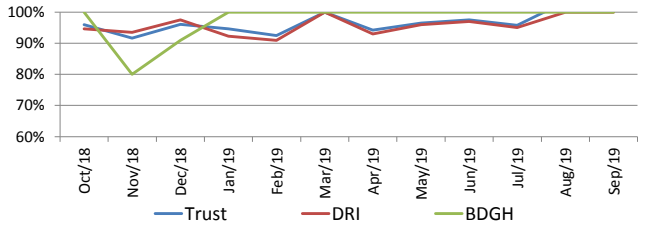
36 Hours to Surgery Performance



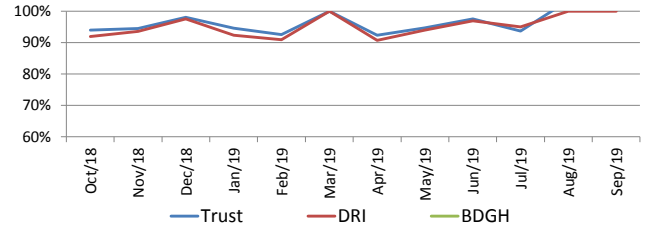
72 hours to Geriatrician Assessment Performance



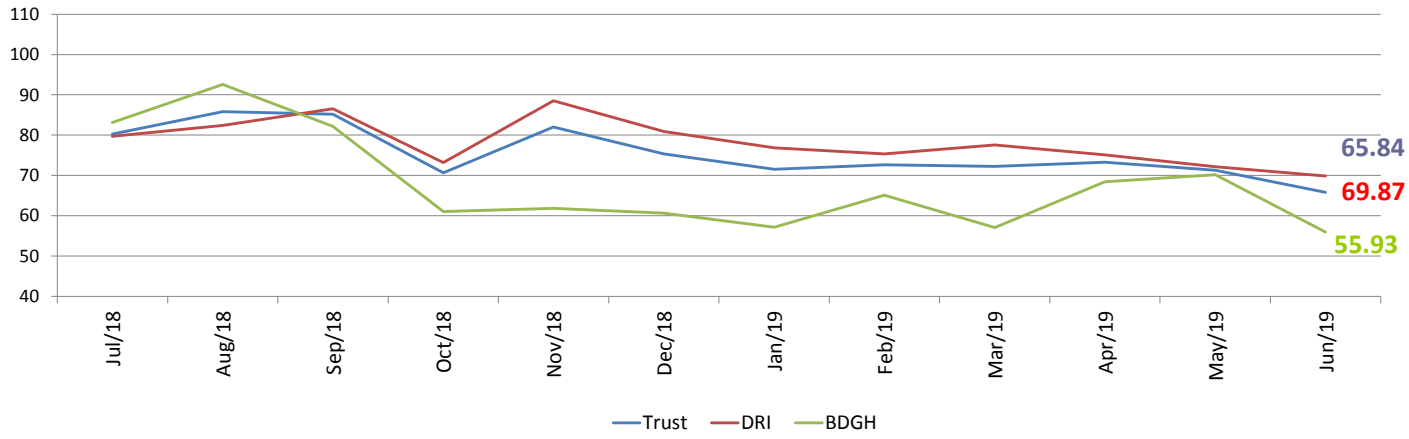
Bone Protection Medication Assessment



Falls Assessment Performance



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

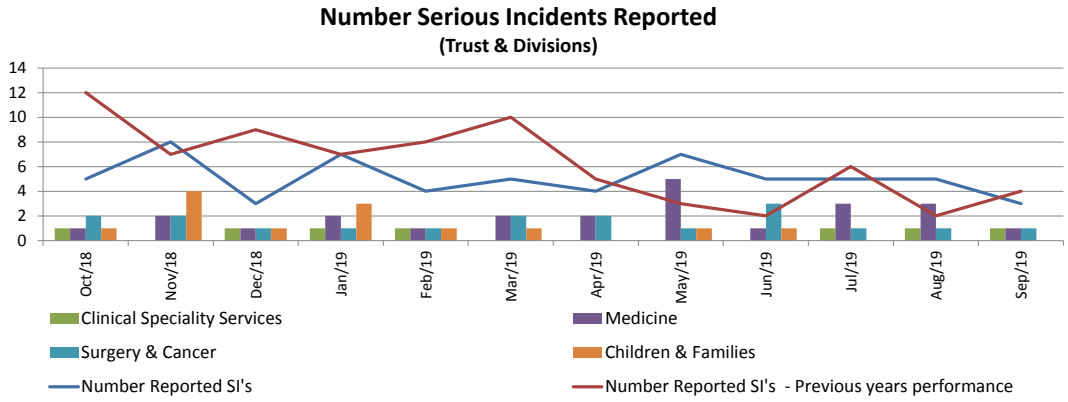


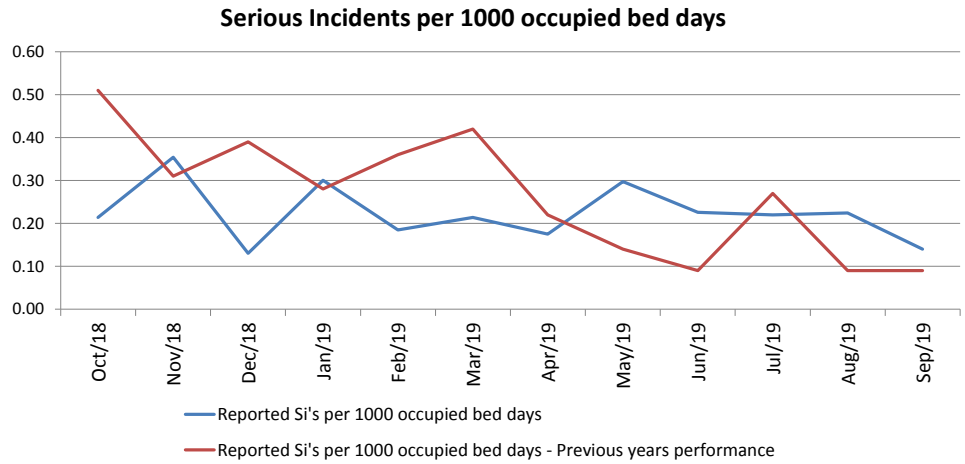
Serious Incidents - Sept 2019 (Month 6)

(Data accurate as at 07/10/2019)

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

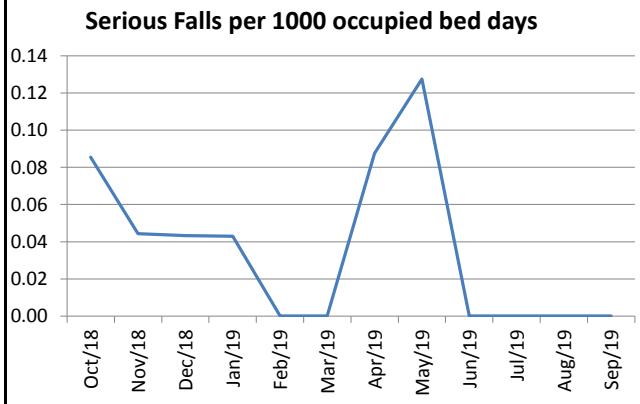
Overall Serious Incidents

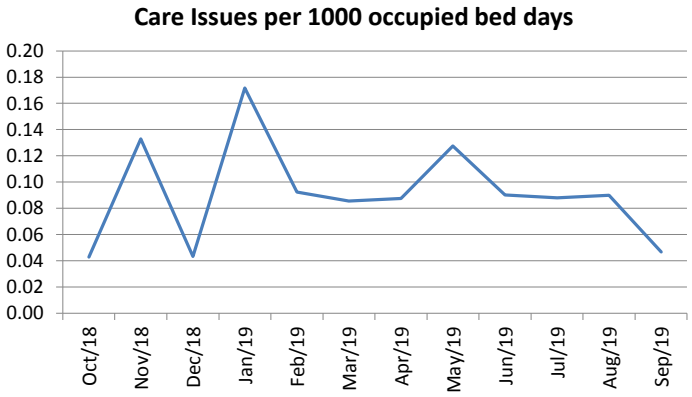


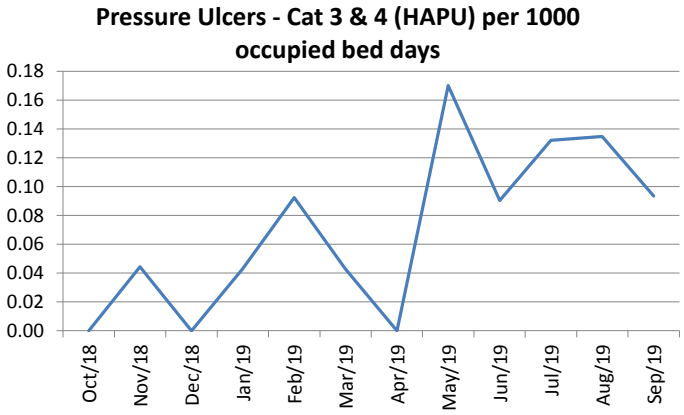


Current YTD reported SI's (April-Sept19)	29	Number reported SI's (Apr-Sept18)	22
Current YTD delogged SI's (April-Sept 19)	1	Number delogged SI's (Apr-Sept 18)	1

Themes



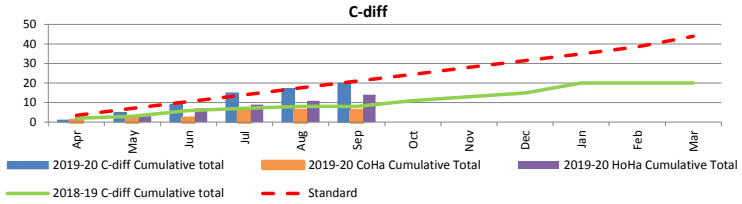


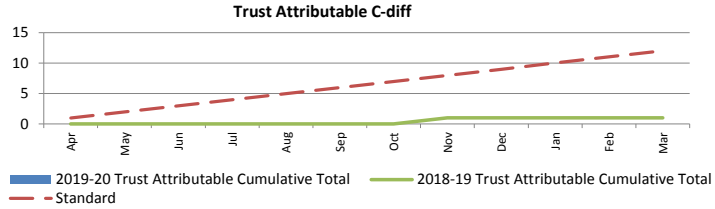


Infection Control C.Diff - Sept 2019 (Month 6)
(Data accurate as at 06/09/2019)

	Standard	Qtr 1	Jul	Aug	Sep	Qtr 2	YTD
2019-20 Infection Control - C-diff	44 Full Year	9	6	2	3	11	20
2018-19 Infection Control - C-diff	39 Full Year	6	1	1	0	2	8
2019-20 Trust Attributable	12	0	0	0	0	0	0
2018-19 Trust Attributable	12	0	0	0	0	0	0

	Qtr 1	Jul	Aug	Sep	Qtr 2	YTD
HOHA	7	2	2	3	7	14
COHA	2	4	0	0	4	6

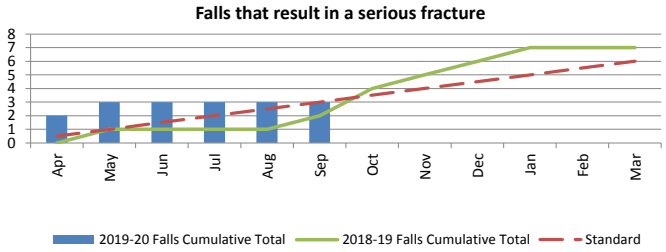




Pressure Ulcers & Falls that result in a serious fracture - Sept 2019 (Month 6)
(Data accurate as at 07/10/2019)

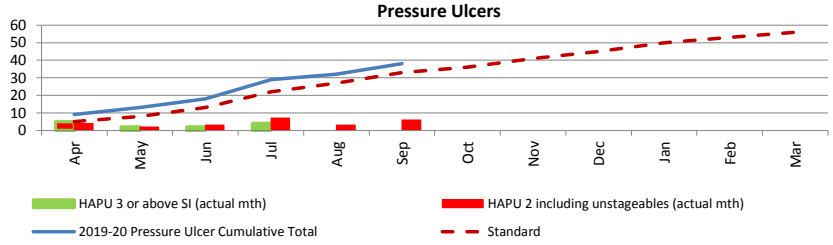
	Standard	Qtr 1	Jul	Aug	Sep	Qtr 2	YTD
2019-20 Serious Falls	6 Full Year	3	0	0	0	0	3
2018-19 Serious Falls	10 Full Year	2	1	1	1	3	5

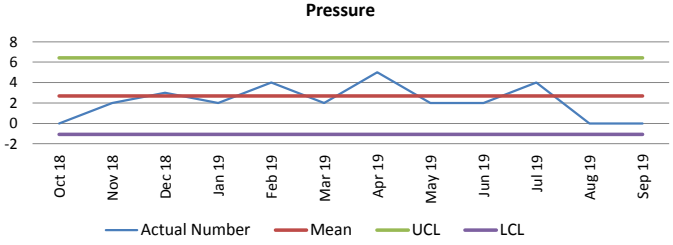
Please note: At the time of producing this report the number of serious falls reported are prior to the RCA process being completed.



	Standard	Apr	May	Jun	Qtr 1	Jul	Aug	Sep	Qtr 2	YTD
2019-20 Pressure Ulcers (Unstageables, HAPU 2, HAPU 3 or above SI)	56 Full Year	9	4	5	18	11	3	6	20	38
2019-20 Pressure Ulcers (Unstageable & HAPU 2)		4	2	3	9	7	3	6	16	25
2019-20 Pressure Ulcers (HAPU 3 or above SI)		5	2	2	9	4	0	0	4	13

Please note: At the time of producing this report they are 5 PU's still subject to the RCA process.



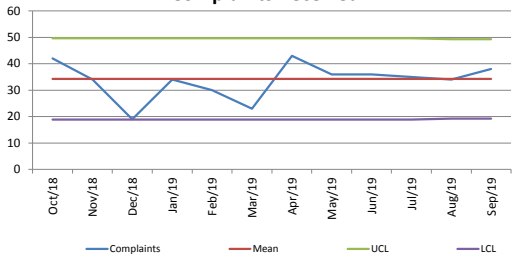


Complaints & Claims - Sept 2019 (Month 6)

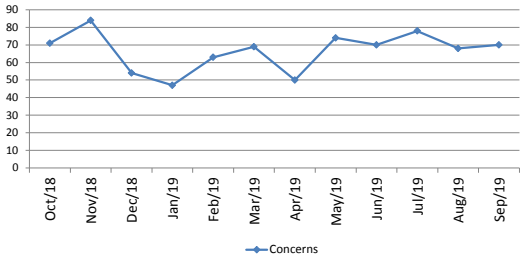
Data accurate as at 07/10/2019

Complaints

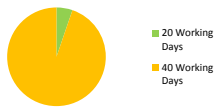
Complaints Received



Concerns Received



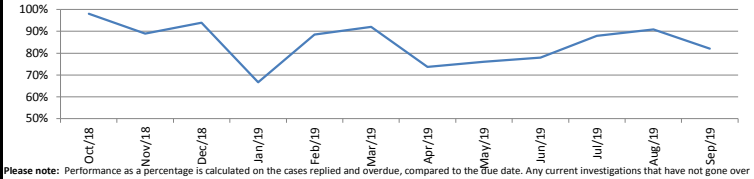
September 2019 Complaints Received Risk Breakdown



Year to Date Complaints Received Risk Breakdown

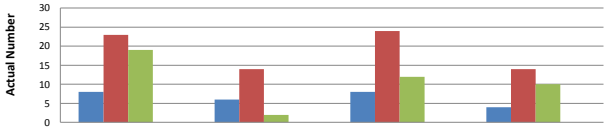
Complaints - Resolution Perfomance *(% achieved resolution within timescales)*
Complaints Closed - Outcome

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



	Jun-19	Jul-19	Aug-19	Sep-19
Complaints Upheld	8	6	8	4
Complaints Partially upheld	23	14	24	14
Complaints not upheld	19	2	12	10
Outcome not reported	0	0	0	0

Parliamentary Health Service Ombusdman (PHSO)

Month	Number of cases referred for investigation	Number Currently Outstanding
Sep-19	0	4

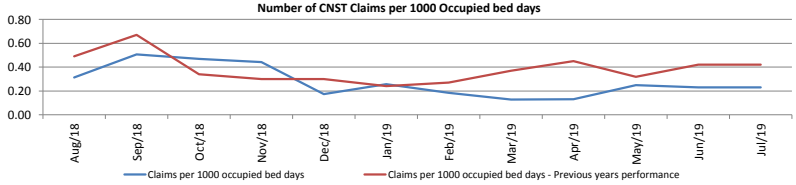
	Number referred for investigation YTD	Outcomes YTD	
2017/18	7	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Not Investigated	3
		Outstanding	0
2018/19	9	Fully / Partially Upheld	4
		Not Upheld	1
		No further Investigation	0
		Not Investigated	1
		Case Withdrawn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

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	6	1	1	0	1	2							11
	2018/19	10	7	9	6	7	13	11	4	10	6	4	3	90
Liabilities to Third Parties Scheme (LTPS)	2019/20	5	4	1	4	0	2							16
	2018/19	2	6	1	1	7	1	2	0	2	3	9	2	36

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



Hard Truths - September 2019 (Month 6)

(Data accurate as at 15/10/2019)

DIVISION	Ward	WARD	No of	Planned v Total	Planned v Total Actual	Work-	Quality	Planned v Actual CHPPD	Planned v Actual Variance	Safe Total score	Effective Total score	Caring Total score	Responsive Total	Well Led Total score
Surgery & Cancer	HD	B5	24.0	4336.5	4348.5		14.0	6.6	97%	4.0	0.5	3.5	3.0	3.50
	JW	B6	21	3488.5	3329.5		14.0	6.6	93%	6.0	2.0	1.0	2.5	3.50
	AK	St Leger	35	5781	5439.5		9.5	6.5	96%	2.0	0.5	2.5	2.0	3.00
	VB	1&3	23	5256.5	5146.5		7.0	7.9	96%	0.5	0.5	1.5	2.0	2.00
	SB	20	27	3840	3991.5		5.5	5.1	107%	0.0	0.5	2.5	2.0	0.50
	RW	21	27	3840	4131.5		6.5	5.2	108%	1.5	0.5	2.0	1.0	2.00
	FN	S10	20	3184	3104.5		5.5	5.3	98%	1.0	0.0	2.0	1.5	2.50
	JP	S11	19	3469	3456		9.0	6.2	108%	3.0	3.0	0.0	2.0	1.00
	HB	S12	16	2715	2633		6.5	5.9	101%	0.5	0.0	1.5	2.5	3.00
	SS	SAW	21	3877.5	3913.45		7.0	8.0	100%	1.5	0.0	2.0	2.0	2.00
				39788	39494				100%					
Medicine	SM	A4	22	4170	4191		11.5	6.3	107%	5.5	0.0	3.5	0.0	3.50
	MC	C1	16	3105	3967.5		14.0	7.0	124%	4.0	2.5	4.5	0.5	3.00
	KD	CCU/C2	18	3240	3300.5		8.5	6.4	103%	1.5	1.5	0.5	1.5	4.00
	SC	ATC	21	4423.5	4013		13.5	8.5	101%	2.5	2.0	2.0	3.5	3.50
	ZC&KJ	AMU	40	9360	9591		14.5	7.9	99%	5.0	2.0	2.5	2.5	2.50
	LB	FAU	16	3960	3843		5.5	8.0	100%	1.0	1.0	1.0	0.5	2.50
	JB	16	24	6027.5	5834.5		10.5	9.1	94%	3.5	2.0	0.5	3.0	2.00
	JW	17	16	3923	4025		14.0	7.1	101%	1.0	4.0	3.5	2.0	4.00
	AB	18 Haem	12	2520	2508		7.5	7.4	106%	1.5	0.0	3.0	0.5	3.00
	LS	18 CCU	12	2520	2434		7.5	7.0	95%	0.0	0.0	1.5	2.5	3.00
	MN	24	24	5040	5883		10.0	6.7	112%	1.0	1.5	3.5	1.5	2.50
	DF	25	16	3732	4530		11.5	7.6	151%	3.5	2.0	1.5	2.0	3.00
	TM&JC	Respiratory unit	52	11160	9986		13.5	6.2	99%	4.0	1.5	2.5	2.5	3.50
	TM	32	18	3492	3548		10.5	6.8	104%	3.0	1.5	1.0	2.5	2.50
	LAS	Mallard	16	3825	3815.5		9.0	7.9	100%	3.0	0.5	2.0	1.5	2.50
	RM	Gresley	32	5595	5564		6.5	5.6	99%	1.0	1.5	1.0	2.0	1.00
	EW	Rehab 2	18	2880	3182.5		8.5	6.4	110%	1.0	0.5	3.5	1.5	2.00
	GW	Rehab 1	29	3960	4252.75		10.5	5.1	113%	1.0	1.5	3.0	2.5	2.00
				82933	84469				105%					
Clinical Speciality Services	LC	ITU DRI	20	6635.5	7824.5		3.0	13.2	95%	0.5	1.5	0.5	0.0	1.00
	LW	ITU BDGH	6	2583	2515		4.0	35.9	98%	0.5	0.0	0.0	1.0	2.50
				9218.5	10339.5				95%					
Children and Families	CD	SCBU	8	1380	1372		0.0	54.9	97%					0.00
	IB	NNU	18	5188	5048		1.0	15.0	97%					1.00
	EJ	CHW	18	2937	2847		0.0	10.0	98%					0.00
	LM	CHOU	12	2785	2785		1.0	10.4	98%					1.00
	KR	G5	16	3253.5	2964.5		7.0	8.5	89%	0.0	0.0	2.5	3.0	1.00
	TM	M1	24	3869.5	2931		6.0	7.9	81%	1.0	3.0	0.5	1.5	0.00
	RW	M2	18	2106.75	1733.25		8.0	7.6	88%	0.0	4.5	0.5	2.0	1.00
	SR	CDS	14	5760	5055.35		3.5	35.9	86%	0.5	1.5	0.0	0.5	1.00
	KC	A2	18	2406	2058.5		5.0	9.5	92%	0.0	2.0	0.0	2.0	1.00
	KC	A2L	6	2932	2685.05		6.5	32.7	94%	0.0	3.0	1.5	1.0	1.00
				32617.75	29479.65				91%					
				164557	163782				101%					

All the wards expected to have completed NAAS have achieved this. 23 wards achieved Amber as their overall result, and 13 wards achieving Green, there were no Red wards.

This assessment is to be completed as a minimum of quarterly and July was the first assessment of this process. Some wards that were amber on their first assessments have reassessed before the expected time frame and have become green overal.

Positive themes from the NAAS completion were;
- Wards felt confident in the End of Life care they deliver.
- Their environments were safe for patients, staff and visitors
- Observations are completed correctly and deterioration is communicated to relevant people.

The main themes of learning from the results of these assessments are;
- Pain Link Nurse – Pain will become a new accreditation from April 2020, therefore at present there isn't any link nurse meetings the ward staff need to attend. The majority of wards have now allocated a pain link nurse in preparation.

- Pain Score 2 or 3 is acted upon – A few areas have answered with N/A this may be due to not having any patients on the ward experiencing these levels of pain at the time off the assessment, However it is suggested that staff are asked their understanding of this process if this is the case. This will then enable the wards to answer this question with a yes/no and identify any areas for learning.

- RCA required for acquired Category 2 and above pressure ulcers – All Pressure Ulcers require a DATIX and these are then investigated in order to close, this is sufficient for Category 2 pressure Ulcers, any HAPU above a category 2 follows the full RCA process as advised by SIT.

Workforce

24 wards were within 0 -5 % of their planned staffing levels with 6 wards being within 5 -10 % of their planned staffing levels. There were 5 wards with staffing deficits in excess of 10 % and 5 wards with a staffing variance greater than 10 %.

Overall Quality outcome

10 wards achieved blue for September 2019 on the Quality Metrics, with 21 wards achieved green overall. These wards achieved;
- No Serious Incidents and have worked towards the quality acreditations.

There were 9 wards which were overall amber for quality. The themes from the amber ward are;
- Accreditation performance
- Results of Observation Audit
- Low FFT response rates
- Safety thermometer results
- falls with severe harm
- C-Difficle with no lapses in care identified
- pressure ulcer's > Category 2
- pressure ulcers reported to STEIS
-Drug delay and omission results

Care Hours Per Patient Day (CHPPD) - Sept 2019 (Month 6)

(Data accurate as at 16/10/2019)

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

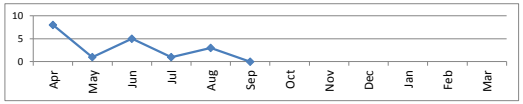
Site Name	Registered midwives/ nurses	Care Staff	Reg NA	Non Reg NA	Overall
BASSETLAW HOSPITAL	4.80	3.61	0.00	0.00	8.41
DONCASTER ROYAL INFIRMARY	4.20	3.33	0.00	0.07	7.56
MONTAGU HOSPITAL	2.31	3.27	0.00	0.00	5.58
TRUST	4.19	3.38	0.00	0.06	7.58

CHPPD is currently being reviewed across all sites. Especially in relation to care staff hours. A full report will to available as part of the overall workforce plan in November.

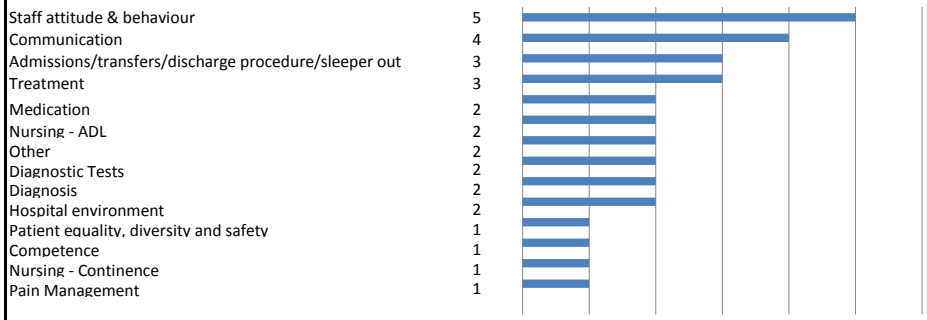
Childrens & Young People - Quality Metrics
Sept 2019 (Month 6)
(Data accurate as at 07/10/2019

Complaints

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of complaints received - 2019/20	8	1	5	1	3	0							18
Number of complaints received - 2018/19	5	3	3	2	3	1	3	1	0	0	1	2	24



Thematic breakdown (Apr 19 - Sept 19)



The main complaint theme is "Staff Attitude and Behaviour" (16.1%), which breaks down to Abruptness/rudeness (1),Conduct/disposition (1) and Insensitive to needs/unhelpful (1), Inappropriate comments (1) and an allegation of rough patient handling (1). The second joint main complaint theme is around "Communication" (11.1%), which breaks down into Lack of information to relatives (3) and "Admission/Transfer/Discharge procedures" which breaks down into Unacceptable time to wait for appointment (3).

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	29	35	33	29	32							191
Number of Datix Incidents Reported - 2018/19	25	31	42	34	27	27	25	52	34	26	32	34	389

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

Duty Of Candour (Doc)

There have been 2 incidents within Children and Young Persons which has triggered Duty of Candour to be completed. This was reported and the Verbal discussion and Letter 1 have been completed on both records. Letter 2 is completed on one record (one incident is still open therefore Letter 2 not yet applicable). Compliance 100%
Verbal discussions fully documented on Datix
Letter 1 uploaded onto both Datix on the same day as the verbal discussion.
Letter 2 uploaded onto Datix
Investigation ongoing for the second DoC record.

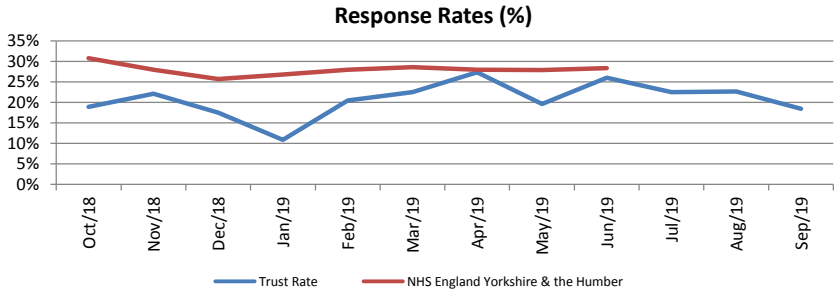
Please note: An incident which has caused moderate, severe or patient death requires DoC to be completed

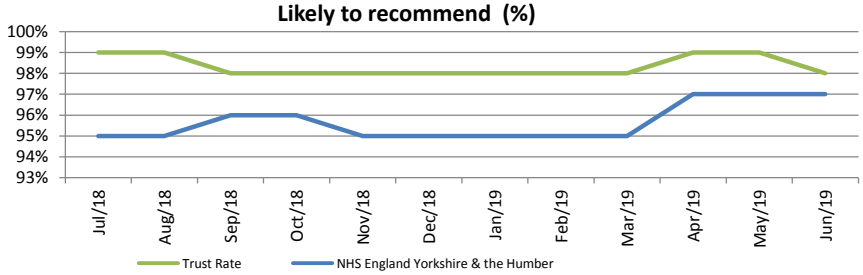
Friends & Family - Sept 2019 (Month 6)

(Data accurate as at 08/10/2019)

Inpatients

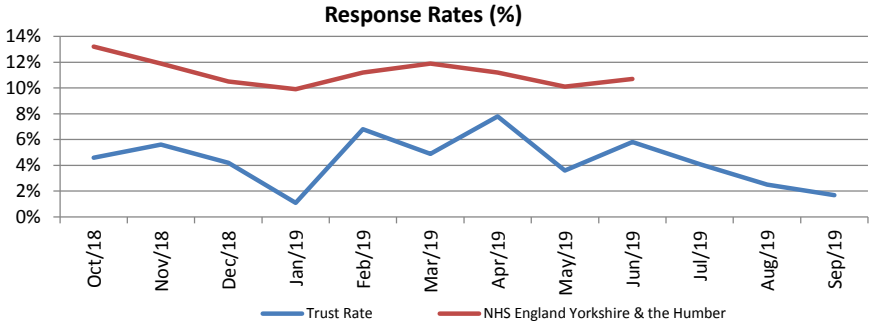
Please note: At the time of producing this report no further benchmarking data is available from NHS England.

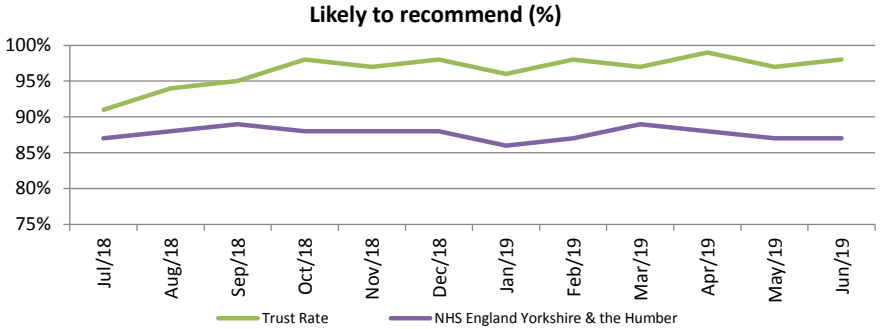




Accident & Emergency

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





Executive summary - Workforce - September 2019 (Month 6)

Sickness absence

August saw a reduction to 4.21% (from July's rate of 4.28%) with September a small rise to 4.26% with a cumulative figure of 4.37% which comparable to the same period last year. Absences in excess of 6 and 12 months have both seen an increase from the previous month and so will require a review to ensure work is underway to review these cases.

Appraisals

As reported last month we have achieved 85.69% compliance during the appraisal season and are currently at 84.99% compliance as at end September 2019 on a 12 month rolling period which is higher than achieved last year.

SET

SET compliance remains at a high level of 86.74% as at the end of September 2019 which continues to demonstrate excellent progress. A review of reports being provided to leaders across the Trust is being undertaken to ensure that leaders demonstrate their commitment to SET compliance.

Staff in post

Staff in post by staff group is shown as at month 6 with similar levels of staff in post.

Workforce: Sickness Absence - September (Month 6)

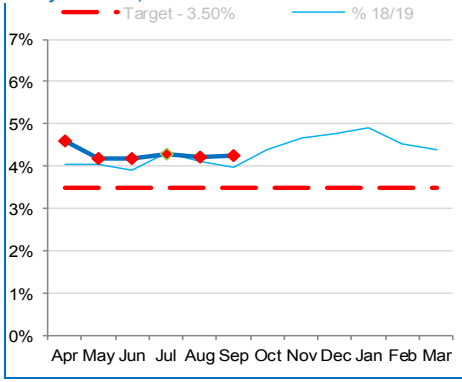
CG & Directorate Sickness Absence - September 2019 (Q2)

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

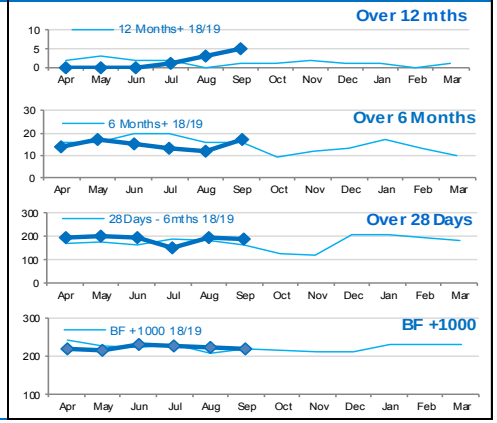
Sickness

Abs Rate = 4.26% LT Abs Rate = 2.64

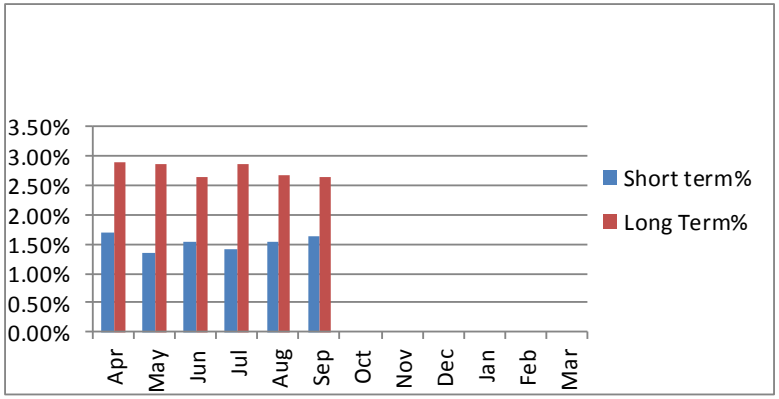
Days Lost = 6,866.74



Absence Occurences



Long term / Short Term



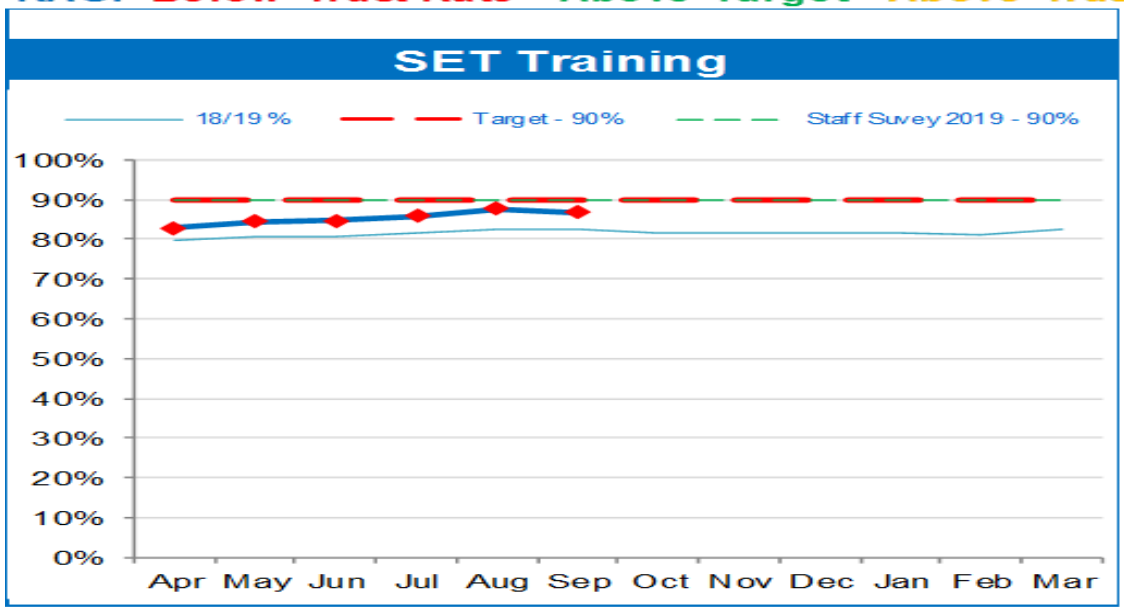
	Apr-19		May-19		Jun-19		Jul-19		Aug-19		Sep-19		Cumulative	
	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	**7472.02**	**4.59%**	**7048.71**	**4.19%**	**6,804.81**	**4.18%**	**7,191.30**	**4.28%**	**7,049.72**	**4.21%**	**6,866.74**	**4.26%**	**42,706.17**	**4.37%**
Chief Executive Directorate	0.00	0.00%	0.00	0.00%	3.00	0.57%	0.00	0.00%	0.00	0.00%	0.00	0.00%	**37.00**	**1.23%**
Children & Families Division	1071.72	6.17%	760.56	4.22%	859.39	4.93%	903.82	5.02%	972.57	5.48%	1,006.19	5.93%	**5,815.32**	**5.61%**
Clinical Specialist Division	2022.81	4.88%	2007.09	4.62%	1,703.88	4.04%	1,848.87	4.25%	1,666.38	3.83%	1,631.24	3.87%	**10,629.70**	**4.19%**
Directorate Of Strategy & Improvement	16.19	5.16%	3.73	1.21%	4.00	1.44%	0.00	0.00%	2.00	0.89%	1.00	0.46%	**27.67**	**1.68%**
Estates & Facilities	955.75	6.82%	954.29	6.76%	838.10	6.22%	710.33	5.10%	751.60	5.48%	619.51	4.75%	**4,686.15**	**5.75%**
Executive Team Board	54.00	2.13%	40.00	1.55%	81.40	3.31%	65.00	2.51%	31.00	1.02%	39.00	1.41%	**334.40**	**2.28%**
Finance & Healthcare Contracting Directorate	13.97	0.34%	10.27	0.25%	86.61	2.12%	99.63	2.36%	170.47	3.97%	92.00	2.23%	**558.39**	**2.25%**
IT Information & Telecoms Directorate	30.23	1.55%	32.84	1.68%	20.92	1.05%	1.00	0.05%	37.14	1.77%	63.77	3.22%	**199.51**	**1.68%**
Medical Director Directorate	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	**0.48**	**0.08%**
Medicine Division	1747.65	4.04%	1602.56	3.60%	1,704.19	3.99%	1,975.55	4.51%	1,813.04	4.16%	1,792.01	4.28%	**10,776.18**	**4.21%**
Nursing Services Directorate	59.12	2.84%	16.90	0.79%	11.80	0.56%	49.31	1.94%	63.90	2.52%	86.05	3.50%	**366.05**	**2.43%**
People & Organisational Directorate	142.80	4.36%	87.52	2.52%	97.35	2.84%	186.33	5.27%	185.43	5.15%	143.40	4.09%	**859.25**	**4.14%**
Performance Directorate	288.54	5.68%	285.40	5.46%	259.95	4.96%	205.20	3.78%	262.07	4.85%	149.09	2.87%	**1,469.37**	**4.75%**
Surgery & Cancer Division	1069.25	4.06%	1247.56	4.57%	1,134.23	4.28%	1,146.25	4.17%	1,094.13	4.01%	1,243.46	4.74%	**6,946.70**	**4.35%**

	Apr-19		May-19		Jun-19		Jul-19		Aug-19		Sep-19		Cumulative	
	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospitals NHS FT	**7472.02**	**4.59%**	**7048.71**	**4.19%**	**6,804.81**	**4.18%**	**7,191.30**	**4.28%**	**7,049.72**	**4.21%**	**6,866.74**	**4.26%**	**42,706.17**	**4.37%**
Add Prof Scientific and Technic	290.19	5.75%	283.59	5.44%	117.98	2.36%	127.89	2.49%	197.74	3.82%	212.54	4.26%	**1,214.73**	**4.01%**
Additional Clinical Services	2202.11	6.27%	2267.64	6.21%	1,888.27	5.31%	2,245.04	6.14%	1,956.43	5.41%	2,023.04	5.76%	**12,356.74**	**5.83%**
Administrative and Clerical	1226.32	3.90%	961.43	2.94%	1,134.26	3.54%	1,077.69	3.23%	1,090.35	3.27%	1,022.30	3.20%	**7,045.44**	**3.65%**
Allied Health Professionals	145.04	1.51%	244.07	2.47%	189.86	2.01%	154.65	1.60%	177.11	1.80%	143.47	1.47%	**1,135.02**	**1.96%**
Estates and Ancillary	984.09	6.92%	1016.50	7.13%	964.81	7.09%	839.83	5.99%	846.30	6.12%	764.67	5.80%	**5,272.32**	**6.40%**
Healthcare Scientists	84.80	2.34%	74.84	1.99%	64.35	1.77%	63.25	1.69%	102.85	2.73%	173.92	4.85%	**524.60**	**2.39%**
Medical and Dental	275.00	1.65%	276.48	1.60%	345.95	2.08%	309.36	1.81%	342.66	1.98%	276.30	1.67%	**2,088.87**	**2.11%**
Nursing and Midwifery Registered	2264.47	4.80%	1924.17	3.95%	2,099.33	4.47%	2,373.58	4.91%	2,336.27	4.85%	2,250.49	4.89%	**13,068.45**	**4.64%**
Students	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%

Workforce: SET Training - September (Month 6)

CG & Directorate SET Training - September 2019 (Q2)

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

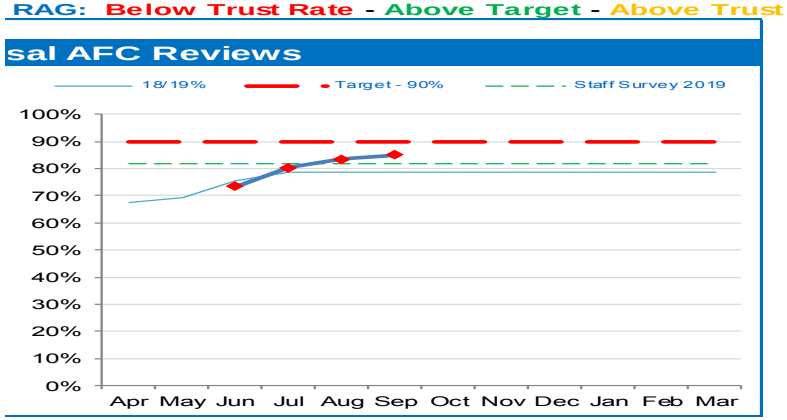


	% Compliance
Doncaster & Bassetlaw Teaching Hospitals NHS FT	**86.74%**
Chief Executive Directorate	92.78%
Children & Families Division	86.24%
Clinical Specialist Division	88.64%
Directorate Of Strategy & Improvement	98.61%
Estates & Facilities	86.95%
Finance & Healthcare Contracting Directorate	95.72%
IT Information & Telecoms Directorate	91.71%
Medical Director Directorate	91.67%
Medicine Division	84.59%
Nursing Services Directorate	91.73%
People & Organisational Directorate	95.73%
Performance Directorate	88.00%
Surgery & Cancer Division	83.43%

Workforce: Appraisals - September (Month 6)

CG & Directorate Appraisals - September 2019 (Q2)

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



AFC 12 Months (NHSI)

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	84.99
Chief Executive Directorate	100.00
Children & Families Division	74.55
Clinical Specialist Division	87.44
Directorate Of Strategy & Improvement	100.00
Estates & Facilities	92.07
Finance & Healthcare Contracting Directorate	98.33
IT Information & Telecoms Directorate	97.10
Medical Director Directorate	100.00
Medicine Division	81.60
Nursing Services Directorate	91.95
People & Organisational Directorate	94.55
Performance Directorate	91.98
Surgery & Cancer Division	81.44

M&D 12 Months (NHSI)

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	64.17
Chief Executive Directorate	100.00
Children & Families Division	50.00
Clinical Specialist Division	68.00
Medical Director Directorate	66.67
Medicine Division	71.70
Surgery & Cancer Division	58.51

M&D 15 Months

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	72.06
Chief Executive Directorate	100.00
Children & Families Division	60.98
Clinical Specialist Division	74.67
Medical Director Directorate	66.67
Medicine Division	80.77
Surgery & Cancer Division	64.84

Workforce: Appraisals Seasonal - September (Month 6)

CG & Directorate Seasonal Appraisals - September 2019 (Q2) *as at 31/07/2019

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

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	**85.69**
Chief Executive Directorate	**100.00**
Children & Families Division	**69.39**
Clinical Specialist Division	**90.93**
Directorate Of Strategy & Improvement	**100.00**
Estates & Facilities	**81.92**
Finance & Healthcare Contracting Directorate	**94.93**
IT Information & Telecoms Directorate	**97.18**
Medical Director Directorate	**100.00**
Medicine Division	**86.00**
Nursing Services Directorate	**95.00**
People & Organisational Directorate	**100.00**
Performance Directorate	**91.45**
Surgery & Cancer Division	**83.18**

Workforce: Staff in post -September (Month 6)

	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	**Oct-18**		**Nov-18**		**Dec-18**		**Jan-19**		**Feb-19**		**Mar-19**		**Apr-19**		**May-19**		**Jun-19**		**Jul-19**		**Aug-19**		**Sep-19**	
Add Prof Scientific and Technic	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	166.04	183.00	165.19	183.00	167.16	184.00	170.22	187.00
Additional Clinical Services	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	1,184.53	1,432.00	1,182.27	1,432.00	1,167.33	1,418.00	1,208.35	1,461.00
Administrative and Clerical	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	1,074.21	1,296.00	1,076.87	1,299.00	1,082.98	1,306.00	1,077.94	1,303.00
Allied Health Professionals	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	313.30	366.00	315.25	368.00	320.09	372.00	328.80	380.00
Estates and Ancillary	474.06	676.00	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	453.50	654.00	452.10	653.00	452.10	655.00	446.87	648.00
Healthcare Scientists	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	121.53	138.00	120.53	137.00	121.53	138.00	119.53	136.00
Medical and Dental	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	554.67	587.00	549.81	582.00	564.12	599.00	567.04	599.00
Nursing and Midwifery Registered	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	1,561.56	1,827.00	1,560.07	1,826.00	1,555.97	1,821.00	1,565.60	1,830.00
Students	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	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	**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**	**5,427.95**	**6,482.00**	**5,422.09**	**6,482.00**	**5,426.06**	**6,486.00**	**5,485.31**	**6,540.00**

D2

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Winter Plan**		
Report to	**Trust Board**	**Date**	**29/10/2019**
Author	**Rebecca Joyce, Chief Operating Officer**		
Purpose			Tick one as approp riate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues
This document sets out the winter plan for Doncaster and Bassetlaw Teaching Hospitals. This plan sits within the wider context of the Doncaster and Bassetlaw system wide winter plan. The system wide approach to managing winter has been in use across the A&E Delivery Board patch since 2016/17 and has proved to be successful. The approach to managing the winter of 2018/19 has been reviewed by both CCGs and the learning used to inform the plans for 2019/20. The evaluation and planning for this year has been discussed through the A&E Delivery Board from August 2019 onwards. The system wide plan for the 2019/20 winter was agreed on 4 October at the A&E Delivery Board. The paper will focus on the DBTH plan specifically in that wider context. It will: 1 Summarise **national requirements** for system plans – of which our plan is a part. 2 Summarise the **national evidence** on what drives performance through winter, and how our plans respond to this from an organisational & system perspective. 3 Summarise the **local evaluation evidence** from the delivery of the 1819 winter plan in Doncaster and Bassetlaw – and the learning for 1920 at organisational & system level 4 Outline the **Proposed DBTH Winter Plan** 5 Outline **Risks and Mitigations** to our Plan 6 Conclusions

Key questions posed by the report
The plan has been approved by Management Board on 14th October. The paper is shared with the Trust Board for information and formal approval.
How this report contributes to the delivery of the strategic objectives
The plan makes an important contribution to ensuring we meet our objectives focused on - Safety - Patient and Staff Experience - Financial Sustainability Effective winter planning and delivery will support the delivery of positive performance through winter for all NHS Constitution Standards.
How this report impacts on current risks or highlights new risks
The plan makes an important contribution to ensuring we meet our risks associated with the delivery of positive performance through winter for all NHS Constitution Standards.
Recommendation(s) and next steps
The Trust Board is requested to formally approve the winter plan as presented here, following approval at Management Board. Doncaster and Bassetlaw Place winter plans are attached as Appendix C so that Trust Board colleagues can see this organisational winter plan in the wider context.

Winter Plan - 2019/20

Introduction

The system wide approach to managing winter has been in use across the A&E Delivery Board patch since 2016/17 and has proved to be successful. The approach to managing the winter of 2018/19 has been reviewed by both CCGs and the learning used to inform the plans for 2019/20. The evaluation and planning for this year has been discussed through the A&E Delivery Board from August 2019 onwards. The system wide plan for the 2019/20 winter was agreed on 4 October at the A&E Delivery Board.

The paper will focus on the DBTH plan specifically in that wider context. It will:

1. Summarise **national requirements** for system plans – of which our plan is a part.
2. Summarise the **national evidence** on what drives performance through winter, and how our plans respond to this from an organisational & system perspective.
3. Summarise the **local evaluation evidence** from the delivery of the 1819 winter plan in Doncaster and Bassetlaw – and the learning for 1920 at organisational & system level
4. Outline the **Proposed DBTH Winter Plan**
5. Outline **Risks and Mitigations** to our Plan
6. Conclusions

Both Doncaster and Bassetlaw have undertaken a multi-faceted approach to preparing for winter 2019/2020, comprising actions under the following themes;

- Demand and capacity analysis for local urgent care system as a whole.
- Winter 2018/19 Review and Evaluation to understand individual organisational winter plans put in place and the impact on the urgent care system.
- System wide actions, reflecting on the above and including:
    - Table top exercise taking place in October to stress test the escalation framework.
    - Doncaster & Bassetlaw #System Perfect November 2019, focussed on discharge.
    - Specific pathway opportunities including delayed discharges regarding Housing issues, and working with care homes.
    - Maximising patient flow and reducing length of stay.
    - Winter 2019/20 Communications Campaign.
- Development of the winter plan document to ensure that all actions are aligned and that the urgent care system is sighted on the risks and associated contingencies as a whole. The overall plan was signed off at A&E Delivery Board on 4/10/2019.

1. National Requirements

The proposed plan for Doncaster and Bassetlaw Teaching Hospitals sits within the wider context of the Doncaster and Bassetlaw system wide winter plan

The letter from Alison Knowles, Locality Director - NHS England and NHSI to all systems, requested plans for winter 2019/20 that are as robust as possible, covering

- Governance and leadership across the system
- System-wide learning from winter 2018/19, the lessons identified, and actions taken forward into 2019/20
- Arrangements for effective surge management
- Plans for resilience in routine system-wide capacity linked to known peaks and troughs in demand in each part of the system, reducing the number of delayed transfers of care
- Evidence that all partners have comprehensive flu immunisation plans focussing on staff and high-risk patients
- Identification of key risks to delivery and associated mitigating actions in the form of a risk register
- Links to EPRR arrangements i.e. adverse winter plans, preparations for EU Exit
- Communication strategies, both proactive and reactive

National guidance has still not been published, however the expectation shared by the Locality Director is that system plans will detail;

- Alternatives to A&E, including ambulance non-conveyance pathways
- Extended access to general practice including direct booking from 111
- Support to Care Homes

The system plan was signed off by partners at the A&E Delivery Board on 4/10/2019 and is available on request.

The plan presented in this report for DBTH specifically, is consistent with this wider guidance and has been developed in conjunction with the development of the overall system plans.

2. Learning from the National Evidence

In developing this plan, a review of the national evidence has been undertaken. Lessons are summarised below:

a) What does the evidence tell us about the key drivers of performance?

In September 2019 NHS England published a detailed analysis of the factors that drive A&E performance which can be found here. This review identified the factors which are statistically significant and most influential on performance. The analysis included data from winters 2016/17-17/18, covering all 137 providers with a type 1 A&E department. The analysis controlled for quality, size of A&E department and patient characteristics.

b) Summary of key findings and lessons learnt are:

The table below summarises the key lessons from the report and how far DBTH plans, and those of the wider system, takes these lessons into account. For this paper, with its focus on

DBTH plans, there is a particular focus on how the wider system impact on pressures in DBTH.

Lesson from National Report	**Extent to which DBTH Plans take account?**	**Extent to which System Plans take account?**
Actively diverting patients has a minimal impact at low demand; however when short term demand increases, active diversion shows significant improvements in performance.	Some redirection of patients that DBTH has continued to develop with partners (UCC, FDASS). Diversion of ambulance patients during surges between BDGH and DRI is standard part of escalation protocol.	See admission avoidance work of wider system – Mental Health, local govt plans. Outlined in full system plans.
A&E performance is directly dependent on the number and flexibility of available beds	Surge beds planned (but in use through year – which represents risk going into winter)	
Hourly flows are important	ED Performance Recovery plan (September 2019) focuses on better aligning staffing and activity flows	Wider system support during times of pressure at acute Trust – MDT response – part of escalation practice
Headroom is essential for efficient running (beds and staff time)	Winter plans focus on staff and beds	
A closed back door ripples through the hospital to A&E performance	Plans focus on super stranded patients, LOS and DTOC. DBTH performs well on these measures in benchmarking terms.	Plans focus on supporting discharge
The quickest win can be found in turning beds around faster and getting them back in the system	Plans focus on Rapid Response at Front Door, increasing ambulatory, super stranded patients, LOS and DTOC	
The percentage of stranded patients impacts performance over and above bed occupancy. This suggests these patients impact on the flexibility of beds	Plans focus on super stranded patients, LOS and DTOC	Local govt plans focus on Single Point of Access, additional social work and Occupational Therapy capacity via STEPs, investment in independent sector, additional capacity in care home placements etc
The most resilient organisations can bounce back quickly from a surge in	High bed occupancy remains an issue in periods	

admissions and poor A&E performance - ability to bounce back is driven by better operational capacity - lower bed occupancy and more flexibility in the bed base	of pressure. Full ED Recovery plan (Sept 2019) to address drop in performance	

c) System analysis conclusions

Lesson from National Report	Extent to which DBTH Plans take account?	Extent to which System Plans take account?
Demand is rising across the urgent care system in core general practice hours and in specific cohorts of patients.	Rising demand key issue for our organisation	Rising demand key issue for our system
Streaming will support improvements in performance during periods of high demand	Streaming plans in place	Streaming from ED developed on system wide basis
The further exploration of redirection pathways could support A&E demand management	Some redirection (UCC, FDASS). Further opportunity to redirect	Some redirection. Further opportunity to redirect
There are higher increases in utilization of the urgent care system across some GP practices– targeted work with these practices is planned.	DBTH looking to increase streaming to FDASS and UCC from ED. Mexborough to be UCC by Dec 19 – introduces urgent primary care capacity for minor illness as well as minor injury	CCG working closely with practices with most significant increase in use of urgent care. On line consultation signposting available in Doncaster from Oct 19
Work is needed to address the challenges regarding length of stay and transfers of care across some parts of the healthcare system to ensure we optimise flow	Plans focus on Rapid Response at Front Door, increasing ambulatory, super stranded patients, LOS and DTOC.	Community based frailty service testing Oct 19 System Perfect Nov 19

A more detailed report on the findings will be taken to the A&E Delivery Board meeting in November 2019.

3. <u>Learning from National Evaluation of Winter Plans (17/18)</u>

The ""NHS Review of Winter 2017/18" here from NHS Improvement, outlines the range of factors that impact on Trusts' ability to deliver care in a volatile and changing environment, and identifies the key issues and actions apparent from previous winter plans. A similar national evaluation was not repeated for 18/19 winter, but the lessons from 17/18 are worth remembering, particularly given the particularly challenging winter context that year:

- The review describes issues that occur in Type 1 A&E departments and identifies similar events to those identified locally; including internal and external factors that impact on flow and management of A&E, bed occupancy, workforce availability and experience and the need to maintain quality patient care.

- The paper describes a tipping point above 92% bed occupancy as impacting on A&E flow and delivery, including stranded patients and those with Delayed Transfer of Care, (DToC) reducing the available beds, with reduced or delays in discharge further impacting on patient flow.

- Data analysis highlights lower discharge rates over the weekend, with the impact of additional admissions on Monday, increasing pressure in the system by up to 10%. This then reduces the ability of A&E to cope with influx of patients as there are few beds to transfer patients into. Timing of admission and discharge is also critical to ensuring flow and the ability to identify available suitable beds, at points throughout the day.

- Within A&E departments, teams can impact on the management of patient flow, there needs to be clear processes and system wide resilience when under pressure. The knowledge and experience of the team and access to broader clinical teams impacts on the ability of staff to manage the patients attending. Flu related illness increased attendance in A&E by 1/3rd nationally.

4. Learning from Local Evaluation of 17/18 Winter in Doncaster and Bassetlaw

A number of approaches have been taken to understand and build on the learning from winter 2018/19 and these are presented in the system wide plan *(available on request).* Key themes included:

Lesson	**Summary of Evaluation and Impact on 1920 Plans**
The benefit of a system wide approach	System wide approach beneficial to LOS • Daily ops meetings • Internal focus at acute trust • Proactive patient transport booking • Flexibility to support each partners It has been agreed this approach will be replicated for 1920.
The benefit of the significant winter communications approach	Replicate approach from 18/19 but with more focus on Minor Injuries Unit in relation to choosing the right service
Managing Demand and capacity	Increase in referrals and in reach by Rapid Response service had beneficial impact, helping to reduce admissions. This year the same approach will be taken, with an emphasis on increasing awareness of the rapid response service. There will be additional extended access appointments at Same Day Health Centre and an increase in HCA support to enable ANP staff to treat more patients traditionally seen by medical staff.
Managing patients differently in A&E	Replicate plans from last year focusing on additional take home transport from ED: • St John's ambulance – "ED Take Home Service" was found to have a high impact on 1819 winter • Clarification is required from CCGs as to whether additional transport will be put on to take patients home from DBTH. This is a key bottle neck for the organisation. Some learning about how to increase effectiveness, but this was a

	high impact scheme for DBTH NHS FT. Additionally, the following schemes were found to be of high impact: • Additional hours for patient flow team (to be replicated in DBTH plan – see Appendix) • YAS HALO role- enabling turnaround times to be reduced (effective but not planned by YAS for 1920 winter)
Improving Patient Flow and Reducing Long Stay	Last year plans included the following schemes. The ones led by DBTH are proposed in our internal plan: • Additional ward staff to staff additional beds • Additional staff to support weekend discharges • Alternative community based and crisis response – Safe Space etc – pilot to be extended • Additional weekend discharge transport from discharge lounge *(need to be confirmed for this year with CCGs)*
Care Home Support	• Strengthened relationships with care homes and rapid response/ 24/7 Single Point of Access
Housing	• Complex Lives Winter Plan saw additional capacity for rough sleepers - additional 50 bed spaces. • *Awaiting confirmation of the plan for this year*

Full details of plans and evaluation from last year can be found in the system wide plan which is attached as **appendix C.**

5. The DBTH Winter Plan – Approach and Available Funding

As set out in the 19/20 DBTH Budget Setting Paper approved by the Finance and Performance Committee in March 2019, a reserve of 300K was set aside for winter planning, in line with spend in 18/19. Additionally the paper states that the Trust would look to have any additional winter costs funded over and above contracts agreed with CCGs. At the time of writing no specific funds have been agreed, but these will continue to be pursued.

The DBTH winter plan (see **Appendix A and B)** is presented in the context of the evidence presented, alongside evidence from local and national evaluation.

- **Appendix A** outlines the additional planned "funded" winter plans

- **Appendix B** outlines the full operational winter plan, including these funded proposals, alongside the essential ways of working for winter, that do not incur additional funding

The divisional plans put forward for additional funding have been prioritised in line with how they meet the following principles set out nationally (and in line with national and local evidence) to help guide winter planning:

- Supporting flow through the UEC pathway
- Supporting effective discharge processes (and particularly through the weekend and into the evening)
- Strengthening front door processes and primary care streaming
- Supporting the delivery of demand and capacity plans
- A focus on strengthening weekend discharge arrangements
- A focus on proposing evidence based plans which have been tested as effective through previous years.

The Winter Plans fall into the following themes:

- Internal Flow and Bed Occupancy
- Admission Avoidance
- Workforce Plans
- Length of Stay
- Admission Avoidance
- Workforce Plans
- Stranded and Super Stranded Patients
- Escalation
- Flu Planning
- EU Exit

Financial Monitoring

The finance department will create a winter pressures cost centre with appropriate costs from the attached plan posted each month. This will allow monthly monitoring of spend.

Divisions will be advised that any monthly underspend will be clawed back, and management teams should not assume any underspend can be used without prior agreement.

6. Risks and Mitigations

The A&E Delivery Board has considered risks for each partner in relation to the urgent care system. For DBTH specifically, the risks are as follows:

	DBTH Response	**System Response**
Failure to meet the 4 hour standard	• ED Recovery Plan actions • Wider organisational escalation response & implementation of Emergency Care Standards as part of Winter Plan	• System response agreed to support DBTH during surges • Additional transport from CCG is required *(agreement TBC)* • See wider system plan
Failure to deliver on the acute element of DTOC/ LOS	• Focus of winter plan on LOS/ Super Stranded/ DTOC (with MDT and multi-agency approach to planning) • 4 x ops meetings daily	• System response to support DBTH during surges
Flu vaccination or all staff	• Vaccination plan in place & high uptake achieved in past	• Wider system flu vaccination plan monitored by A&E Delivery board
Insufficient staffing levels to meet demand	• Nursing turnover low – this is still a risk to delivering our plan safely – note risk below around finances and the need to balance these two risks.	• Support from staff from other sectors crucial at times of pressure – to help with flow
Failure to manage winter plan within allocated resource	• Pragmatic approach to plan taken in light of spend in previous years and expected staffing availability • Reality that closed beds have been opened most of the year	• Wider plans essential to help manage flow

	indicates that the Trust may struggle during winter if high levels of surge • Financial monitoring month on month to be put in place to monitor actual "extra" spend against plan	
Failure to deliver elective flows due to urgent care impact and resultant impact on RTT	• Elective plans in place • First 2 weeks of Jan assume lower elective activity • Outsourcing part of plan • Remains a risk	• Wider plans essential to help manage flow
Impact of crowding in ED and difficulty in managing urgent care demand – potential clinical risks for both non-elective and elective patients	• Essential all aspects of ED Recovery plan implemented – safety focus as well as access • Longer term estates plan to increase ED capacity • Ongoing drive to move IP to DC and DC to OP throughout DBTH • ED staffing plan agreed – some impact Q4 19/20 subject to recruitment timescales	• Wider plans essential to help manage flow
Impact of crowding in ED and difficulty in managing urgent care demand – potential patient experience risks for non-elective and elective patients	As above • *Opportunity to agree additional non clinical support (ie. Via volunteers?)*	• Wider plans essential to help manage flow

7. Conclusions

Trust Board are requested to formal approve the plan presented.

Area	Description	Priority (H/ M/ L)	Agreed Budget	Staffing	Months					Summary of Prioritisation Discussion
Medicine Division					Nov	Dec	Jan	Feb	Mar	
Bed Management and Workforce	Ward 17 - up to 30 from 24	H	0	1 Band 5 24/7 plus 1 HCA Band 2			Y	Y	Y	Didn't do last year - couldn't due to staffing pressures. Only fund 3 months not 5
	Ward 24 - up to 30 beds from 24	H	59,557	1 Band 5 24/7			Y	Y	Y	Didn't do last year - couldn't due to staffing pressures. Only fund 3 months not 5
	Ward 25 - up to 28 beds from 20	H	103,473	1 Band 5 24/7 plus 1 HCA Band 2			Y	Y	Y	Didn't do last year - couldn't due to staffing pressures. Only fund 3 months not 5
	Ward C1 - up to 29 beds from 24	H	0	1 Band 5 24/7 plus 1 HCA Band 2			Y	Y	Y	Didn't do last year - couldn't due to staffing pressures. Only fund 3 months not 5
	Ward A4 - up to 26 beds from 22	H	40,464	1 Band 2 24/7			Y	Y	Y	Didn't do last year - couldn't due to staffing pressures. Only fund 3 months not 5
	AMU Trolley bay - 3 trollies	M	0	1 Band 2 24/7			Y	Y	Y	Supported - but happened without additional resources last year
	AMC DRI - additional capacity through AMU	H	27,933	1 Band 5 nurse 12/7			Y	Y	Y	additional ambulatory capacity in AMU - 3 months funding
	In reach into CDU 2 hours per day from Medics - DRI	H	0	1 Cons 2/5			Y	Y	Y	Supported - but happened without additional resources last year - need to ensure the same this year
Patient Flow	Pharmacy to support Discharge lounge/A&E/CDU	M	0	1 Band 5 37.5hrs			Y	Y	Y	Supported - but can this be managed by pharmacy without additional resource?
	Extra sessions at weekend on ATC - Acute Medic	H	11,880	Extra session Cons Sat and Sun			Y	Y	Y	Supported - pilots demonstrate significant impact on flow - 3 months funding
	Increase patient flow in ED till 2am both sites	H	13,747	1 Band 3 8/7			Y	Y	Y	Supported - good evidence on impact on flow
	Increase transfer team	H	12,390	2 x Band 2 8/7			Y	Y	Y	Important to support -3 months funding
	Discharge transport from ED DRI Nights/evenings		0	See spreadsheet from Neil Little			Y	Y	Y	Supported - needs to be pursued with CCG - discussions commenced
Medicine Total			**269,445**							
	Portering Services CT	H	33,364	Supported - but not to full value - Division determine how best to use			Y	Y	Y	
	Band 2 HCA 7 days 8-8 - Medical Imaging	H	0	Supported - but no central funding - see note			Y	Y	Y	High priority plan but team running this on ad hoc basis currently. Impact of this within departmental budget. Nurse Director advice is team need to review overall establishment and consider how this can be supported within existing resources. Discussed with CSS ADON 1.1.0.2019. Division reviewing portering/ HCA plans together with total funding allocated
	7 Day Service within Therapies	H	35,383	Supported - but no central funding - see note			Y	Y	Y	support - but through existing underspend in therapies. Need to understand impact on run rate.
CSS Total			**68,747**							
	Weekend Twilight Registrar - DRI	H	35,360		Y	Y	Y	Y	Y	Tested with Division whether can reduce to 3 months. Evidenced benefit from last year. 99% fill rate, so 100% funding recommended. Activity increases over 5 month period. Support 5 month funding. No flex in budget to absorb (medical staffing overspend).
Paediatrics Total			**35,360**							
	Additional ward rounds and ability to flex up to 32 beds on B5 if required for trauma activity - consultant costs.	H	11,700	Additional ward rounds - consultant costs			Y	Y	Y	Supported - 3 months funding.
	Ward B5 Nightshifts	H	14,385	Nursing Band 5 costs			Y	Y	Y	Supported - 3 months funding.
		H	12,117	Nursing Band 2 costs			Y	Y	Y	Supported - 3 months funding.
	S12 to be open up an additional 8 beds Monday to Saturday to support minimal disruption to elective surgery (Cancer, Clinically urgent or RTT high value patients) for a period of 4 months from 30th December.	H	51,000	Ward B5 up to 28/32 beds			Y	Y	Y	Supported - 3 months funding.
Surgery Total			**89,202**							
Trust Total			**462,754**							

Appendix B Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Winter Planning 2019/20 (DRAFT)		Senior Responsible Officer	Timescale
The plan follows NHSi/NHSE guidance to support the NHS through winter, with the aim of improving patient experience and the 4hr access target. The plans incorporates learning from the 18/19 winter evaluation and build on sustained changes in service models to improve efficiency and effectiveness. The wider plan incorporates the use of 111 and ambulance systems and the extension of GP Primary Care hours, as well as the "Whole system" approach to managing additional patient attendances and meeting needs. The Acute Trust requirements of the National Plan are identified in the following report. The Trust-wide plan has been reviewed and updated, in a context of growing ED attendance (+6-8% over last 12 months) & high acuity. The plan comprises:			
Internal Flow and Bed Occupancy	Ongoing support to AMU to ensure optimal capacity for high ambulatory throughput & flow through ED (AMU, ESAC, ATC)	Divisional Director - Medicine	Ongoing. In place
	Additional Band 2 therapy support through week to maintain flow	Head of Therapies	Agreed Jan - March
	The need for focused work on length of stay in trauma pathways.	Divisional Director - Surgery	Ongoing
	Equipment and space for additional attendances in ED has been reviewed and planned for as far as possible. Significant change since Winter 2018.	GM – ED and Acute Medicine	Ongoing. In place
	Additional portering/ HCA support to Medical Imaging to support flow	Head of Medical Imaging	Agreed Jan - March

	Strengthened Band 3 patient flow support to support 7 day therapy working	Head of Therapies	Agreed Jan - March
	Strengthened Band 3 patient flow support to 2 am in ED on both sites to strengthen flow	GM – ED and Acute Medicine	Agreed Jan - March
	Patient flows for elective care has been mapped to maximise the use of elective beds available on the Bassetlaw/Mexborough site and to free capacity on DRI.	Associate Directors of Nursing – Surgery & CSS	Ongoing. In place
	Escalation beds to be utilised for surges in activity Additional 20 on Medicine at DRI Additional 9 on Medicine at BDGH Additional 8 on surgery at DRI	Associate Directors of Nursing – Medicine, Surgery	Agreed Jan - March
	Daily predictor tool to be used to ensure correct bed capacity	GM – ED and Acute Medicine	Ongoing. In place
	Organisation Emergency Care Standards to be reviewed at Management Board to ensure agreements on admission rights, and escalation actions are embedded. Followed by • Education and cascading with all clinical teams • Audit and ongoing focus on effective implementation	Divisional Director – Medicine & GM for ED and Acute Medicine	By end of October
	Specialty & Divisional escalation plans to be reviewed to refresh response to pressure either within specialty or across the organisation.	Divisional Directors Associate Directors of Nursing	By end of October
	Each elective specialty has reviewed the demand for elective work over winter to hit contracted levels and RTT performance.	Divisional Leadership Teams	By end of October
	Elective capacity will be ring fenced to maintain patient pathways	Chief Operating Officer	By end of October

	The Trust will consider the need to cease elective work for the first 10 days of January, with the exception of clinically urgent, cancer, long waiter and day-case activity.	Chief Operating Officer	Plan in place – for ongoing review
	To support staffing of additional beds • A review of education and training over winter has been undertaken and a plan has been developed by the education team to enable staff to be released to work clinically • Nurse specialist/ Out-patient nurse, availability reviewed to provide additional support to wards.	Director of Nursing	In place?
	ED Junior doctor rotation Dec – plan in place to manage switch over period and induction	Divisional Directors	December
	Non-medicine junior Drs are to review outliers on their base wards when reduced elective work, to ensure early discharge. This will be discussed with leads in services to ensure expectations are understood.	Divisional Directors – Surgery, Women & Families, CSS	
	"Linked specialty" outlier plan agreed with medicine to support specific wards	Divisional Directors	In place
Admission avoidance	DRI FDASS model in place, plans to increase percentage streamed to UCC.	GM for ED and Acute Medicine	Ongoing. In place
	Extension of minors area at DRI to stream patients away from ED.	GM for ED and Acute Medicine	Ongoing. In place
	Additional ambulatory pathways on-site supported from community services. Older Peoples Mental Health, Rapid Response	Chief Nurse/ GM for ED and Acute Medicine/ Head of	Ongoing development
	BDGH model, new model developed with NHCT, model will stream to primary care advanced practitioner and incorporate on site Out of Hours Service.	Chief Operating Officer / BCCG Chief Nurse	Ongoing development

Workforce Plans	In reach into ED from Acute Medicine (DRI)	Divisional Director - Medicine	Plan in place – for implementation as and when
	Extra weekend acute medicine sessions to ATC (BDGH) as per 2019 pilots	Divisional Director - Medicine	Agreed Jan - March
	Surgical speciality specific plans developed, to enable medical/ACP staffing to support workforce in ED each afternoon	Divisional Director - Surgery	For discussion
	An Orthopaedic Registrar to be located in ED at Doncaster 10am-10pm where possible	Divisional Director - Surgery	Plan in place – for implementation as and when
	Local ED quality improvement pathway work is being undertaken, with support from the Strategy and improvement team, to optimise flow and efficiency within the department	GM for ED and Acute Medicine	In place
	Learning from tests of change through QI Flow, the existing RAPT service will best use the resource available to meet the needs of patients in ED and CDU	GM for ED and Acute Medicine/	In place
	Ongoing support and involvement through the expanded Intermediate Care Rapid Response programme to avoid ED attendance and admission	Head of IDT and Clinical Therapies	In place
	Additional middle-grade to support paediatric twilight shifts on COU at the weekends and to support ED	General Manager - Paediatrics	Agreed. November - March
	An ongoing focus on super stranded patients, and maintaining performance that benchmarks well for pre-procedure LOS & readmissions	Director of Nursing	Ongoing. In place
	The effective use of EDD and criteria for discharge will be embedded across all wards	Director of Nursing	Ongoing
	Daily MDT board rounds to be undertaken within all specialties by matrons	Director of Nursing	Ongoing

Length of Stay	Teams are to monitor and manage internal delays in care through the wider implementation of Red and green days in acute medicine and through ARC in Care of the Elderly and orthopaedics	Director of Nursing	Ongoing
	Daily review of internal delays through the operational meeting at 12pm with plans in place to address delays	Chief Operating Officer	In place
	Electronic bed management system at BDGH	Chief Operating Officer	In place
	A predictor tool developed and in place	Chief Operating Officer	In place
	The use of the Trust dashboard will be incorporated into the 4 times daily operational management processes to inform decision making	Chief Operating Officer	In place
	Current weekly LOS meetings will be optimised to escalate delays and facilitate discharge.	Director of Nursing	In place
	Dedicated Strategic meetings w, with key senior stakeholders will be held on both Doncaster and Bassetlaw sites.	Chief Operating Officer	Plan in place – for implementation as and when
	A review of whether additional transport can be provided through the CCG	Chief Operating Officer	For action with CCG
	DTOC monitoring to ensure all delays are identified and patients supported	Director of Nursing	In place
	Transfer to assess model in place in both communities	Director of Nursing	In place
	Trusted assessors trained in both Trusts	Director of Nursing	In place

Stranded and Super-stranded patients	DBTH has reviewed the plans for the spend of additional Social Care monies and agreed the areas of spend at the A&E delivery Board.	Chief Operating Officer	Agreed
	Trust agreed trajectory to reduce DTOCs	Director of Nursing	In place
	Intermediate Care facilities being reviewed to ensure beds are utilised appropriately.	Director of Nursing	In place
	Opportunities for Therapy led care, areas to enable patients in system waits to remain well and fit	Head of Therapies	In place
Perfect Week - System Wide	System Perfect' to be held in November on “discharge”	Deputy Director of Strategy, DCCG	Plan in place
Escalation	Organisation Emergency Care Standards to be reviewed at Management Board to ensure agreements on admission rights, and escalation actions are embedded. Followed by • Education and cascading with all clinical teams • Audit and ongoing focus on effective implementation	Divisional Director – Medicine & GM for ED and Acute Medicine	By end of October
	Specialty & Divisional escalation plans to be reviewed to refresh response to pressure either within specialty or across the organisation.	Divisional Directors Associate Directors of Nursing	By end of October
	Internal escalation triggers for both type 1 departments have been reviewed.	GM for ED and Acute Medicine	In place
	Internal ED 2-hourly huddles and implementation of early senior review 80% of time or more (as part of ED Recovery Plan)	GM for ED and Acute Medicine	In place
	Key triggers to be identified onto the ED dashboard, to escalate to the ops lead for the day.	GM for ED and Acute Medicine	In place

	Senior Manager On Call (SMOC) for the day to be available on site until 8pm daily	Senior Manager on Call	Agreed
	Ongoing partnership working with South Yorkshire and Bassetlaw to consider a South Yorkshire wide escalation tool.	GM for ED and Acute Medicine	Ongoing
Flu Planning	Plan to vaccinate 100% of front line staff in line with National guidance.	Director of Nursing	In place
	Point of care testing in AMU/ATC/FAU	Divisional Director - CSS	In Place
EU Exit	Plan in place to manage potential disruption of EU Exit for DBTH & high level risks on Trust risk register	Chief Operating Officer	In Place
	DBTH team involved in Local Health Resilience Partnership and specific planning for different EU Exit scenarios. The plans are summarised here in the Winter plans as related disruption may be experienced through the winter period.	Chief Operating Officer	In Place

Meeting name	Doncaster & Bassetlaw A&E Delivery Board
Meeting date	4 October 2019
Title of paper	Winter Planning 2019/20

Executive / Clinical Lead(s)	Jackie Pederson, Chief Officer
Author(s)	Ailsa Leighton, Deputy Director, Strategy & Delivery

Status of the Report			
To approve	x	To consider / discuss	X
To note			

Purpose of Paper - Executive Summary

The attached document sets out the final winter plan for Doncaster and Bassetlaw. Draft versions have already been circulated across respective health and social care communities.

The letter from Alison Knowles, Locality Director - NHS England and NHSI requested plans for winter 2019/20 that are as robust as possible, covering

- Governance and leadership across the system
- System-wide learning from winter 2018/19, the lessons identified, and actions taken forward into 2019/20
- Arrangements for effective surge management
- Plans for resilience in routine system-wide capacity linked to known peaks and troughs in demand in each part of the system, reducing the number of delayed transfers of care
- Evidence that all partners have comprehensive flu immunisation plans focussing on staff and high-risk patients
- Identification of key risks to delivery and associated mitigating actions in the form of a risk register
- Links to EPRR arrangements i.e. adverse winter plans, preparations for EU Exit
- Communication strategies, both proactive and reactive

National guidance has still not been published, however the expectation shared by the Locality Director is that plans will detail;

- Alternatives to A&E, including ambulance non-conveyance pathways
- Extended access to general practice including direct booking from 111
- Support to Care Homes

- Implementation of Same Day Emergency Care, including Frailty pathways
- Long length of stay reduction, discharge planning and roll-out of SAFER bundles;
- Repatriation arrangements between local places

In response, local A&E Delivery Boards were required to undertake key actions as set out below;

Action	**Deadline**
Draft Winter plans	Submitted to NHS E/I regional teams by Friday 23rd August 2019: *complete*
NHSE/I feedback on plans	By Wednesday 4th September 2019: complete
Final Winter plan	To be approved by local A&E Delivery Board October meeting

Recommendation(s)

The A&E Delivery Board is asked to:

- Note the planning requirements as set out in the letter from Alison Knowles, Locality Director - NHS England and NHSI
- Discuss and approve the plans for Doncaster and Bassetlaw

Report Exempt from Public Disclosure

Yes [ ] No [X]

If yes, detail grounds for exemption:

Impact analysis

Quality impact	None identified
Equality impact	

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	*x*
An Equality Impact Analysis/Assessment has been completed and approved by the lead Head of Corporate Governance / Corporate Governance Manager. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

Sustainability impact	As identified within the draft plan
Financial implications	As identified within the draft plan
Legal implications	None identified
Management of Conflicts of Interest	None identified
Consultation / Engagement **(internal departments, clinical, stakeholder and public/patient)**	The letter and draft plan have been considered at the Doncaster System Resilience Group
Report previously presented at	This letter and draft plan have been presented at the Doncaster System Resilience Group
Risk analysis	As identified within the draft plan
Corporative Objective / Assurance Framework	2.3, 2.5

NHS
Doncaster
Clinical Commissioning Group

NHS
Bassetlaw
Clinical Commissioning Group

Doncaster & Bassetlaw Winter Plan 2019/20

Document Control

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POLICY VALIDITY STATEMENT This plan is due for review by the date shown above, after which it may become invalid. Users should ensure that they are consulting the currently valid version of the document.

Doncaster & Bassetlaw Winter Plan 2019/20

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Introduction

This document details the 2019/20 Winter Plan for the Doncaster and Bassetlaw A&E Delivery Board.

The make-up of the A&E Delivery Board area is an important contextual factor for this plan. The Delivery Board covers two health and social care systems, covering a wide geography from Doncaster in the North to Bassetlaw and Retford in the South. As such it is comprised of the following organisations:

- NHS Doncaster CCG
- NHS Bassetlaw CCG
- Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
- Rotherham, Doncaster & South Humber NHS Foundation Trust
- Doncaster Metropolitan Borough Council
- Fylde Coast Medical Services
- Primary Care Doncaster
- Notts Healthcare Trust
- Nottinghamshire County Council
- Yorkshire Ambulance Service
- East Midlands Ambulance Service

The health and social care systems in Doncaster and Bassetlaw are relatively distinct, but with the significant common factor of the Acute Hospital Trust- Doncaster & Bassetlaw Teaching Hospitals Foundation Trust. As a result the attached plan is in two parts, setting out the arrangements in Doncaster and those in Bassetlaw; this mirrors the supporting structures for the A&E Delivery Board whereby System Resilience Groups have been maintained in each patch. The A&E Delivery Board brings together the approaches across the two systems and ensures that these both complement each other and learning is shared. The A&E Delivery Board crucially works with the Acute Trust in the round as it provides the central urgent care service across the whole Delivery Board footprint. Management of system escalation, in particular, is therefore common across the Delivery Board. The winter period will again be managed by the A&E Delivery Board, with the support of local monthly System Resilience Groups, weekly operational groups and daily face to face escalation as needed

Each of the plans attached summarise the local approaches to managing capacity for the winter period and beyond. The plans are focussed on the system wide approaches that are in place, supported by individual organisational plans, and as such there is significant additional material that is cross referenced; these can be provided, as required, by respective CCGs. The details of this approach can be found in the accompanying plans.

1 The Doncaster Winter Plan

The Doncaster Winter Plan 2019/20 has been written in conjunction with the local health and social care urgent care system. The plan is based around the established approach of enhancing the existing system, which has been in place since 2016/7. Exercises to review winter 2018/19 and activity deep dives have also support the development of this plan. As part of the planning process national guidance and supporting documentation have also been examined and key areas identified across all the systems partners.

The plan details a number of new initiatives for winter 2019/20 which are being implemented across the Doncaster urgent care system. The CCG co-chairs the Doncaster and Bassetlaw A&E Delivery Board to ensure that local actions support the A&E Delivery Board footprint as a whole and the two health and social care systems. This supports the close working with NHS Bassetlaw CCG and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

During 2018/19 both the NHS and social care experienced pressures with a variety of services being put under extreme pressure, which was both a national and local issue. There was significant pressure on A&E performance, ambulance targets and delayed transfers of care, both locally and nationally – leading to intense scrutiny of the system. This was exacerbated by flu and some periods of bad weather. There is an expectation that 2019/20 winter planning will reflect learning and changes will be implemented to reduce the impact of extreme surges.

2 Preparation for Winter 2019/20

The system wide approach to managing winter has been in use across the A&E Delivery Board patch since 2016/17 and has proved to be successful. The approach is fundamentally based around enhancing the existing system, as we have well established processes for flexing up and down, depending on need. However, it is essential that the system is not complacent and the approach to managing winter has been reviewed by both CCGs and the learning used to inform the plans for 2019/20. Both Doncaster and Bassetlaw have undertaken a multi-faceted approach to preparing for winter 2019/20. Doncaster's approach is:

1. Winter 2018/19 Review and Evaluation to understand individual organisational winter plans put in place and the impact on the urgent care system last year
2. Demand and capacity analysis for local urgent care system as a whole
3. System wide actions, reflecting on the above and including:
    - Winter workshop, focussed on the relationship between individual organisational plans, the associated risks and contingencies and the impact on the urgent care system
    - Table top exercise taking place to stress test the escalation framework
    - Doncaster & Bassetlaw #System Perfect "Delayed Transfers of Care, focussed on patient choice with a key aim of reducing delayed transfers of care and length of stay across the health and social care system

- Specific pathway opportunities, including direct booking, GP on line consultation, Urgent Treatment Centre at Mexborough, Community Based Frailty MDT testing and Mental Health Integrated Working Winter 2019/20 Communications Campaign
- Winter 2019/20 Communications Campaign

4 Development of the winter plan document to ensure that all actions are aligned and that the urgent care system is sighted on the risks and associated contingencies as a whole

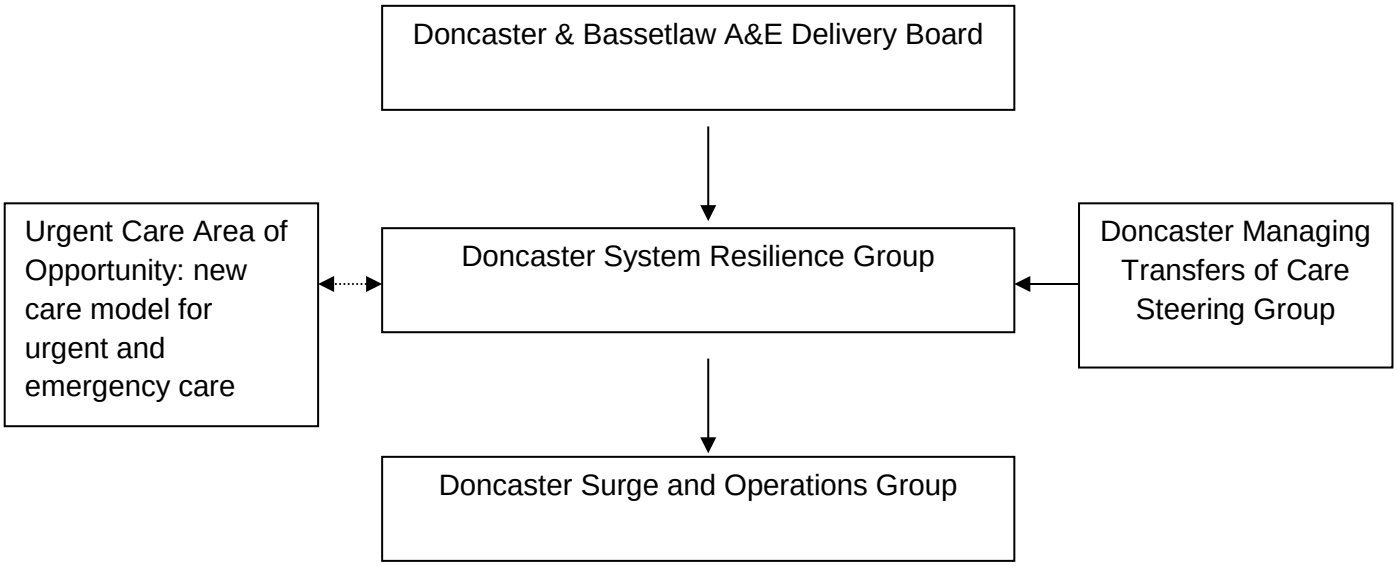
A significant number of the system wide actions outlined above are either well underway or will be completed during October 2019 or order that any further actions can be put in place before the winter period. A high level overview of the timeline and resultant impact is shown in the table below:

Action	**Impact**	**Timescale**
Learning from winter 2018/19	Understanding of the impact that 2018/19 actions had on capacity / performance. This will help to inform plans for 2019/20.	Quarter 4 2018/19 through to August 2019
Demand and capacity system analysis	In-depth understanding of demand and the impact on capacity across the system, to identify areas opportunities for development/ improvement	July- October 2019 Final report to November A&E Delivery Board
Doncaster Winter Workshop	System capacity, including capacity at organisational level	22 August 2019; Individual organisational plans to go live November 2019 through to March 2020
Doncaster & Bassetlaw Table top exercise	Testing the system readiness to manage peaks in demand/ incidences	17 October 2019
Doncaster & Bassetlaw #System Perfect	Improved flow across the health and social care system, reducing LOS and DTOCs	October/ November 2019
Specific pathway opportunities: • Direct booking • GP online consultation • Mexborough Urgent Treatment Centre • Community based Frailty	• Increased opportunity for patients to be seen in the right place • Increased urgent primary care capacity • Admission avoidance	• Roll out from October 2019 • Roll out from October 2019 • December 2019

MDT testing • Mental Health Integrated Working	• A&E attendance and admission avoidance	• From October 2019 • Model agreed and recruitment currently underway
Winter 2019/20 Communications Campaign	Supporting the Doncaster population to choose the most appropriate service for their need, and keep routine demand away from urgent care services.	October 2019 through to February 2020

3 The Doncaster Urgent Care System Overview

The Doncaster system for urgent care is described below:



NHS Doncaster CCG jointly chairs the A&E Delivery Board in conjunction with NHS Bassetlaw CCG. The Delivery Board includes local partners for both health and social care systems and also links into both local Integrated Care Partnerships (ICP).

The Doncaster System Resilience Group (SRG) currently maintains the strategic oversight of the Doncaster urgent care system. The SRG also plans for the capacity required across the system to ensure delivery, and oversee the coordination and integration of services. The SRG has developed an agreed approach to risk - whereby operational risks are captured via the monthly report on delivery of the Urgent Care Delivery Plan, and strategic risks are reviewed via the A&E Delivery Board risk register on a quarterly basis.

The SRG is supported by an operational group that meets to review and resolve local operational issues identified in the Doncaster system. The group meets weekly and also identifies current and potential risks which are escalated up the system, including the weekly OPEL level. This group is chaired by NHS Doncaster CCG and includes all partners at an operational level. This group also provides the detail required for the NHS England weekly teleconferences.

On a monthly basis data is analysed and presented to SRG and A&E Delivery Board meetings where longer term trends are reviewed and updates received on the system with, further challenge and support received as necessary.

4 System Wide Learning from last winter

A number of approaches have been taken to understand and build on the learning from winter 2018/19:

- Initial feedback was gathered from all partners mid -winter, and shared with NHSE as part of the early winter evaluation (1 March 2019).
- An evaluation was undertaken on the Winter Communications Campaign to identify the impact on demand and capacity
- An evaluation of the system Winter Monies scheme that was supported by the CCG
- At the end of the winter period a more detailed analysis was undertaken to draw together the learning across the system

The key themes and learning from these different approaches are captured below. However, there is significant learning from the period as a whole and more details can be found in the Winter Evaluation document in Appendix A.

Theme	Action	Learning
System wide working	• System wide attendance at daily ops meetings for health and social care • Internal focus at the acute trust on patient flow and discharge • In-reach from community teams to turn patients around at the front door and facilitate early discharge • Proactive patient transport booking • Flexibility across all parts of the system to support each other • System wide representation at Length of Stay meetings	To continue the same system wide working approach

Theme	Action	Learning
Communication and Engagement	A significant Winter Communications campaign was run between November 2018 and February 2019. This included consistent communications across the system, using a variety of media.	• Continue same approach in 2019/20 but more focus on Minor Injuries Unit in relation to choosing the right service • Continue to use Facebook and Twitter, particularly targeted/paid for advertising on Facebook • Liaise with GP practices to encourage more sharing of messages with their patients • Primary care team to work with GP practices to ensure they are all promoting the same message – sending people to alternative pathways such as Community resources, Minor Injuries, Extended Access before considering A&E. • Ensure flu vaccines are more readily available before encouraging people to have the vaccine
	Effective and timely communication both within and between organisations helped to keep the system flowing. Winter information packs were produced for staff use which included details of services available over the key bank holiday periods.	Winter information packs and Service Opening times will be developed ahead of Winter 2019/20
Managing Demand and Capacity	Increase in referrals and in-reach by Rapid Response service from community had a positive impact with the Acute setting seeing a reduction in people needing admission	To continue to raise awareness of the Rapid Response service, particularly across Primary Care
	Additional extended access appointments were made available at Same Day Health Centre via the local winter monies scheme to provide additional Primary Care capacity	Attendances are increasing all year round and not just through traditional seasonal pressure periods in light of this review of patient numbers reviewed against previous years to evidence need for increased
	An increase in HCA support was implemented from November 2018 to	

Theme	Action	Learning
	March 2019 to provide wound care and Nursing support in the Same Day Health Centre. This released capacity for the ANP staff to treat more medical patients	clinical staff to meet demand
Managing patients differently in A&E	Additional staffing (funded by local Winter monies) provided resource to support A&E flow. This scheme was to support the Trust with the additional activity seen throughout winter and to support the medical Consultants in-reaching in to the A&E department	Having this additional support enabled patients to be seen quicker, and allowed the Trust to refer patients back to Ambulatory Care the following day to ease bed pressures.
	St John Ambulance was commissioned by Doncaster CCG to provide an ED Take Home Service, operating from Doncaster Royal Infirmary from 18 December 2018 to Sunday 28 April 2019. The service provided transport home for patients who attended ED, received treatment, but did not require admission to hospital (and qualified for patient transport). The service was available to ED, CDU, AMU and UTC. The impact this service had on discharging patients direct from ED, CDU, AMU and UTC was high, meaning that patients were not left overnight unnecessarily, and with a higher impact on the wider Trust as people were not admitted unnecessarily either.	Establish a mutually agreed area for the crew to use in-between journeys, close to the ED, to provide consistency. The timing of the shifts needs to take in to account the completion time of the last journeys allocated within the core shift hours. More consideration by DBTH staff with regards to the mobility of patients. More comprehensive communication to DBTH, and support to the crew to refuse journeys requested by the Trust to only drop off a DNACPR/RESPECT form or medication.
	The YAS Halo role was implemented from November to March between the hours of 08:00 – 22:00 The role was responsible for providing first line assistance to the hospital and supporting hospital handover and turnaround times to be reduced.	The implementation of this role has been pivotal in building relationships and communications links between YAS and the Acute Trust and has delivered a reduction in hospital turnaround times.
	Extended hours were added to the patient flow team in A&E to support the department later into the evening. The team extended their hours to 02:00	This role has been vital to support the team to move patients through the system later in to the evening, particularly

Theme	Action	Learning
		with the increase in A&E activity.
	From 1 December 2018 to 1 March 2019 winter monies was utilised within the Older Peoples Mental Health (OPMH) Hospital Liaison Service. Additional funding was used to deploy a mental health nurse from the team to work in the A&E department through the weekend, during the hours of 9am-5pm. Staff were based within A&E and screened all patients over the age of 65 to consider any unmet mental health needs and inform staff of the presence or diagnosis of a pre-existing mental health diagnosis. This approach was able to demonstrate that non elective admissions were avoided.	The learning from this scheme for winter 2019/20 is that discharge can be achieved at a weekend when services are reduced in most areas; confidence of the staff is vital in the service being successful at a weekend; and there is a need for a 7-day service for Older Adults Hospital Liaison
Improving Patient Flow and Reducing Long Stays in Hospital	In order to support an increase in admissions over the Winter period, additional Ward staff were recruited within the Acute Trust (funded via local Winter monies) to provide capacity to staff further escalation beds.	Opening and staffing extra beds supported the winter pressures/extra admissions
	Weekend discharges were supported by the implementation of additional ANP/therapy input and additional patient transport. This additional support had a positive impact on length of stay and enabled an increase in weekend discharges.	• Existing staff within acute services are ideally placed to provide weekend care as they know the patients/services available, improve effectiveness and efficiency of service • Dual skills (PT/OT) required to continue to holistically assess and treat acute patients thoroughly and ensure needs are identified and met
	Alternative community based and crisis response. Safe Space was a joint pilot initiative with the aim of supporting suicide prevention. To achieve this the pilot was set up offering an alternative area for contact (an alternative to A&E) and an alternative service provision. Safe Space	• Extend pilot of a collaborative model to meet the needs of individuals who have a high level of need but do not meet the clinical threshold for a diagnosis of a mental illness. • To develop a joint

Theme	Action	Learning
	was available to any Doncaster resident in crisis or in need of additional support where issues were impacting on their emotional wellbeing. The project ran for 12 weeks from 13 December 2018 to 3 March 2019.	communication strategy around mental wellbeing for the population of Doncaster that includes all non-statutory service.
	Thames Ambulance Service Ltd (TASL) was commissioned by Doncaster CCG to provide additional weekend discharge capacity, operating from Doncaster Royal Infirmary (in line with the eligibility and protocols of their normal on the day discharge service). The service provided discharge transport for patients from DRI, via the Discharge Lounge on a Saturday and Sunday. The service commenced on Saturday 15 December 2018 for 16 weeks (ending 30-31 March 2019). Their hours of working were Saturday 09:00-17:00 & Sunday 10:00-18:00.	• To ensure that the Trust is clear on the requirements of the additional discharge service, prior to mobilisation. It was soon clear that the pressures remained in the week, and therefore this meant the service needed to be changed. At the time, this caused some confusion of when the service would be provided, and communication breakdowns when we circulated the change of service message (Discharge Lounge were not aware of the amendment and expected the service at the weekend).
Care Home Support	The rapid response model is a multi-discipline response to prevent unnecessary hospital admission. Both Therapy and Community nursing (Mental Health and Physical Health) rolled out a rapid response to five care homes within Doncaster. They provided training in falls management and prevention and shared the 24/7 Single Point of Access (SPA) line into community nursing for the home to call if a care home resident was in need of a rapid response. Relationships with these care homes have been developed, in line with the NHS Long Term Plan and will continue to do so.	• Physical Health and Older People's Mental Health working in collaboration has been a great learning curve, staff relationships and patient outcomes have been outstanding. • Care homes require continual support and guidance, especially nursing homes. The relationship building between community services and care homes will continue. This is invaluable
Housing	The Complex Lives Winter Plan 2018-19 saw a fundamental increase in capacity from the previous year. This was mainly	• There is a requirement to understand the full costs of

Theme	Action	Learning
	due to summer 2018 showing an increase in rough sleepers which was approximately 60 individuals. 50 bed spaces were made available for winter with an additional 6 bed spaces brought online for the Christmas period. This provision ranged from: • Winter sit up service capacity • Commissioned partners Riverside, Target and Foyer • Non-commissioned provider – Ongo • St Leger Homes accommodation	delivering the Complex Lives Winter plan, and assists with the planning for this year. • Further planning is required for the safe hospital discharge. • Tighter processes are required to ensure suitable placements for all customers

The learning from winter 2018/19 has been taken forwards both during the year, for example in the planning and design of the next Winter Communication campaign, and in the specific plans being developed for Winter 2019/20.

5 Demand and Capacity

With regards to planning for demand and capacity Doncaster takes a two pronged approach: robust planning for winter, based on historical demand and known system changes, and ongoing review of the current position.

5.1 Responding to peaks in demand

The ongoing review is primarily facilitated through weekly operational group discussions, and daily intelligence that is reported in the system wide Daily Pressures report. The Daily Pressures Report captures data from health and social care providers on a daily basis and is shared across the system. The report is aligned to the local escalation framework and enables the level of pressure to be identified across the system each day, utilising OPEL levels. There are agreed triggers and actions for each level which are used to escalate and de-escalate as appropriate.

Daily Pressures 08 08 19.pdf

In addition to the Daily Pressures report, detailed analysis is undertaken to understand demand on the urgent care system by looking at attendance numbers by site and service, by major/minor, by age group, by presenting condition and by GP practice. This analysis enables the urgent care system to understand where peaks and pressures come from in order to determine whether further action could be taken by the system to support A&E and the acute Trust as a whole. Key messages from the analysis are fed into the weekly operational meetings and actions for the system, and will continue as necessary during winter 2019/20.

At times of pressure the system moves from the weekly operational group discussion through to face to face discussions as required; these can be called at short notice and are effective at drawing the system together to provide alternative solutions and support. This is detailed in the local Escalation Framework, which includes triggers, corresponding actions, and the relevant

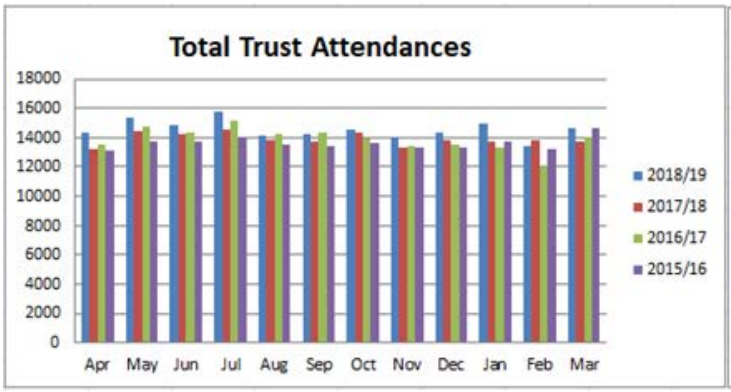
contacts for each level of escalation. The Framework is shared across the system and is supported by a broader Winter Contacts weblink. This approach to escalation has been in place since November 2016 and has been refined each year as lessons are learned from winter. The escalation framework is also refreshed at least twice each year to ensure that the contact and escalation points remain accurate. The approach is now used more widely than during winter alone, and due to the degree of effectiveness face to face meetings are now planned proactively for all periods following a bank holiday.

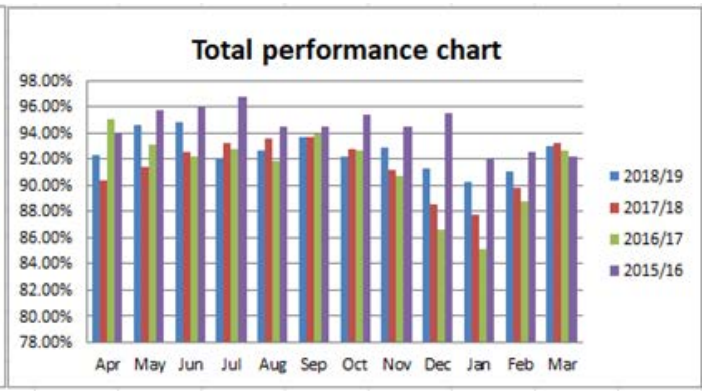
The approach to escalation also supports exception reporting to NHS England and Improvement during the Winter Period. Key system contacts maintain regular liaison on a daily basis as a minimum, enabling local action to be taken, in addition to escalating and reporting concerns as necessary.

Ahead of winter 2019/20 a further table-top exercise is planned to take place on 17 October 2019. The event will run across the health and social care system and include a wide mix of managers, clinicians and senior leaders. The aim of the event is to test the Escalation framework and to ensure that the Doncaster urgent care system works well together and individual organisational plans and contingencies are well understood.

5.2 Winter and the link to performance

A&E performance over Winter 2018/19 was above the national average and in the top quartile but below the constitutional requirements. Last winter, we improved performance from the previous year, as shown in the table below:





Our urgent and emergency care system as a whole has experienced increased demand and continued challenges over the preceding 2 years and most recently has seen in a surge in Q1 of 2018/19. Furthermore, DBTH experienced a very challenging period over Easter.

We have analysed these data to understand these changes and target action appropriately in preparation for Winter.

We know from the data (see table below) that:

- In Q1, A&E attendances increased by 3% across all sites compared to the same quarter in 2018/19
- The increase at DRI and BDGH was 6% and 7%, respectively
- Performance dropped between 88% and 90%at the DRI site.
- Streaming rates at the DRI site dropped to below 12% in April and May compared to a 14-15% average figure; however towards the end of the quarter and into the summer

streaming rates have significantly risen, following the introduction of the navigation nurse role.

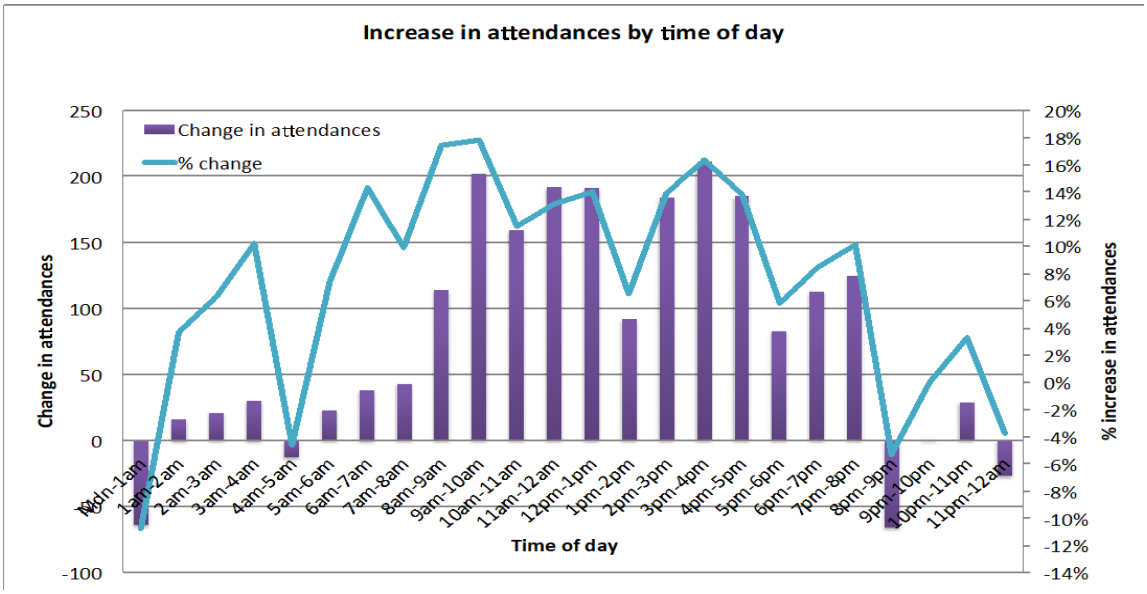
	A&E Performance							
Att Graph %	Apr-18	May-18	Jun-18	Q1 Total 2018/19	Apr-19	May-19	Jun-19	Q1 TOTAL 2019/20
DRI	91.61%	94.15%	93.97%		88.70%	89.85%	88.42%	
BDGH	90.07%	93.02%	93.99%		91.15%	95.19%	94.36%	
MIU	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	
UTC	100.00%	100.00%	100.00%		99.25%	99.28%	99.77%	
Trust	92.20%	94.56%	94.79%		90.46%	92.30%	91.29%	

	A&E Attendances								Change in A&E attendances				% Change in A&E attendances			
DRI	Apr-18	May-18	Jun-18	Q1 TOTAL 2018/19	Apr-19	May-19	Jun-19	Q1 TOTAL 2019/20	Apr-18	May-18	Jun-18	Q1 TOTAL 2018/19	Apr-19	May-19	Jun-19	Q1 TOTAL 2019/20
FDASS	8,637	8,976	8,757	26,370	9,195	9,514	9,241	27,950	558.00	538.00	484.00	1,580	6%	6%	6%	6%
DRI	7,423	7,689	7,470	22,582	8,040	8,272	7,796	24,108	617.00	583.00	326.00	1,526	8%	8%	4%	7%
UTC	1,214	1,287	1,287	3,788	1,061	1,108	1,283	3,452	- 153.00	- 179.00	- 4.00	- 336	-13%	-14%	0%	-9%
DRI site only	**8,637**	**8,976**	**8,757**	**26,370**	**9,101**	**9,380**	**9,079**	**27,560**	**464.00**	**404.00**	**322.00**	**1,190**	**5%**	**5%**	**4%**	**5%**
Streaming rate to UTC	14%	14%	15%	14%	12%	12%	14%	12%								
BDGH	3,999	4,410	4,109	12,518	4,371	4,530	4,431	13,332	372.00	120.00	322.00	814	9%	3%	8%	7%
MIU - mexborough	1,742	1,929	2,001	5,672	1,565	1,564	1,677	4,806	- 177.00	- 365.00	- 324.00	- 866	-10%	-19%	-16%	-15%
Overall sites	14,378	15,315	14,867	44,560	15,131	15,608	15,349	46,088	753.00	293.00	482.00	1,528.00	5%	2%	3%	3%

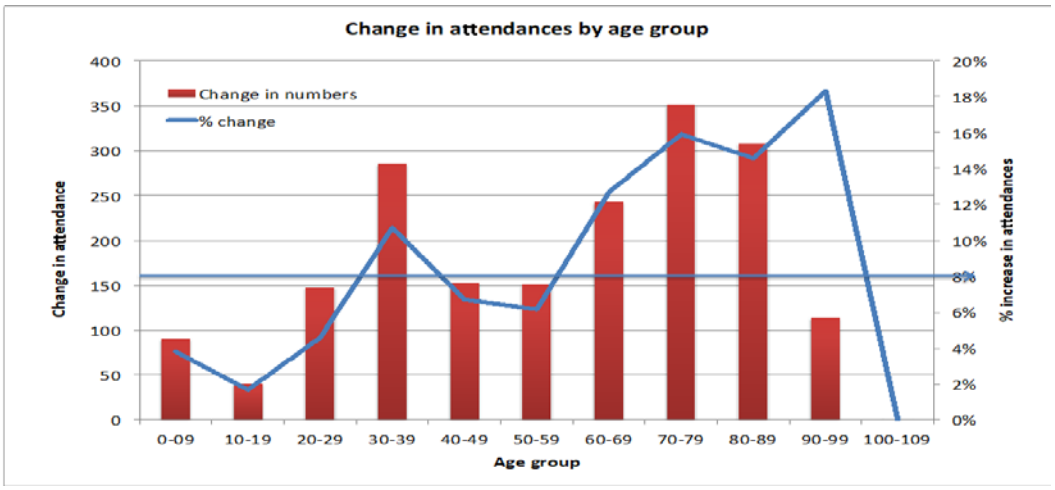
Emergency Department Admission Conversion Rate								
	Apr-18	May-18	Jun-18		Apr-19	May-19	Jun-19	
DRI	19.73%	18.20%	17.70%		18.98%	18.01%	18.28%	
BDGH	16.75%	14.66%	14.48%		17.14%	16.53%	15.78%	
Emergency Department Admission Conversion Rate - Excluding CDU Tranfers Into Trust								
	Apr-18	May-18	Jun-18		Apr-19	May-19	Jun-19	
DRI	12.85%	12.39%	11.70%		14.01%	13.31%	14.52%	
BDGH	6.80%	6.86%	6.25%		10.39%	8.79%	8.46%	

- The table above shows that at the DRI site, conversion rate for Q1 is largely unchanged. However GP admissions to AMU have decreased during quarter 1, from 253 to 155. The reasons for this decrease, and understanding whether these patients have been directed to A&E instead, is subject to further investigation.

- There have been an additional 1851 attendances between 8am and 8pm when comparing quarter 1 2019/20 to the same period in 2018/19; 1416 of those attendances were between 9am and 5pm, as illustrated below:



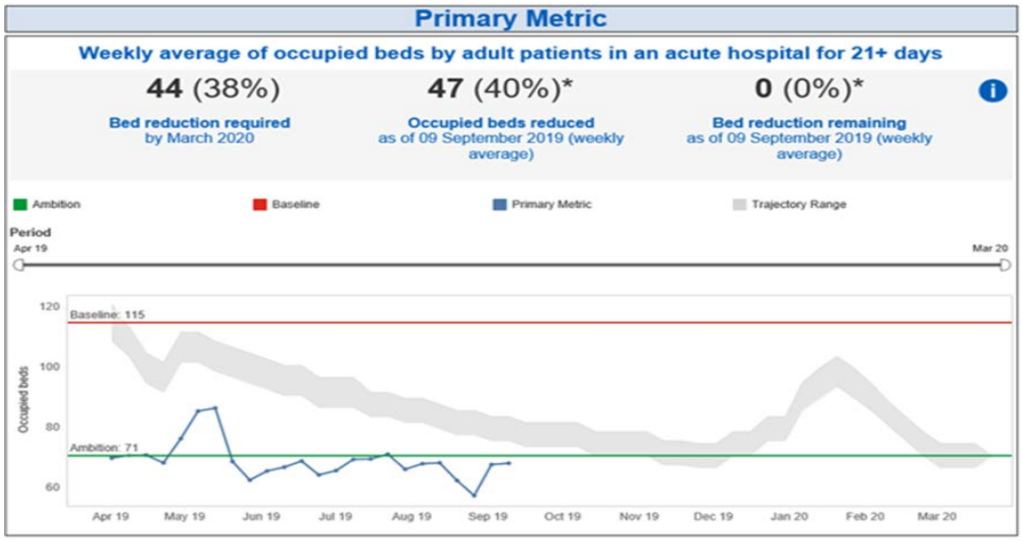
- There was an 11% increase (289) in attendances from 30-39 year olds and a 13-18% increase in the age categories between 60-99. The latter category accounts for 54% of the increase. The graph below illustrates this point:



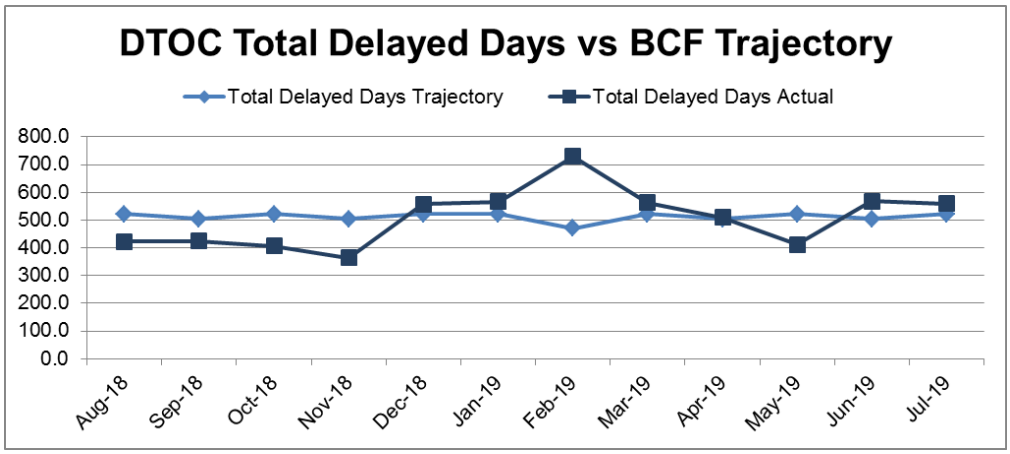
- We have identified GP practices with an increase in A&E attendances in the top 10 and practices with a high attendance rate per 1000 population plus an increase in the top 20. Attendances at the Same Day Health Centre and GP OoH have also been reviewed for these practices. Some practices have also shown a high increase in attendances at the SDHC and A&E – further review to understand the reasons behind these changes is underway with the practices highlighted.

GP PRACTICE	Q1 2018 A	Rate Per 1000	Q1 20	Rate Per 1000	List Size (AVG)	Change in rate per 1000	Change in attendances from Q1 2018 to Q1 2019	% increase in A&E attendances	Rank - increase in A&E attendanc	Ranked in top 10 increase in SDHC attendances	Ranked in top 10 increase in GP OoH attendances	Further information - primary care
The Mount Group Practice	800	60.08	935	70.32	13307	10	135	17%	1	2		Y
The Rossington Practice	484	62.61	616	78.51	7788	16	132	27%	2			Y
Conisbrough Group Practice	473	42.59	597	52.65	11222	10	124	26%	3	7	10	Y
The Sandringham Practice	639	65.41	740	73.88	9893	8	101	16%	4	6		Y
St Vincent Medical Centre	868	59.22	956	65.76	14598	7	88	10%	5	3		Y
The Scott Practice	930	64.68	1014	69.47	14488	5	84	9%	6			Y
Hatfield Health Centre	628	64.52	705	71.77	9778	7	77	12%	7			Y
The Kingthorne Group Practic	724	64.04	800	68.29	11510	4	76	10%	8	8		Y
The Village Group Practice	614	66.00	679	71.01	9433	5	65	11%	9		9	Y
The Nayar Practice	326	68.39	388	79.49	4824	11	62	19%	10		4	Y
Regent Square Group Practice	687	69.46	742	74.09	9953	5	55	8%	12	1		Y
The Ransome Practice	440	72.25	494	80.40	6117	8	54	12%	13		6	
The Field Road Surgery	750	70.66	803	75.41	10631	5	53	7%	15		9	
West End Clinic	361	77.53	410	88.44	4646	11	49	14%	16	4	2	Y
Frances Street Medical Centre	515	68.48	563	75.92	7468	7	48	9%	17		12	

- Length of stay at the Acute Trust has reduced during the period



- Delayed transfers of care have been varied across the period; the most significant delays relate to a small number of complex patients in mental health wards



<u>What does the evidence tell us about the key drivers of performance?</u>

NHS England has recently published a detailed econometric analysis of the factors that drive A&E performance. https://www.england.nhs.uk/expo/wp-content/uploads/sites/18/2018/09/13.00-Hospital-bed-modelling.-where-are-the-bottlenecks-P6C.pdf

- Econometric analysis of all the factors driving A&E performance and the isolated the effect of each. This identified which factors are statistically significant and most influential on performance.
- The analysis included data from winters 2016/17-17/18, covering all 137 providers with a type 1 A&E department.
- The analysis controlled for quality, size of A&E department and patient characteristics.

Summary of key findings and lessons learnt are:

- Actively diverting patients has a minimal impact at low demand; however when short term demand increases, active diversion shows significant improvements in performance.

- A&E performance is directly dependent on the number and flexibility of available beds
- Hourly flows are important
- Headroom is essential for efficient running (beds and staff time)
- A closed back door ripples through the hospital to A&E performance
- The quickest win can be found in turning beds around faster and getting them back in the system
- The percentage of stranded patients impacts performance over and above bed occupancy. This suggests these patients impact on the flexibility of beds
- The most resilient organisations can bounce back quickly from a surge in admissions and poor A&E performance - ability to bounce back is driven by better operational capacity - lower bed occupancy and more flexibility in the bed base

System analysis conclusions

- Demand is rising across the urgent care system in core general practice hours and in specific cohorts of patients.
- Streaming will support improvements in performance during periods of high demand
- The further exploration of redirection pathways could support A&E demand management
- There are higher increases in utilization of the urgent care system across some GP practices– targeted work with these practices is planned.
- Work is needed to address the challenges regarding length of stay and transfers of care across some parts of the healthcare system to ensure we optimize flow

These themes are not unexpected, and in addition to the actions put in place to respond to these issues (see section 7) further work continues at practice level and whole system level to understand opportunities for further improvement. A more detailed report on the findings will be taken to the A&E Delivery Board meeting in November 2019.

6 The Doncaster Urgent Care System- Managing Winter

Robust plans for winter are produced by each organisation within the health and social care system and are based on the analysis noted above and historic activity patterns and include capacity management, escalation approaches and actions. The following section provides further detail regarding the Doncaster Urgent Care System and the approach for this winter.

6.1 Prevention, Self-Care and Support in the Community

Extended Access

As per last year practices (where capacity allows) will run a winter rota and make additional appointments available to manage surges in demand.

Extended access appointments are still available in Doncaster after introduction in October 2018 (by Primary Care Doncaster) via hubs across Doncaster providing additional appointments on Saturday mornings at network level as well as additional appointments on Saturdays and Sundays at the Same Day Health Centre.

The NHS app is now available for patients across all Doncaster practices which allows ordering of repeat medicines and digital booking of some appointments giving patients greater choice in how they are able to book and access services.

Pharmacy Urgent Repeat Medication Scheme (PURM)

The PURM scheme is available across and provides an opportunity for urgent medication needs to be addressed in alternative settings. Focussed communications will be undertaken to promote the PURM scheme and share more general messages to Doncaster residents, care homes and GP practices around organising medications in advance of bank holiday periods in particular.

Doncaster Same Day Health Centre and the Urgent Treatment Centre (UTC)

The Doncaster Same Day Health Centre provides access to urgent primary care, 7 days a week. The Urgent Treatment Centre, co-located with A&E, provides a primary care response for patients identified at the A&E Front Door streaming service, and the GP Out of Hours Service. In response to managing anticipated surges in activity, FCMS, who provide the Same Day Health Centre and the UTC have tested out different ways of managing patient flow and appointments across the two services. This enables capacity to be flexed in line with demand, and at peak periods direct patients away from the A&E setting.

Support for vulnerable patients

Inclusion Health drop-in clinics are in place across three locations hosted by Changing Lives, Wharf House Homeless Hostel and The Conversation Club at the Quaker Meeting House providing easier access to health for the more vulnerable population of Doncaster (including wound care).

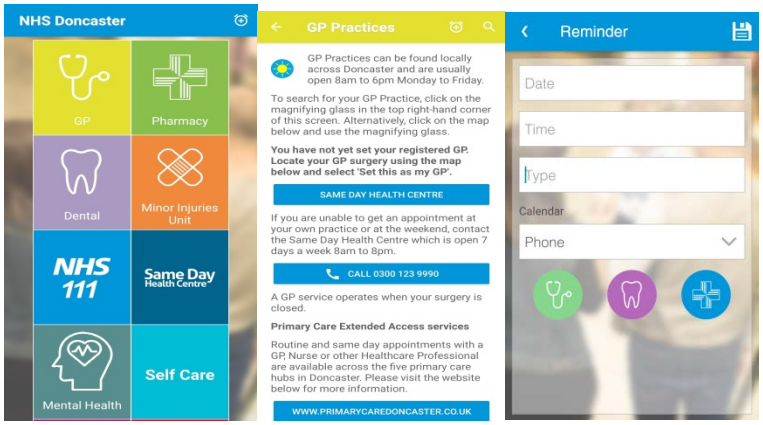
Signposting for patients

Within the Doncaster health and social care system there are a number of ways to ensure that patient and the public are signposted to the right service, the first time as much as possible. A comprehensive Communication plan is key to achieving this and the main focus for winter 2019/20 will be through the Winter Communications campaign based on the work achieved in last winter's campaign (please see section 7.1 for more detail).

The locally developed Choose Well App is currently being re-developed to ensure it is easily accessible by all of our local population; includes the relevant services such as Mental Health; and to allow us to publish messages via the App when there are pressures in the system or as reminders such as remembering to order and collect repeat prescriptions.

The benefit for patients is to provide an easily accessible and comprehensive 'guide' to all urgent & primary care services in Doncaster at the touch of a button. The App will also help patients to locate their own GP and Dental Practice, as well as find the nearest Pharmacy to their home and allow patients to input reminders of appointments.

As well as information around urgent care services, the App also details information about our local mental health services and what to do in a crisis, and information about self-care.



The Choose Well App also links to the DMBC public facing website, Your Life Doncaster, which signposts the public to various public and third sector services across Doncaster

Your Life Doncaster

NHS 111

Use of NHS 111 is growing in Doncaster and work is underway to ensure provision of local clinical assessment and advice, following a call to NHS 111. The ranking for the NHS 111 DOS for Doncaster is regularly reviewed, to ensure that as the local system changes, NHS 111 is able to direct patients in accordance with the local system. NHS 111 online is also now live and actively being accessed in Doncaster.

Direct booking from NHS 111 is now live in to Doncaster's Same Day Health Centre, GP Out of Hours Service and in development at the Urgent Treatment Centre. A plan is currently being drafted to extend Direct Booking into the GP Extended Access hubs and GP Practices, building on the pilot in Leeds, to enable further opportunities to ensure that patients are seen in the right place first time.

Supporting Professional Decision Making

A number of referral pathways and supporting services are in place to support professionals in making the right choice within the Doncaster urgent care system:

- The Integrated Doncaster Care Record is now live. This is an electronic way of storing patient data that can be seen by health staff in a wide range of services in Doncaster. The information is significant in supporting patients to be managed at home, as critical information such as assessments, current care plans and care packages can be accessed within any community setting.

- With regards to elective referrals Doncaster has rolled out the Advice and Guidance service, Consultant Connect, to more Specialties - this enables Primary Care Clinicians to contact Trust Consultants via telephone for advice and guidance prior to referral; it also allows for booking into clinics for some Specialties

- With regards to non-elective referrals/admission GPs are able to directly admit DBTHFT's Ambulatory Care Unit, the Acute Medical Unit, the Surgical Assessment Unit (this is via a

triage process with the Consultant) and the Frailty Assessment Unit. This is both in and out of hours.

Community Alternatives

The RDaSH Single Point of Access (SPA) provides triage and access to Community Nursing, Intermediate Care Rapid Response, Mental Health and Palliative Care services. The SPA operates 24/7 and is staffed by experienced nurses to ensure that patients are directed to the most appropriate service, and are ideally managed at home, avoiding admission to the acute hospital wherever possible.

This Rapid Response service, based on a multi-agency team, is now well established and receives direct referrals from community healthcare professionals on a daily basis. The service ensures that appropriate patients can be supported and cared for within their own home, avoiding A&E attendances and non elective admissions. The service also works to keep people as independent as possible in their own homes.

During Winter 2018/19 the Rapid pathway was also opened to Care Homes which has supported Care Homes in their decision making, providing on site care for patients and avoiding unnecessary A&E attendances. This approach, along with support from the Older Peoples Mental Health team will continue for winter 2019/20.

6.2 Managing Patients in Acute Care

The Acute Trust

DBTHFT develops their A&E rotas and their bed plan based on analysis of demand at a daily level using historical data, and therefore if pressure is experienced beyond the expected pressure points, the Trust Escalation Plan and then the Doncaster Escalation Plans are evoked. DBTHFT have a well-tested escalation methodology for opening up additional beds when needed, based on opening bays on existing wards, to ensure that levels of skill mix can be maintained. Plans for 2019/20 have used the established bed modelling tool, which has been reviewed and updated to include:

- Increases in A&E attendances since April 2019
- Lessons learned from the 18/19 evaluation
- Building on sustained changes in service models to improve efficiency and effectiveness.

The resulting escalation beds planned for the period are:

- 20 in Medicine at DRI
- 9 in Medicine at BDGH
- 8 in surgery at DRI

A daily predictor tool will also be used to ensure correct bed capacity

DBHFT also has a comprehensive winter plan which in addition to beds is focussed on internal flow and bed occupancy, escalation, workforce, reducing length of stay and super-stranded patients, management of flu and working with partners on admission avoidance and ambulance handovers. A snapshot of the actions includes:

- An ongoing focus on super stranded patients, and maintaining performance that benchmarks well for pre-procedure LOS & readmissions
- Ongoing support to AMU to ensure optimal capacity for high ambulatory throughput & flow through ED (AMU, ESAC, ATC)
- Daily MDT board rounds to be undertaken within all specialties by matrons; supported by wider implementation of Red to Green days in acute medicine and through ARC in Care of the Elderly and orthopaedics
- Review of therapy support through week to maintain flow
- A review of portering support to Medical Imaging to support flow
- Additional ambulatory pathways on-site supported from community services, Older Peoples Mental Health, Rapid Response
- In reach into ED from acute medicine, surgery, orthopaedics
- Additional middle-grade to support paediatric twilight shifts on COU at the weekends and to support ED
- Equipment and space for additional attendances has been reviewed and planned for as far as possible.
- Extension of minors area at DRI to stream patients away from ED
- The use of the Trust dashboard will be incorporated into the 4 times daily operational management processes to inform decision making
- DTOC monitoring - a period of monitoring will commenced to ensure all delays are identified and patients supported
- Operational lead for the day to be available on site until 8pm daily

Further detail can be found in the DBHFT Winter Plan listed in the reference documents for Doncaster.

There are also a number of essential components for managing patient flow, from the point of attendance at the acute hospital:

Ambulance Handovers

Doncaster Royal Infirmary (DRI) works in partnership with YAS to ensure safe, timely and effective handovers from crews to A&E staff. Relationships have been built on by having regular attendance/presence of a YAS locality manager within the A&E department and at the weekly Surge and Operations group. Notable improvement was seen in ambulance handover times during winter 2018-19 and these have been maintained to date during 2019/20. This was initially due to the focussed work of the HALO role, working in conjunction with DBTHFT; the good practices put in place have continued.

Front Door Assessment and Signposting Service (FDASS) and A&E Flow

The FDASS service is based at the front door of A&E (on the DRI site) and provides streaming of patients to the most appropriate pathway. During quarter 1 of 2019/20 a navigation nurse was introduced, based on national best practice. The introduction of this approach has seen a significant increase in the number of patients streamed to the UTC; this approach will continue.

A number of changes have also been made or are to be implemented shortly that have a positive impact on patient flow within the A&E department:

- A Quality Improvement project on A&E flow has taken place which has brought about a change in the Assessment areas. This has also resulted in a positive impact in ambulance handovers due to the increase in space in the handover area
- Radiology tracker system has been implemented in DRI A&E that improves the flow of patients waiting for x-rays/CTs
- Oncology Nurses are now in place at the Front Door

Rapid Assessment Programme Team (RAPT)

RAPT is a team of social workers and therapists who identify patients in A&E, the Clinical Decision Unit, the Acute Medical Unit or Surgical Assessment Unit at DRI that have the potential to be assessed and treated or supported at home/ within the community to avoid an acute admission. The RAPT team work at the front door to turn patients around at the front door to enable discharge the same day and can directly admit patients for other Intermediate Care support.

Same Day Emergency Care

The Ambulatory Care unit provides rapid access to investigations and treatment without the need for a hospital admission. The service is available seven days a week. Patients attending the service tend to be suspected DVTs or require some diagnostics for another suspected medial or surgical condition. If it is deemed that an inpatient assessment is required, then there is the option to transfer to the Acute Medical Unit.

Ambulatory care is also in place for Surgery, Trauma and Paediatrics.

Assessment Units

- **Clinical Decision Unit (CDU)**
  The CDU plays a critical role in supporting the A&E team, by providing a more appropriate setting to care for adult patients who may need more time for assessment in order to establish the best pathway for onward care. The unit provides ongoing assessment until it is deemed clinically safe to discharge home, for example head injuries, patients awaiting test results.

- **Frailty Assessment Unit**
  The Frailty Assessment Unit at DRI delivers an enhanced assessment and healing environment for our frail older patients, helping them become more independent, and mobile, with less fear and confusion. Patients undergo specialist assessment on the Ward and a daily MDT takes place in order to prevent long stay of elderly patients in hospital.

Managing Elective Work During Winter

Doncaster and Bassetlaw hospitals will aim to continue to provide elective surgery throughout the winter period to ensure there is minimal impact on waiting lists. However, there is system recognition that this will be a challenge.

Patient flows for elective care have been mapped to maximise the use of elective beds available on the Bassetlaw/Mexborough site and to free capacity at DRI. In addition, each elective specialty has reviewed the demand for elective work over winter to hit contracted levels and RTT performance and elective capacity will be ring fenced to maintain patient pathways

The Trust will also consider the need to cease elective work for the first 10 days of January, with the exception of clinically urgent, cancer, long waiter and day-case activity, as winter progresses.

6.3 Integrated System Discharge

There is an integrated approach to discharge of more complex patients in Doncaster. This is comprised of the following elements:

Integrated Discharge Team

Doncaster & Bassetlaw already have in place 7 day Integrated Discharge Teams made up of health and social care workers. These teams which manage the safe discharge of more complex patients from hospital to the most appropriate setting at the earliest opportunity, ensuring that patient flow is maintained and care continues in the community or wherever clinically appropriate. Feedback from these teams is essential to understand pressures and blockages in the system; their attendance at the weekly SOG meetings ensures that feedback continues to be received and acted on. DMBC will be introducing 7 day working management support in the Integrated Discharge Team, prior to winter, to support the team in managing transfers of care.

Length of stay review meetings

Multi-agency meetings are in place to review every patient with a length of stay at DBTHFT greater than 7 days. These are attended by representatives from the CCG, community staff and social care partners. The review aims to establish if the patient is medically fit/stable to be discharged and if there are any barriers to the discharge which can be supported by partners in the meeting. Themes and trends from the meeting are then fed into the wider system meetings, including the System Resilience Group.

Vulnerable People

There is a multi-agency group focussing on the needs of this cohort. This group is particularly focussed on planning for complex individual patient pathways, although themes and trends are again fed into the System Resilience Group.

Discharge to Assess

The Doncaster Discharge to Assess beds have been in place since January 2014. In August 2017 the beds were re-procured and the ratio of beds were changed, in line with demand and capacity planning. The contract has now been extended for 12 months until 31st July 2020 to link in with the current work around intermediate care. Following a review of usage during the contract term the beds have been reduced to the following;

- Roman Court – 5 Nursing dementia beds
- The Old Rectory – 4 Nursing Beds
- Dr Anderson Lodge – 2 Nursing Beds
- Dr Anderson Lodge – 3 Nursing Dementia Beds
- Manor View – 5 Nursing Dementia Beds
- Swallow Wood – 5 Nursing Beds

It is expected that patients will stay in the Discharge to Assess beds for a maximum of 6 weeks and patient flow through is regularly monitored and reported to the System Resilience Group.

Positive Steps Unit

Positive Steps provides 24 hour care and support, 7 days a week. This programme introduced a number of additional Support workers meaning that the unit can take more cases awaiting discharge and potentially more complex cases. Winter 2018/19 demonstrated that flow through these beds is essential and that the balance of male/ female beds can be critical.

STEPS – Home First Programme

In late 2017 a Domiciliary Care Home First Programme was introduced into STEPS (Short Term Enablement Programme) to reduce waiting times for domiciliary care packages to commence and enable home based assessment of future need, potentially reducing longer term care needs. This provided immediate domiciliary support for people in acute and community bed based services up to 21 days pending a permanent care package starting, acting as a bridging service. Initially this was provided from within existing services whilst the longer term solution was put in place. The bridging service is now well established, with the longer term provider in place and working well in advance of winter.

Intermediate care on discharge

Home first has become the mantra for the Intermediate Care programme and work is underway to explore how a greater number of patients could be cared for in their own home, or how existing community beds could be used differently to support this by working closely together across health and social care. It is expected that some aspects will be put in place this winter and agreed to include Dementia and delirium patients in this approach.

Woodfield 24

Woodfield 24 provide end of life care in patients homes on a flexible basis, in line with patient need. Capacity for this service was increased in February 2018 due to the success of the service model and positive patient feedback. The future capacity requirements for the service are currently under review.

Care Homes Live Bed State

Doncaster deployed the electronic live bed state for Care Homes in 2017/18 which continues to be utilised by all Care Homes in Doncaster. Each Care Home has access to the web based portal and they are required to update the system on a regular basis, ideally daily. The DMBC Contracts Team monitor and report regularly from the system, with CCG colleagues able to access the system, as required.

6.4 Working with the Voluntary Sector

The voluntary sector are critical to the urgent care system in Doncaster, providing and supporting a range of services such as Home From Hospital, Social Prescribing and the Wellbeing Officers team at DMBC. The Social Prescribing scheme has been re-commissioned for the next two years and works on a locality basis accepting referrals from GPs, Community Nurses and ECPs.

Significant work has also taken place with a number of voluntary sector groups, including the Peoples Focused Group, in support of mental health services as detailed in sections 7.3 and 7.4.

6.5 Patient Transport

Patient transport is essential to enable health and social care services to function effectively. However, any changes to weather conditions, especially during winter can compromise these services and their delivery. NHS Doncaster CCG has a number of patient transport contracts, with providers other than YAS, in order to manage the potential service risk and disruption caused by bad weather conditions. Close working relationships are maintained with those providers in order to maximise flexibility when needed. Support is also available from the local 4x4 club.

All transport services have robust Business continuity services and plans to vaccinate their staff against flu.

6.6 Emergency Preparedness, Resilience and Response arrangements

Alongside the Escalation Framework a joint Major Incident Tactical Coordination Plan has been developed which will be used in conjunction with organisational and multi-agency plans to support the response to the health community in the event of a major incident. This plan was tested alongside the Escalation Framework in a table top exercise that took place on 7th June with representation from across the system.

In preparation of adverse weather a PH led cold weather plan is in place for the local authority which reflects the national guidance/cold weather plan. This includes the cascade of information and advice to all areas including social care (commissioners and providers), health partners through the Doncaster Joint Emergency planning group and also through the Surge and Operations group. A DMBC get ready for winter group will commence as the year progresses, business continuity plans are in place for all service areas and a specific winter response plan for vulnerable residents. Each organisation also has its own business continuity plans in place which have provision for adverse weather and EPRR arrangements.

PHE has plans and procedures in place to respond to outbreaks that occur that can be managed within normal capacity and resources. Where this is exceeded, Doncaster has a multi-agency outbreak management plan that has been developed with partners through the Doncaster joint health emergency planning group.

In preparation of the EU Exit, all Health & Social Care providers across Doncaster have completed an EU Exit Risk Assessment, have each nominated a senior responsible officer and have plans in place. These have been shared at the A&E Delivery Board, and EU Exit remains a standing agenda item.

Regional workshops have taken place covering the main issues for the NHS run by NHSI/NHSE; these have been well attended by local teams with the most recent event focussing around a Doncaster/ Bassetlaw and South Yorkshire approach.

7 Planning for Winter and New Initiatives

The system wide approach to winter in Doncaster is centred upon maximising use of the current urgent care system and the local escalation framework as described above. However, in order to ensure that the system continues to be as effective as possible a number of further system developments are already underway. These developments are outlined below:

7.1 System Wide Winter Communication Campaign

As part of the planning process for Winter 2018/2019, Doncaster CCG launched a significant Winter Communications campaign with a key aim of helping patients to feel empowered to choose the right service and stay safe during the Winter months.

Key activities and themes for the Winter campaign were;

- Focus on supporting elderly and vulnerable people
- Choosing the right service – providing an overview of all services available during the winter
- Focus on avoiding the need for emergency repeat prescriptions
- Stay safe in the cold winter months
- It's not too late to get your flu jab

The Winter messages were communicated to the Doncaster population via social media, the CCG website, local press and radio stations. The Winter messages reached a far greater number of the Doncaster public than previous years and analysis of the data showed that although there were pressures in the system, there was a positive impact on patients being seen by the right service at the right time. In particular the communications worked really well on significantly reducing in the requests for repeat medication over the Christmas period compared with last year, enabling Clinician capacity to be used more effectively in triage and seeing patients in the Same Day Health Centre and GP OOH.

The winter campaign was borough wide and many organisations shared messages across their networks – more than 2,000,000 messages were seen using the #doncasterwinter18 hashtag. Just under 700,000 people engaged with our winter messages on Facebook.

Below are the statistics on the number of people that the campaign reached;

Web site figures (19 November 2018 to 25 February 2019)

Web page	Page views	Unique page views
Winter campaign web pages (inc winter packs)	4,320	3,796
Same Day Health Centre	7,825	6,689
GP out of hours service	3,291	2,758
Choosing the right service blog	356	312

Social media (1 January to 17 January 2019)

	Number of posts	Reach (people)	Engagements	Points to note
Twitter (Doncaster CCG account only)	269	297,600	n/a	Increase in 200 new followers
Facebook (general)	42	695,000	175,100	Increase of 504 people liking the NHS Doncaster CCG Facebook page

Twitter hashtags – Hashtag highlights and conversations (10 January to 18 January 2019)

	Number of posts	Total reach (people)*	Points to note
#doncasterwinter18	121	2,154,601	Main hashtag for Doncaster winter campaign

The learning from the 2018/19 Winter campaign is to;

- Continue same approach in 2019/20 but increased focus on choosing the right service and the Mexborough UTC
- Continue to use Facebook and Twitter, particularly targeted/paid for advertising on Facebook
- Liaise with GP practices to encourage more sharing of messages with their patients
- Primary care team to work with GP practices to ensure they are all promoting the same message – sending people to alternative pathways such as Community resources, UTC, Extended Access before considering A&E.

The plan for this winter is to run a similar Winter Communication campaign but commence this earlier, from late September 2019 through to March 2020, and to use the learning from last winter to build on this.

7.2 Responding to Rising Urgent Care Demand

Redirecting Patients

DBTHFT has introduced a pivot nurse at the A&E Front Door Assessment and Signposting Service; this has increased the rate of patients directed to the UTC

Navigators have also been introduced within Primary Care. The CCG is working with a number of the GP practices where the most significant increases in urgent care services have been seen, to determine how their patient behaviour can be influenced.

The Apex Tool is also being rolled out across Doncaster GP Practices, and has already commenced in a number of practices. Once embedded, this tool will support both practices and the wider system understanding regarding primary care capacity. This will help to identify further focus areas and opportunities for directing patients.

Primary Care Capacity

The CCG has commissioned changes to the Minor Injuries Unit at Mexborough Hospital to ensure that it becomes an Urgent Treatment Centre by December 2019, and can treat urgent minor illness as well as minor injury. This will introduce additional urgent primary care capacity into the local system.

The new UTC at Mexborough will test the opportunity for primary care clinicians to signpost patients away to routine primary care where appropriate

On line consultation will be rolled out to GP Practices in Doncaster from October 2019. This will give patients 24/7 access to an automated consultation service which will signpost patients to appropriate services and also provide the ability to book GP appointments with their practice even during out of hours. This is expected to address some of the findings from previous #System Perfects where people's desire for an immediate response was demonstrated.

7.3 Improving Patient Flow and Reducing Long Stays in Hospital

During the past year the health and social care system approach to improving patient flow and reducing long stays in hospital has changed. A "Managing Transfers of Care Steering Group" has been formed with a broader remit than the previous infrastructure, in recognition of the inter-relationship between reducing the number of beds occupied by people with a length of stay over 21 days, reducing delayed transfers or care the requirements of the High Impact Change Model.

The Managing Transfers of Care Group has been taking forwards a number of key pieces of work during the year. Two of the key workstreams that will impact on winter are as follows:

Community Based Frailty MDT

The MDT is a multi-professional team across health, social and third sector organisations. The focus of the MDT will be to understand the individual's circumstances and jointly create a strengths-based, appropriate, proportionate and flexible system response to an individuals needs. Maintenance of autonomy and re-ablement to keep people integrated within their neighbourhood will be key.

Testing of the MDT commences in October 2019 with existing providers within an identified neighbourhood (Thorne); plans are also in place to continue to develop the MDT approach over winter and into 2020.

#System Perfect Autumn 2019

This System Perfect is planned for the first week in November and will focus on actions in line with NHSE's "Supporting Patients' Choices to Avoid Long Hospital Stays" guide. The plans are focussed around:

- Development of the local Choice protocol, supported by a suite of letters for patients at each stage of their pathway
- Reviewing of discharge pathways/processes between health and social care bed bases; this is expected to improve flow across the system as a whole
- Testing of the home first approach, building on the bed audits undertaken in September 2019

Repatriation arrangements will also be tested during this week. No issues have been identified at this point between local places however this testing will identify if there are any issues with cross boundary patients.

7.4 Mental Health Integrated Working

Following the previous success of the System Perfect approach, it was agreed that it would be valuable to deliver a System Perfect event with a focus on mental health, including drug and alcohol services, to fully test a different way of integrated working. In addition, one of the actions

taken forward from October 2018 was to ensure the pro-active involvement of a member of the public in the design, planning and delivery of System Perfect. Representatives from the Peoples Focused Group supported System Perfect event from the outset.

The System Perfect event took place 26th March to 2nd April 2019 and the organisations involved were:

- Doncaster and Bassetlaw Teaching Hospitals (DBTH)
- Nottinghamshire Healthcare Foundation Trust
- NHS Doncaster Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group
- Rotherham, Doncaster and South Humber Foundation Trust (RDaSH)
- ASPIRE, Project 3
- Fylde Coast Medical Services (FCMS)
- Primary care providers within Doncaster and Bassetlaw – videos
- Primary Care Doncaster (PCD)
- Healthwatch Doncaster
- Doncaster Metropolitan Borough Council (DMBC)
- Peoples Focussed Group (PFG) - Doncaster
- Change, Grow, Live (CGL)
- BCVS
- East Midlands Ambulance Service
- MIND
- Yorkshire Ambulance Service (YAS)

Key findings from the week are highlighted below (detailed findings are within the report referenced in section 12)

- 50% of people asked were aware of Mental Health Services available in their area
- In Bassetlaw, people had a limited knowledge of services available to them
- A significant number of low level presentations attended ED
- About 25% of ED attenders were identified as being in need of social support
- Peer support provided through Safe Space (Doncaster) is effective in supporting patients during a crisis
- Teams identified opportunities where alternative provision or setting could have been used in preference to ED
- Additional adult resource supported the timeliness of intervention and ability to connect to right services
- A significant number of individuals attended ED whilst on an open community caseload
- The Well Being Officer role found to be fundamental in supporting people to avoid crisis
- 40% of people presenting had a dual Mental Health and drug and alcohol presentation
- Many individuals presenting had a physical presentation
- In Bassetlaw, bed availability caused delays
- Positive relationship building was experienced on both sites

Building on the success of this System Perfect, a new Mental Health services model is to be introduced across Doncaster that reduces reliance on the acute care system, better connects

assets, develops a better view of patient need in appropriate settings, and engages voluntary and peer support at an early stage to stabilise and support patients and their families.

The main modernisation components are:

- Psychiatric Decision Unit – qualified and unqualified staffing jointly with the voluntary sector. Chair based assessment introducing additional mid-range delivery away from the ED or Section 136
- Additional crisis resource – operating flexibly across settings – supporting 1 hour ED targets but emphasising off-site care and including peer support
- Additional Home Treatment - multi-speciality – genuine alternatives to admission and working closely with the PDU and inpatient step-up / down
- Acute adult psychiatric liaison – multi speciality – supporting training & education – providing resilience within the acute trust across ED and inpatient wards
- Alcohol & Substance liaison – working alongside the above flexible staffing model and operating across care settings and connecting to existing community provision
- High Intensity User support, delivered by a collaborative voluntary sector approach, based around peer support for an identified co-hort and those that have recently attempted suicide- to connect people to alternative settings

7.5 Local Management of Flu

The health and social care system is working in partnership to co-ordinate flu planning in Doncaster. Performance will be monitored locally, co-ordinated through all partners to ensure we identify any areas where uptake has not been as high as anticipated and planned, and will enable partners to be proactive in targeting key areas. The programme for flu vaccination is being managed by the local multi-agency flu group.

Actions and monitoring will be routinely reported through to the System Resilience Group (SRG) and escalated to the A&E Delivery Board as appropriate.

The plan is focussed around:

- Vaccinations for staff
- Vaccinations for patients
- Robust local communications, building on the national campaign

The system will target at risk groups, such as vulnerable people, the elderly, patients with long term conditions, housebound patients and hard to reach communities in order to provide Flu vaccinations. A DES is in place for all GP Practices for vaccinating their patients.

Work is underway to ensure that frontline staff receive the Flu vaccination in Doncaster Council, Doncaster Children's Services Trust, St Leger Homes, Care Homes and Domiciliary Care providers, and all health organisations. All providers have policies in place offering staff Flu vaccinations as part of their own internal plans, including private transport providers.

In addition to actions put in place in previous years, this year the plan has also considered a wider reach, including offers for the homeless and hard to reach groups via the local Inclusion clinic, flu clinics for pre-school aged children and proactive sessions for care home providers/ domiciliary care providers to explain the importance of flu vaccination and how to support staff.

Communications and local vaccinations have already started.

Near patient testing will also be available within the Acute Trust and Urgent Primary Care services, and expertise in flu management is shared across the patch. This approach has been shown to be successful in Doncaster in the cohorting and management of patients with flu.

The Doncaster Joint Emergency Planning Group links into the S Yorks network approach to manage significant emergencies should they arise, including pandemics.

8 Finance and System Funding

NHS Doncaster CCG recurrently funds system resilience via its main contracts with providers, in line with the relevant policy and planning guidance and contracts for a level of activity that takes winter into account as well as pressures throughout the year. This is via a PBR based contract and therefore as a whole we would pay for whatever activity is done in secondary care over winter.

The CCG also invests the required amount into the Better Care Fund (BCF) and the Doncaster patch has benefited from the Improved Better Care Fund locally with Doncaster Metropolitan Borough Council as this has supported social care support locally. This supports winter by helping to improve flow and continuing to reduce DTOCs across health and social care.

8.1 Local Authority Winter Pressures Funding 2019/20

The Secretary of State for the Department of Health and Social Care (DHSC) wrote to Local Authority (LA) Leaders on 17th October 2018 to set out details of additional funding for LA's that had been announced on 2nd October 2018. The funding is intended "to enable further reductions in the number of patients that are medically ready to leave hospital but are delayed because they are waiting for adult social care services". The allocation for Doncaster LA in 2018-19 was £1,509,880 and the same amount was subsequently allocated for 2019-20.

Allocation of the Winter Pressures Funding will enable the LA to continue to support the NHS by appropriately reducing both non-elective admissions and length of stay. This will improve outcomes for Doncaster people by increasing their health and wellbeing. It will also ensure continued capacity in social care services that otherwise would be at risk from continuing reductions in central government grant. Our winter pressures strategy includes:

<u>Rapid response to avert community crisis</u>:

- Increased capacity to ensure urgent community issues are dealt with quickly to reduce the potential for escalation and unplanned admissions to hospital or care home settings.

<u>A strong and consistent focus on "Home First"</u>:

- Enhancing availability of therapy support and assessment, minimising length of stay in hospital, supporting recovery and proportionate assessment in people's own home environment
- Improving the targeted capacity of the independent sector to provide rapid home care packages and additional provision especially in areas where historical supply has been challenging
- Sustaining overall independent sector capacity even in the advent of increased seasonal demand

<u>Ensuring capacity to escalate response when the system is under pressure</u>:

- Additional assessment capacity to enable flex
- Capacity to invest in short-stay care home beds to supplement the Home First approach if necessary

Details of specific schemes are below.

Scheme	**Description**
Single Point of Access Team	Additional social work capacity at the front door during winter to provide a rapid response to urgent needs and provide additional assessment capacity to facilitate discharge from hospital when required.
STEPS – additional social work and OT capacity	More therapy professionals in in-house intermediate care to help people to gain independence. They will also provide more therapy training for staff and work alongside care providers for those needing medium and longer term care packages to increase reablement and reinforce independence.
Investment into Independent Sector Domiciliary Care Provision	Investment in the independent sector provision to support greater responsiveness and positively impact on DTOC. This will include options to invest in specific areas such as hard to reach localities and services to support individuals where short term provision is not suitable.
Short Stay care home	This will buy additional capacity in placements where a home first response cannot be facilitated in the first instance.
Social Care and Increasing Demand	To sustain domiciliary capacity and business continuity ensuring adequate services provision and staffing resources.

9 Resource/workforce planning

All partners have been working within their organisations to ensure appropriate workforce is available to deliver their services. Whilst there is a focus on ensuring they have sufficient staff to meet demand, which can be challenging, it is also essential that staff are competent to meet the service needs.

Organisation	**Actions taken to ensure workforce capacity**
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	• Annual leave will be managed effectively to support staffing availability. • Education and training have been reviewed and a plan developed to enable staff to be released to work clinically • Nurse specialist/ Out-patient nurse availability reviewed to provide additional support to wards. • ED Junior doctor rotation in December – plan

	in place to manage switch over period and induction • 100% target for staff flu vaccinations
Rotherham, Doncaster & South Humber NHS Foundation Trust	• Annual leave management • Flu vaccinations for staff • Ongoing staff recruitment
Doncaster Metropolitan Borough Council	• Annual leave will be managed to ensure services are resourced • 7 day working being introduced for key roles • Flu vaccination for staff
Primary Care Services	• Ongoing development of new roles such as primary care navigators, and support to roll out online consultation • Flu vaccination for staff
Yorkshire Ambulance Service	• Annual leave management across the service • Flu vaccinations for staff
Patient Transport Services	• Annual leave management • Flu vaccination for staff

10 Risks and Mitigations

In addition to the year round management of risk in the urgent care system as described in section 3 the anticipated risks and issues identified by the Doncaster urgent care system are noted below.

Each risk has been categorised into:

- Joint CCG – J
- Place based – P
- Individual Organisations - I

Organisation	Risk Identified	Mitigation	Owners of the Risk
NHS Doncaster Clinical Commissioning Group (CCG)	Failure of individual partners to have sufficient capacity to meet demand	Assurance to be sought from providers on individual organisation winter plans at the Winter Workshop 22 August 2019 Table top exercise on 17 October 2019 to stress test the escalation framework Weekly Surge and Operations Group provides a regular forum for capacity issues to be raised and solutions agreed. Local escalation process in place to enable Executive level face to face discussions as required to determine alternative approaches should lower	P

		level escalation actions be insufficient to resolve issues	
Doncaster and Bassetlaw Teaching Hospitals (DBTH)	Failure to deliver the 4 hour A&E target	Monitor through daily pressures report and addressed via SRG / A&E Delivery Board for system wide actions to support and the DBTH contract	J
	Failure to deliver on the acute element of DTOC/LOS target	Regular daily IDT meetings to support discharge and monitor via urgent care operational group	P&J
	Flu vaccination for all staff	Vaccination programme in place and aim to achieve high uptake as per recent years	I&J
	Insufficient staffing levels to meet demand	Ongoing recruitment including internal schemes for medics. Daily oversight of staffing at site meetings Alternative staffing support identified as noted in section 9	I&J
Rotherham, Doncaster & Sough Humber NHS Foundation Trust (RDASH)	Demand for both community and mental services exceeds the capacity available	Clear pathways established between planned and unplanned community nursing teams. Clear pathways established between DBHTH and RDASH in-patient wards with good flow already seen during year. Monitor through daily pressures report and addressed via SRG/A&E Delivery Board for system wide actions to support and RDASH contract.	J&P
	Flu vaccination for staff	Vaccination programme in place across both community and mental health services	I&J
	Delivering flu vaccinations for Doncaster population	Ensure co-ordinated programme across Doncaster	P
	Insufficient staffing levels to meet demand either due to sickness or vacancy	Community nursing team fully established. For remaining teams ongoing recruitment and proactive management of sickness	I
Doncaster Metropolitan Borough Council (DMBC)	Failure to deliver social care element of DTOC target	Regular daily IDT meetings in place alongside weekly DMBC DTOC meetings. Monitoring via urgent care operational group	P&J
	Insufficient capacity in homecare provision	Work with Strategic Lead Providers to address capacity gaps, using bridging service as required which is additional to capacity.	P&I
	Insufficient beds in residential and nursing homes	Regular monitoring of capacity and promote use of care home bed state	P

	Insufficient capacity in Discharge to Assess beds	Range of providers that can flex beds	P
Primary Care including Fylde Cost Medical Services (FCMS)	Demand for services outstrips capacity	The provider of the Same Day Health Centre and GP OOH (FCMS) are able to flex both staff and appointments across the Same Day Health Centre and the Urgent Treatment Centre to ensure that best use of appointments and skill mix.	P
NHS 111	Demand for service higher than forecast	Surge and escalation plan in place, monitored via the contract. Local OOH service provides a level of business continuity	J&P
Yorkshire Ambulance Service (YAS)	Failure to meet ambulance targets	Winter plan in place monitored via the contract	J&P
	Failure to meet ambulance handover targets	Partnership working with DBTH to achieve target, monitored via urgent care operational group	J
	Adverse weather conditions	BC plan in place	I, J, P
	Demand outstripping planned activity levels	Surge and escalation plan in place	J&P
Doncaster Patient Transport	Adverse weather	Business continuity plans in place with a variety of providers available.	P&I
	Increased discharge requests to maintain flow beyond capacity planning	Winter plan in place	J, P&I

The risks identified above are a combination of individual organisational risks, place based risks and joint risks across Doncaster and Bassetlaw CCGs; a number of these identified risks have been mitigated within the plan.

11 Annual Learning Review

The Doncaster urgent care system has a demonstrable track record of reviewing how well the system works. It is planned that there will be a review of the local systems and processes following the winter of 2019/20 to ensure areas for learning and service development are maximised for winter 2020/21.

12 Reference documents that can be made available:

1. Terms of reference for Doncaster A&E Delivery Board
2. Terms of reference for Doncaster System Resilience Group
3. Systems Resilience Group notes
4. Surge & Operations Group Meeting notes
5. A&E Delivery Board minutes
6. Doncaster Winter Communications Strategy
7. Choose Well App- DCCG
8. Stay Well Information packs (staff and public) - DCCG
9. NHS Choices - NHSE/DCCG
10. Your Life Doncaster website – DMBC
11. Summary and detailed analysis of urgent care activity Qtr 1 2018/19 and Qtr 1 2019/20
12. Doncaster CCG QIPP plan
13. Winter 2018/19 Evaluation Report
14. System Perfect 2019 – Mental Health Evaluation Report
15. The national flu immunisation programme 2019/20
16. Business Continuity Plan - DCCG
17. Outbreak policy - RDaSH
18. RDaSH Influenza Campaign - RDaSH
19. Business Continuity Policy and Strategy Corp/Risk 9 v6 - DBTH
20. Influenza Campaign - DBTH
21. DES: Enhanced Service Specification Seasonal influenza and pneumococcal polysaccharide vaccination programme 19/20
22. Multi-agency Outbreak Management Plan - DMBC
23. Emergency Responsiveness Policy - DCCG
24. Major Incident Tactical Coordination Plan - ALL
25. Cold weather plan (DMBC)
26. Severe Weather Winter Plan (RDaSH)
27. Doncaster Escalation Framework - ALL
28. Daily Pressures Report - DCCG

29. Table Top Exercise Prolatio 2 Report
30. Heat wave and cold weather reports (daily) - DMBC
31. SRG and A&E Delivery Board Risk Registers
32. Reducing Length of Stay Delivery Plan & Trajectory
33. DBHFT Winter Plan
34. YAS HALO report

APPENDIX A – Doncaster Winter Evaluation 2019

Doncaster Winter Evaluation 2019 V2.do

NHS
Bassetlaw
Clinical Commissioning Group

Bassetlaw Systems Resilience Winter Plan 2019/20
BCCG EM 010

NHS
Bassetlaw
Clinical Commissioning Group

Document Control

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POLICY VALIDITY STATEMENT This plan is due for review by the date shown above, after which it may become invalid. Users should ensure that they are consulting the currently valid version of the document.**Bassetlaw Winter Plan 2019/20** **SECTIONS**		**Contents Page**

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1. Introduction

The Bassetlaw CCG Winter Plan 2019/20 has been written in conjunction with local health, social care and voluntary sector partners. The plan is based on a local lessons learned event which was undertaken post the winter 2018/19 with Bassetlaw partners. As part of the planning process national guidance and supporting documentation have been examined and key areas identified across all the systems partners.

From a strategic perspective the CCG and its partners have examined how they could work more closely to ensure winter is supported by a more resilient health and social care system. The local Bassetlaw Accountable Care System (ACS) will help to facilitate this.

The plan also details new initiatives for winter 2019/20 which are being implemented across the Bassetlaw system. The CCG co-chairs the Doncaster and Bassetlaw A and E Delivery Board to ensure local actions support the A&E delivery board footprint and the two health and social care systems. This supports the close working with Doncaster CCG and Doncaster and Bassetlaw Teaching Hospitals.

During 2018/19 both the NHS and social care experienced extreme pressures with a variety of services being put under extreme pressure, which was both a national and local issue. There was significant pressure on A&E performance, ambulance targets and delayed transfers of care, both locally and nationally – leading to intense scrutiny of the system. This was exacerbated by high levels of flu and periods of extreme weather. There is an expectation that 2019/20 winter planning will reflect learning and changes will be implemented to reduce the impact of extreme surges. Following the winter period there still continues to be high demand on A&E attendance at Bassetlaw Hospital and it continues to increase. 17% of these attendances in April 2019 converted to admissions. A&E has continued to experience high levels of demand especially on a Monday during spring and early summer of 2019.

2. Lessons Learnt from Winter 2018/19

The CCG facilitated a lessons learnt event following the winter 2018/19. Partners were asked what went well and what opportunities there were from the learning for each organisation to develop for winter 2019/20.

Organisation	Lessons Learnt	Actions to Take Forward	Progress
Nottinghamshire Healthcare Trust (NHT)	Challenges in maintaining an out of hours service due to recruitment, staffing expertise and demand.	Exploring opportunities to deliver the out of hours model with a different approach across partners.	Work has commenced to redevelop the OOHs model to ensure it is integrated into the front door work programme.
	Community teams in reach into the acute trust can better support patient flow	Review opportunities available to for wider systems support to facilitate timely discharge from the acute trust	Established joint working arrangements now established with DBTH
	Impact of flu and norovirus on Intermediate Care and Rapid Response.	Contingency plan for Spot Purchase of beds to support peaks in demand.	Agreement on funding is being made on a case by case basis

East Midlands Ambulance Service (EMAS)	Ambulance demand was higher than usual for the Christmas and New Year, causing significant impact on the service.	Planning to be completed even earlier for the seasonal period.	Seasonal planning now completed.
	Communication and media messages had minimal impact on demand.	Review communications from the service to the public to direct people into more appropriate services.	This work has commenced via the ICP communications group to ensure consistent winter messages and directs to other pathways.
	HALO role did have a positive impact on improving hand over times and also communication across stakeholders to improve system working	Work with partners to develop and utilise available pathways and resources	HALO report recommendations taken forward to support handover protocol and action plan for the reduction of 30 minute handovers
	Due to the service being provided over a wider geographical footprint, workforces are not always aware of local alternative services to convey.	Work with partners to develop and utilise alternative pathways.	Call for Care implemented 29th July 2019. This will provide an alternative for EMAS to refer instead of non-convey to ED.
	Number of attendances by EMAS versus non-conveyance is high, so calls are not always appropriate.	Working with partners to identify pathways for ambulance triage to utilise, and also raising public awareness of alternatives.	Call for Care implemented 29th July 2019. This will provide an alternative for EMAS to refer instead of non-convey to ED.
Doncaster and Bassetlaw Teaching Hospitals (DBTH)	4 hour target not always owned by the system – seen as a trust issue.	To work with system partners to gain system wide ownership of key targets, including 4 hour wait.	Part of the focused discussion at the Urgent Care Workstream.

	Escalation not always robust across partners so awareness is too late and action delayed.	Local escalation processes implemented in 2018/19	Escalation will be revised as required to meet the systems needs in 2019/20
	Limited knowledge of other services and alternative pathways.	Continue to raise awareness of new and existing pathways via system perfect and other channels.	New alternative pathways being developed and discussed at the Urgent Care Workstream
	Inter-hospital transport challenges – patients not always in the right place at the right time.	Work with commissioners to develop a more robust inter-hospital transfer model and response to facilitate discharge.	A range of services are now available including overnight transport, this includes discharges.
Nottinghamshire County Council (NCC)	Capacity issues in the Rapid Response and Intermediate Care Service due to flu and norovirus.	Work with NHCT to agree a contingency if services are not available. This will include using other local resources to take work and divert from Rics and Rapid.	Additional resource will be utilised from locality resources to take and divert work from Rapid Response and Intermediate Care
	Trusted assessor role not embedded – delays in discharge to care homes.	To continue to work with care homes to support the trusted assessor role. .	This is an action in our shared High Impact Change Model/Agreement. Role of Bassetlaw IDT Managers to keep the flow of patients discharges going forward.
	IDT Service now works across 6 days and plans are in place for access to wrap around services. Access to the NCC Home First Response Service is intermittent but IDT now do successful discharges	To increase the service to cover weekends and bank holidays.	Saturday working is now established with social care and health members from IDT which include, lead nurses and discharge co-

	at weekends. IDT also work Bank Holidays to avoid any further delays where extended periods to working times are in place.		originators. Trusted assessor model to further include care homes and access to START and Home First. The hospital need to review senior decision maker cover to support IDT.
	Out of area DTOC processes still not fully functioning due to changes in personnel and differing access to resources	To continue to work with out of area health and social care teams to develop robust pathways and reduce out of area DTOC. IDT team members to forge links with key personnel in other areas to improve on DTOC.	The new Social Care Team Manager is leading on this work.
	Capacity issues in START, Home First Response and Home Care Services leading to delays in packages of care.	To continue to invest in START and maximise its capacity.	START have had some iBCF posts until end of March 2020 which has increased capacity. Some limitations in availability for high packages of 4 calls a day with two carers is challenging but hospital requests for care are prioritised to avoid DTOC.
NHS Bassetlaw Clinical Commissioning Group (CCG)	ED streaming was not having the impact it was anticipated during peak times.	To review the current model and ascertain what the service is for 2019/20.	Current model being reviewed as part of the new front door model and pilot project to mirror Doncaster ED operating model to be implemented pre winter 19/20.

	Over reliance on certain individuals to resolve issues in times of high demand when it should be systemised.	Local escalation processes need to be revised for 19/20.	Escalation in place – ongoing review of processes to ensure they are sufficient.
	Lack of awareness of system pressures outside SYB. Ineffective EMS+ systems	Develop more robust processes in conjunction with NHSE to alert to outside of pressures, i.e. the Nottinghamshire systems.	Ongoing discussions with NHSE to support this communication exchange.
	Over reliance on IDT – simple discharges not being identified and actioned appropriately.	Support the delivery of discharge training and learning from System Perfect, and utilisation of the models in "Guide to reducing long hospital stays" (June 2018).	Ongoing work via the Urgent Care Workstream to support IDT and facilitate 7 day discharges.

3. Risks and Mitigations

The Bassetlaw systems have identified a number of key risks for the winter period and potential actions. The table below describes those risks:

Each risk has been categorised into:

- Joint CCG – J
- Place based – P
- Individual organisations - I

Organisation	Risk Identified	Mitigation	Owners of the Risk
NHS Bassetlaw Clinical Commissioning Group (CCG)	Failure of individual partners to have sufficient capacity to meet demand	Assurance sought from providers on a regular basis to support reporting to NHSE	P
Doncaster and Bassetlaw Teaching Hospitals (DBTH)	Failure to deliver the 4 hour A&E target	Monitor via the DBTH contract and A&E delivery board	J
	Failure to deliver on the acute element of DTOC target	Regular daily IDT meetings to support discharge and monitor via urgent care operational group	P & J
	Flu vaccination for all staff	Vaccination programme in place and aim to achieve high uptake as per recent year	I & J
	Insufficient staffing levels to meet demand	Ongoing recruitment and daily oversight of staffing at site meetings	I & J
Nottinghamshire Healthcare Trust (NHT)	Demand for both community and mental services exceeds the capacity available	Clear pathways established and communicated across the Bassetlaw system for winter – monitored via NCHT contract and A&E delivery board	J & P
	Flu vaccination for staff	Vaccination programme in place across both community and mental health services	I
	Insufficient staffing levels to meet demand either due to sickness or vacancy	Ongoing recruitment and proactive management of sickness	I
Nottinghamshire County Council (NCC)	Failure to deliver social care element of DTOC target. EMS+ ceased in June 2019 and IDT have joined a countywide social care OPEL status but we need to join	Regular daily IDT meetings in place and monitoring via urgent care operational group. Bassetlaw IDT have four additional iBCF	J & P

	this up with our other partners. Progress will be monitoring via Urgent and Emergency Care Group.	posts until end of March 2020.	
	Insufficient capacity in homecare provision.	New Home Based contracts via NCC are well established with our lead provider, Comfort Call. If Comfort Call are unable to provide a service we use a Dynamic Purchasing System which has numerous other home care agencies listed to try to secure an appropriate care package in a timely manner.	P & I
	Insufficient beds in residential and nursing homes and home tracker service is not always up to date	Regular monitoring of capacity and promote use of care home bed state. NCC's Quality Market Management Team work with operational teams and use a countywide Home tracker service. Work to be done with providers to include usage.	P
	Insufficient capacity in START	Use of alternative home care providers and Home First.	P & I
	Flu Vaccinations for all staff. NCC were poor performers during 19/19	Progress on plans to deliver this are firmly in place and will be reviewed. Plans have been put in place for a better take up of staff being immunised by offering vouchers and clinics in prime buildings to receive a vaccination. Advertising Campaign already underway.	
Primary Care	Demand for services outstrips capacity. .	Flexible management of appointments to meet demands that are predicted.	P

	Capacity and demand not know to wider Bassetlaw system	Encourage Primary Care participation in teleconference.	P
NHS 111	Demand for service higher than forecast	Surge and escalation plan in place, monitored via the contract	J & P
East Midlands Ambulance Service (EMAS)	Failure to meet ambulance targets	Winter plan in place monitored via the contract and there is significant investment in 2019/20	J & P
	Failure to meet ambulance handover targets	Partnership working with DBTH to achieve target, monitored via urgent care operational group	J
	Adverse weather conditions	BC plan in place – EPRR Assurance, 2019/20 completed	J,I & P
	Demand outstripping planned activity levels	Surge and escalation plan in place	J & P
	Adverse weather	Business continuity plan in place	P & I
	Increased discharge requests to maintain flow beyond capacity planning	Winter plan in place	J,P & I

The risks identified individual organisations above are a combination of individual organisational risks, place based risks and joint risks across Doncaster and Bassetlaw CCGs, a number of these identified risks have been mitigated within the plan

4. Winter and the Link to Performance

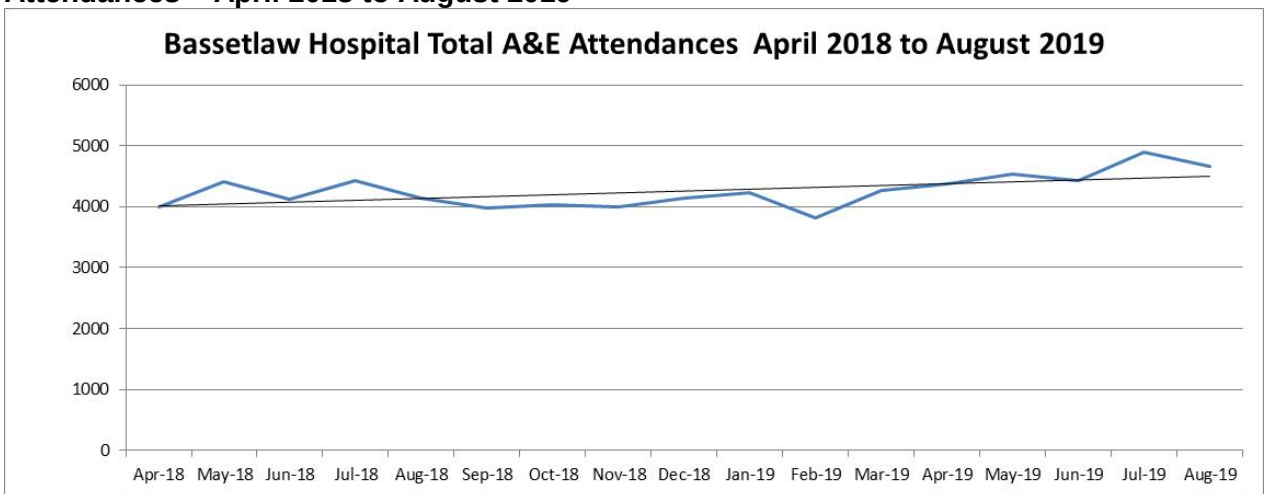
The proportion of patients being treated or admitted within 4 hours in the Doncaster and Bassetlaw system has overall remained above the national average throughout last winter and the spring and summer to date; with performance narrowly lower than the constitution target of 95% in May and June 2019 despite higher attendances in these months compared to the rest of the last 12 months. During winter 2018/19 a higher proportion of patients were treated or admitted in 4 hours than winter 2017/18 despite higher attendances in December to February (+1020 9%). May and June 2019 (94%) similarly saw much improved performance despite higher volumes of attendances than the previous two years which shows the initiatives the A&E departments and the wider system have implemented have contributed to improved efficiency and waiting times for patients without any impact on quality.

Additional analysis has identified that during quarter 1 in 2019/20 that there was 3.3% increase in A&E attendances across the Trust, which is less than the increase seen last year but still additional activity. This additional activity is mainly being attributed to the summer heatwave.

Bassetlaw Hospitals A&E

Summary of Attendances & Performance

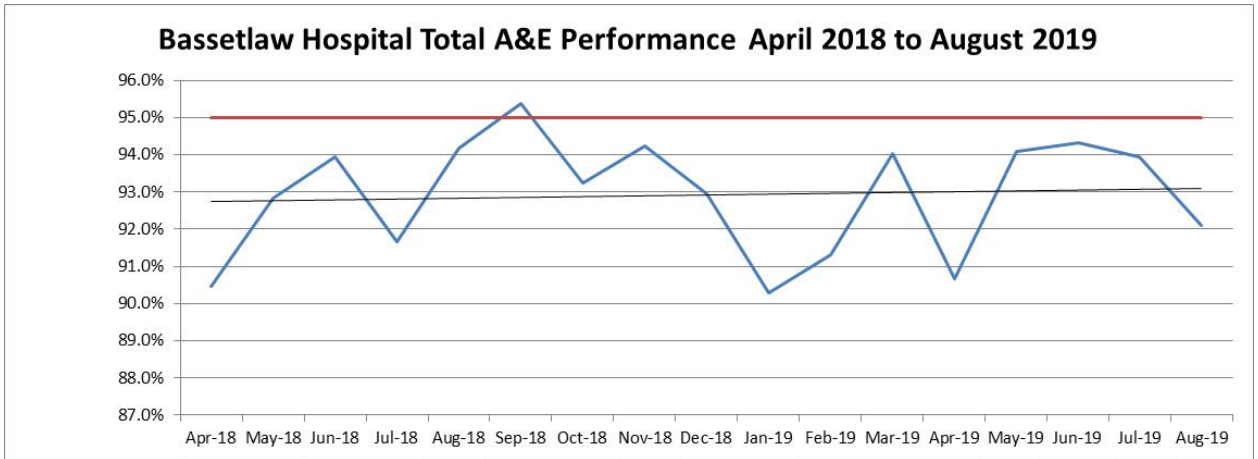
Attendances – April 2018 to August 2019



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Attendances	4000	4410	4118	4430	4133	3982	4039	3999	4138	4226	3818	4275	4371	4537	4425	4889	4665

Total A&E Attendances to Bassetlaw Hospital A&E is on an upward trend, with 4889 attendances seen in July 2019 which was the highest monthly number of attendances the hospital site has seen.
The average number of attendances for April to August 2019 now sits at 4577 attendances per month, up from 4218 April to August 2018, and full year 2018 19 at 4180. This equates to an average daily figure of 149 attendances, up from 137 April to August 2018.

4hr Wait Performance – April 2018 to August 2019



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
A&E Performance %	90.5%	92.8%	94.0%	91.6%	94.2%	95.4%	93.2%	94.2%	92.9%	90.3%	91.3%	94.0%	90.7%	94.1%	94.3%	93.9%	92.1%
A&E % Std	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Despite the increase in the number of attendances, performance has been quite strong, although not quite achieving the 95% target, but a number of months have seen performance above 93%.
The key challenge in the current position is the number of breaches caused by Doctor Waits. Significant work has taken place to fill medical rota gaps in the short term through liaison with locum agency.

Pressure points in the system from historical data have identified:

- Monday attendances
- Lack of weekend discharges to create bed capacity
- The day post on bank holidays
- Close beds due to infection
- Adverse weather conditions

The Trust have completed some in depth analysis and mapping of urgent care services which is showing a high proportion of A&E attendances are aged 20-35 compared to the out of hours attendances. System perfect in October 2018 provided some analysis on why this specific cohort access ED as opposed to other services and there are implications that social media is influencing this trend.

The Monday surge analysis has shown via the national tool that the surge levels are average for the size of the Trust. Additional work is being undertaken to understand why this cohort are not accessing alternative pathways in Primary Care.

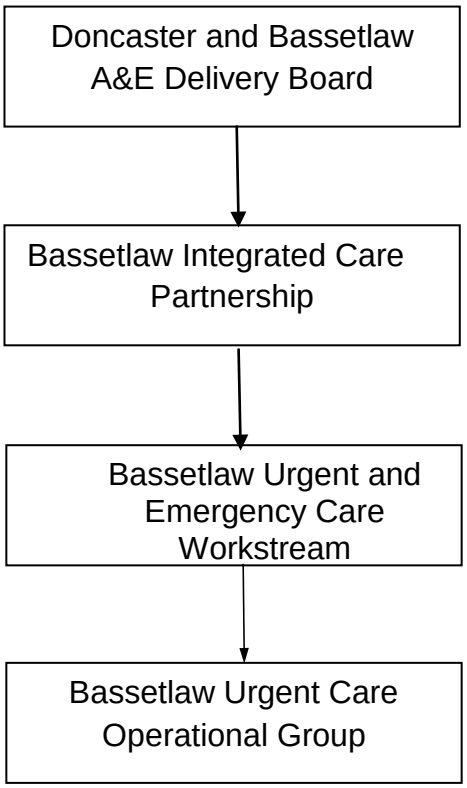
The following winter 2019/20 the systems did not see the seasonal reduction in attendances at ED and this continued to remain high, peaking over the Easter holiday period, where record attendance was seen. The A&E delivery board continues to analyse key trend in the activity and support operational changes to meet the ongoing demand.

5. Bassetlaw CCG Urgent Care System

This CCG and its partners in the Integrated Care Partnership (ICP) have a plan to transform the local urgent care system across the locality of Bassetlaw to improve resilience and system efficiency throughout the year with an emphasis on winter.

The Assessment and Treatment Centre (ATC) at Bassetlaw Hospital provides rapid assessment, diagnosis and treatment for adults referred via GP services, Out of Hours, ED within 48 hours maximum. The aim of the unit is to provide rapid diagnostics to support high quality senior medical decision making which aims to discharge patients as soon as clinically appropriate or to direct them on to the appropriate clinical pathway in hospital.

The Bassetlaw system for urgent care is described below:



The CCG jointly chairs the A&E Delivery Board in conjunction with Doncaster CCG. Bassetlaw Local Partners are represented at the Board – these partners are also represented at the ICP. The common denominator at the Board for both CCGs is Doncaster and Bassetlaw hospitals.

The Bassetlaw ICP supports the local urgent care system and has a specific work stream which aims to support and transform the local system to ensure the public receive care and treatment in the most appropriate health or social care setting to meet their needs. Beneath the work stream are specific task and finish groups who work on identified aspects of work stream work i.e. respiratory and intermediate care. This work stream is chaired by the DBTH and meets on a monthly basis. The group provides the strategic oversight of the Bassetlaw system and will be the enabler of areas of transformation.

The urgent care operational group meets to review and resolve local operational issues identified in the Bassetlaw system. The group meets fortnightly during winter and identifies potential risks which are escalated up the system. This group is chaired by the CCG and includes all partners at an operational level. This group provides the detail required for the NHS England weekly teleconferences.

6. Avoiding Admissions

The main focus for winter 2019/20 is to reduce avoidable admissions by maximising alternative community pathways which enable the public to be assessed and treated in a more appropriate place – often described as the "right place at the right time". It is recognised that this focus has a major impact on system pressures and enables the system to become more resilient.

Education and Empowerment

The Bassetlaw partners are working proactively to educate the public on local pathways for access health or social care treatment and support. This will be tailored to meet the needs of the identified cohort to empower them to make alternative choices. The ICP communications work stream will lead on this for the Bassetlaw system

NHS 111

The national NHS 111 Service supports the Bassetlaw public via its Directory of Services (DOS) to obtain health assessment and signposting where appropriate to treatment as an alternative to A&E. The service is continually developing and is currently being procured to deliver an enhanced clinical assessment service in conjunction with locality based services to nationally defined standards. All calls into out of hours from 111 are re-triaged to manage demand more effectively.

Primary Care

Bassetlaw CCG GP Practices offer quality Primary Care Services via 3 Primary Care Networks together with other health, social care and voluntary sector organisations. The Primary Care Networks work collaboratively together to deliver a wide range of services; primary and community based services meeting the needs of their local population. All of which are exploring how they can work together to enhance Primary Care resilience.

Extended Hours

Primary Care Networks offer extended hours giving 100% of patients the option of requesting routine or on the day appointments until 8pm, weekend or bank holiday. Appointments are accessible to patients through their normal booking processes and are delivered from a number of surgery locations in Bassetlaw. The CCG is working with practices to explore the roll out of direct booking particularly in the out of hour's period.

Out of Hours GP Services

The GP Out of Hours service is provided by Nottinghamshire Healthcare Trust utilising specialist nurses and GPs. The service works closely with the NHS 111 service, enabling them to directly book patients into Out of Hours Primary Care appointments.

The service is supported by 100 hour pharmacies in both Worksop and Retford to deliver advise and treatment to patients where this is appropriate promoting self-care as part of a wider commissioning approach and addressing demand for health and social care appointments.

The service also has an agreement with ED to stream patients with a Primary Care need from ED to out of hours appointments – with protected slots in place for this arrangement. The service is currently under review to ensure it is resilient, efficient and can increasingly support ED through streaming appropriate patients to Primary Care assessment, advice and care and how this can influence the revised front door.

Primary Care Provision Over Bank Holidays

Bassetlaw GP practices ensure that they plan additional capacity into their appointments to meet the anticipated increased demands. They flex this capacity to meet the known needs of their specific population and utilise the skill mix of their workforce to deliver this for the winter period, this specifically relates to the winter period.

Rapid Response Service
The Bassetlaw Rapid Response Service supports the avoidance of unnecessary admissions to hospital.

Referrals to the service are from Health and Social Care Practitioners who have identified an individual who requires rapid intervention and support to remain in the community and out of acute hospital setting. Intervention is either required in their own home or via a step up facility into a care home. The service is provided 7 days a week and is able to flex its workforce to meet fluctuating demands across the step up/down or at home aspects of the service. Referrals to the service are from Health and Social Care Practitioners who require rapid intervention to support an individual to remain at home or care home to receive short term rehabilitation support. The service is available 7 days a week and they have an active presence in ED and ATC to facilitate early discharge. The bed base for the service is via step up to avoid admission, and step down to facilitate discharge. This team is fully integrated with Social Care. Social care element of this team both in Rapid and A&E post as they are a fully integrated services.

Intense Recovery Intervention Service (IRIS) Service
The Intense Recovery Intervention Service (IRIS) is a community based service that enables people with a mental health need to remain at home. The service supports people who would be a high risk of hospital admission or being admitted to another care setting.

The service assists people with personal care, monitoring medication, meal preparation and other activities. It is a flexible client centred service for the over 65's. Local social care provision is integrated into the service and there is close working with the Rapid Response Service. There is a dedicated IRIS Social Worker in this team. There is a dedicated IRIS SW works alongside health colleagues delivering an integrated approach.

GP Streaming
Bassetlaw CCG has implemented a streaming model as per national guidance in ED during the winter of 2017. The current model will continue at present although the future delivery will be part of the Bassetlaw Front Door redesign work.

Social Prescribing
The CCG has invested significant resources in some prescribing as part of its commitment to support people to access the right services to meet their needs; helping improve patient outcomes, but also reduces reliance in both primary and secondary care services.

Social prescribing is a mechanism for linking patients with non-medical sources of support within the community. These might include opportunities for arts and creativity, physical activity, learning new skills, volunteering, mutual aid, befriending and self-help, as well as support with, for example, employment, benefits, housing, debt, legal advice, or parenting problems. These are sources of support and advice that often have a significant impact on the overall health and wellbeing of local people.

Our social prescribing service includes referral into mental health service supporting people to access:

- alternative responses to mental distress, and
- to provide early responses to psychosocial problems

The CCG is also piloting an improved referral pathway to social prescribing services and activities for people recently discharged to assist in reducing the number of re-admissions into secondary care. This service is appropriate for people who may need more support to access community services and who are vulnerable, often lacking motivation and confidence to find and navigate opportunities. Support may be practical or emotional and could include

provision of individual support to access mainstream services or provision of discrete group programmes providing health and social interventions.

Mental Health

The Mental Health Liaison Service in Bassetlaw ED is well established and offers mental health support to ED over a 24 hour period, 7 days a week. This service will ensure that patients access the right mental health pathway to meet their clinical needs. The increase in mental health patients presenting at ED continues to be a challenges on the systems along with the lack of inpatient beds.

System Perfect

The System Perfect is an initiative that Doncaster and Bassetlaw Health and Social Care systems have been participating in for the last couple of years. The Hospital Trust lead on the initiative and support by workgroups for each system. A week is identified and partners work into the Trust to provide additional support and advise into the front and backdoor of the Hospital. The onsite teams identify issues and solutions to problems which support effective discharge and admission avoidance.

System Perfect will be undertaken throughout 2019/20 with a focus on a variety of areas relating to urgent care. This will help to advise both CCGs on communications strategies to advise on more appropriate pathways for individuals.

7. Improving Patient Flow

The pressure on local systems is increasing each year and it is evident that increased demand is not equal to an increase in capacity across all services. The Bassetlaw system is striving to improve both resilience and efficiency across all provision but especially during winter as this is usually the time of greatest challenge.

The impact on poor flow in the system is evident in:

- Crowded ED departments which impacts on performance and poorer outcomes for patients.
- Increase in hospital inpatients being moved into beds aligned to other specialities often on numerous occasions – often termed as medical outliers.
- Areas of the hospital deemed as “assessment areas” often become holding areas for patients requiring admission when beds are not available.
- Staff become stressed and “burnt out” with the continual pressure.

The Bassetlaw system has addressed patient flow in the following areas:

Ambulance Handovers

Bassetlaw Hospital is working closely with East Midlands Ambulance Service (EMAS) to develop and agree local processes to facilitate safe, rapid and effective handover from EMAS to ED.

It is acknowledged during high demand that this is a significant challenge with multiple vehicles arriving together into a busy ED department – however the majority of handovers occur within the 15 minute time scale. EMAS aim to utilise the clinical handover procedure when clinical handover delays do occur the EMAS “managing delays in the safe handover of patients” SOP will be used. Additional work is taking place with key individuals at Bassetlaw Hospital to agree and formalise a handover process which will include detail of key roles and responsibilities.

Flow in ED

Primary Care Streaming is in place at the Bassetlaw hospital site. Acute medical support will be provided into the ED to help with medical admission avoidance 7 days a week. Speciality specific plans will be developed to enable medial/ACP staffing to support the workforce in ED. Local ED improvement pathway work is being undertaken, with support from the

Strategy and Improvement team, to optimise flow and efficiency within the department.

The effective use of EDD and criteria for discharge will be embedded across all wards. Daily MDT board rounds are to be undertaken within all specialties.

Teams are to monitor and manage internal delays in care through the wider implementation of Red and Green days.

One of the key ways to improve patient flow through ED is to have robust assessment pathways in place. This leads to more timely interventions and better clinical outcomes.

Clinical Decision Unit (CDU)
The Clinical Decision Unit (CDU) provides ongoing assessment for patients who have attended A&E and required additional observation but not admission to hospital. The unit provides ongoing assessment until it is deemed clinically safe to discharge home, i.e. head injuries, patients awaiting test results.

Ambulatory Care
The Ambulatory Care service provides assessment for patients who are deemed to be ambulatory, require assessment, and or potential treatment but it is not anticipated that they require an inpatient admission. The service is available seven days a week. Patients attending the service tend to be suspected DVTs or require some diagnostics for another suspected medial or surgical condition. If it is deemed that an inpatient assessment is required, then there is the option to transfer to ATC. The aim is to increase demand over winter into this pathway and reduce A&E attendance.

Same Day Emergency Care
In line with NHSE guidelines Bassetlaw partners are working to provide the right care, in the right place, at the right time for patients with same day emergency care (SDEC) needs. Currently the Ambulatory Care Unit in Bassetlaw Hospital provides SDEC the service is aims to provide rapid access to interventions and treatment without the need for a hospital admission. The service operates 8am to 8pm Monday to Friday and 8am to 4pm Saturday and Sunday. In line with NHSE guidance plans will be developed to widen the scope of interventions that can be delivered under SDEC and support the pathways of patient flow away from ED and reduce the need for an overnight stay in hospital

8. Delayed Transfers of Care

It is well recognised that Delayed Transfers of Care (DTOC) have a significant impact on poor performance, the patient experience and clinical outcomes. A whole system response is required to support effective discharge.

The Bassetlaw system has worked hard over the last few years to reduce the number of DTOC's however, one of the key challenges is the discharging of out of area patients who require ongoing health and social care support. Approximately one third of hospital admissions are classed as out of area.

For the residents of Bassetlaw a selection of services are commissioned to support and facilitate discharge.

Integrated Discharge Team
The IDT consists of a combination of multi-agency roles and systems and processes to operationally manage the teams integrated working.

Complex discharges are managed by the IDT in partnership with ward staff. Simple ward discharges are managed by the ward co-ordinators – they can directly request specific Local

Authority Services.

A local alert system is in place across all providers via Infection, Prevention and Control teams to identify specific outbreaks like flu or norovirus. The alert identifies across the community where services are closed to admission/transfer from hospital to ensure a safe discharge is provided.

Established and efficient discharge pathways include:

- Return home with no support
- Return home with Occupational Therapy or Assistive Technology
- Move to Intermediate Care for 3 weeks rehabilitation in a residential setting
- Move to social care assessment bed for ongoing social care assessment
- Referral to start for short term home care
- Discharge into Rapid Response Services including step down beds
- Return home with a package of domiciliary care
- Move to a Fall and Fracture bed for a maximum of 3 weeks
- Move to a CCG Short Term Nursing Care bed for DST assessment
- Move to LA Short Term Care bed (LA or self-funded)
- Assistive technology is available from Bassetlaw Action Centre to help maintain independence in the home

The IDT have identified pathways for “out of area” patients to support safe and effective discharge and they continue to build on these pathways and relationships with other providers.

Intermediate care

Bassetlaw has a very successful partnership approach to Intermediate Care – the pathway provides rehabilitation for patients in hospital in a residential setting. However, James Hince Court is due to close at the end of September 2019 and the Local Authority, CCG and key partners are considering a new model of home first and assessment apartments in Worksop within a new Extra Care setting. The service will have a 3 week maximum length of stay and be a fully integrated services with therapy staff, care from the care provider who is on site 24/7 and social care workers who provide advice and support via a holistic assessment of needs. There is additional dedicated GP support for the service to provide any ongoing clinical oversight required. Those patients with higher needs who cannot be accommodation within this scheme will have to be admitted to a private sector home and this model is currently been worked up with key partners.

Assessment beds

Nottinghamshire County Council will provide 6 social care assessment apartments and 4 intermediate care apartments within an Extra Care setting, known as Priory Court. These 10 placements are flexible to meet demand and avoid delayed transfers of care. The aim is to transfer patients from hospital who require further therapy and a holistic assessment to formulate a plan for any future on-going social care needs.

An additional 10 beds have been commissioned by Social Care to provide additional Social Care capacity and to support the transition to Priory Court.

Short Term Nursing care beds

The CCG in conjunction with Nottinghamshire County Council and Doncaster and Bassetlaw hospitals have developed a local process for patients in acute hospital beds who require a Continuing Health Care Assessment to be transferred to a local nursing home for the assessment to be completed. This is often referred to as Discharge or Transfer to Assess.

The patients move from hospital into a short term nursing care bed for a maximum 21 day stay. Once the assessment has been reviewed at CHC eligibility panel, the future care needs are arranged via Social Care or a CCG case manager for cases that are deemed to

have a Primary Health Care need.

All local nursing homes participate in the scheme if they have nursing beds available. The scheme reduces length of stay and ensures CHC assessments are conducted in a timely manner.

This scheme was very successful during winter 2018/19.

Fall and Fracture Service

The Fall and Fracture Service is provided by Nottinghamshire County Council and the CCG in partnership, with the aim of getting patients home with support for a short period of time or placement for a maximum of 3 weeks in a residential care setting if home is not a safe option. The ultimate aim is the home first principle.

Patients transferred to the service have a diagnosed fracture, the impact of which results in them being unable to live independently at home in the short term. These patients would traditionally have remained in hospital.

The service provides Social Care support and rehabilitation, supported by an Occupational Therapist who facilitates the discharge home once the fracture has healed.

The service reduces length of stay for patients with the non-weight bearing fractures.

Support to Care Homes

The CCG continues to support its care homes in a variety of ways. The Primary Care Networks are working with individual care homes to develop models of GP provision being provided by an identified GP to provide enhanced continuity of care on a day to day basis. This supports robust planning for the out of hours period and the ability to have robust care and treatment plans in place. The practice pharmacists are doing regular medication reviews in care homes to reduce the risks associated with poly pharmacy.

The CCG has launched its ‘React to Hydration and Nutrition Online Tool’ which is supporting care homes to maximise fluid and dietary intake for all residents. The care homes are supported by a dedicated End of Life Team who provide advice and support and reduce unnecessary hospital admissions.

The CCG quarterly care home forum provides opportunity for sharing good practice, identifying and supporting areas for development and provides training on specific areas.

End of Life services

The Bassetlaw Hospice provides 6 beds for individuals who require generic palliative care services. The End of Life specialist nurses provide a triage/advisory service within the hospice, end of life support in the community and local care homes. Specialist advice is provided by the Palliative Care Consultant.

The hospice also provides day hospital support for individuals living in the community who require an additional level of specialist palliative care but do not need an inpatient bed.

All patients who are deemed to be in the final days of life are referred via the Fast Track process to the CCG for additional care and support, usually via the CCG homecare contracted service or a Personal Health Budget. This service provides individualised care in a place of choice, either at home or in a care home setting.

Length of Stay Review Meetings

The extended length of stay reviews in conjunction with the CCG, community staff and social care partners. A review is undertaken on a weekly basis where adult inpatients with a length

of stay greater than 7 days. The review aims to establish if the patient is medically fit/stable to be discharged and if there are any barriers to the discharge which can be supported by partners in the meeting and used to develop future pathways. This is completed by visiting each ward.

Rapid Response Service
The Rapid Response Service facilitates early discharge and prevents unnecessary admissions to hospital.

Referrals to the service are from Health and Social Care Practitioners who require rapid intervention to support an individual to remain at home or care home to receive short term rehabilitation support. The service is available seven days a week and they have an active presence in ED and ATC to facilitate early discharge. The service is able to flex its workforce to support fluctuating demands across the health and social care sector via its step up/down facility in the service. The bed base for the service is via step up to avoid admission, and step down to facilitate discharge.

Intense Recovery Intervention Service (IRIS)
The Intense Recovery Intervention Service (IRIS) is a community based service that enables people with a mental health need to remain at home. The service supports people who would be a high risk of hospital admission or being admitted to another care setting and who require support on discharge.

The service assists people with personal care, monitoring medication, meal preparation and other activities. It is a flexible client centred service for the over 65's.

Local social care provision is integrated into the service.

Integrated Community Equipment Loans Store (ICELS)
The Integrated Community Equipment Loans Store (ICELS) is commissioned to provide equipment to support people to remain in their own homes and facilitate hospital discharge; the equipment is both routine and specialist.

The service is able to provide urgent equipment during times of high demand. Community services have local stores so they can access equipment more urgently.
Equipment can be requested by both Health and Social Care practitioners.

First Response Service
Home First Response Service – The HFRS is a countywide short term Rapid Response Service. There are two parts to the service, hospital discharge and community crisis:

The hospital discharge service (HD) is for people being discharged from hospital.

The community crisis service (community) is for people who are at home but at risk of being unnecessarily admitted to hospital or short term care due to a short term crisis, including carer's crisis. The service provide a short term reablement-type service for 1-7 days (by expectations up to 14 days\0. The provider will:

- Respond within 2 hours to confirm and give details of date and time of first visit
- Provide a 7 day a week service, 07:00am to 10:00pm
- Accept refferals 7 days a week (08:30am to 6:00pm)
- Deliver the first care visit within 24 hours for hospital discharge and on same day as referred for community support service.

The aims are to:

- Prevent unnecessary admission or readmission to hospital or urgent short term care

in a care home
- Facilitate/support timely and co-ordinated discharges from hospital
- Prevent or reduce the need for ongoing home based care services through adopting a reablement and enablement approach to service delivery.
- To provide information for any Care & Support Assessments (if required) in order to confirm or adjust any ongoing packages of care
- Provide information and advice and, where appropriate, signpost service users and/or carers on to other services

START
Nottinghamshire County Council provides a rehabilitation service called START to provide short-term home care on discharge from hospital, enabling service users to return home and maximise their independence. The service is free to service users/patients and length of access is 1-6 weeks, including care support, social work and OT assessments to inform of any future care needs. The service works closely with Rapid Response.

Reducing bed stays in hospital – Care Home Live Bed State
Bassetlaw CCG introduced the live bed state for care homes in 2017/18. The live portal is a web based system which details all the available care home beds in the Bassetlaw Health and Social Care system. There is a requirement for care homes to update the system on a regular basis, ideally daily. This information is available to the CCG, Social Care, acute and community staff. The system supports a more rapid discharge into the care home sector as staff do not need to spend time finding beds via a variety of providers.

The Voluntary Sector
The Voluntary sector is a key partner for health and social care providers. Our Voluntary Sector providers that support systems resilience in Bassetlaw are:

- St John's Ambulance and the Red Cross – providing 999 support to EMAS during periods of increased demand.

- Bassetlaw Action Centre – Keeping warm initiative which has provided frail and vulnerable people with radiators, plus local advice on a variety of issues to support the health and well-being of individuals.

Red Bag Scheme
The Red Bag scheme has been fully implemented in Bassetlaw care homes. The scheme provides continuity of care and aims to reduce length of stay by ensuring a smooth and effective transfer from the hospital back to the care homes.

Repatriation
Bassetlaw Hospital provides services to residents who live outside the Bassetlaw boundaries and who are registered with a non-Bassetlaw GP. This is approximately 30% of their activity. This can prove to be challenging especially in relation to complex discharges.

The Trust has worked hard to establish professional working relationships with other trust's discharge teams and have worked to promote the trusted assessor philosophy to reduce out of area delayed discharges. Where the 'out of area' is Doncaster CCG or Bassetlaw patients are at Doncaster Royal Infirmary then where appropriate there is an inter-hospital transfer back to Doncaster or Bassetlaw. When appropriate the CCG facilitates this if the issues are complex.

9. Planning For Winter and New Initiatives

It is well acknowledged that effective planning for winter will support the increased demands

experienced, but also helps to create capacity in the system. It is important to note that despite effective planning, there are some adverse exceptional circumstances that will provide unexpected challenge; adverse weather or a major incident which impacts the system.

The Bassetlaw system has:

- Completed modelling in different parts of the system and developed services and pathways based on the modelling, i.e. increased social care support at weekends
- Putting additional resource and plans in place to deal with surge during peak periods of weekends and bank holidays, i.e. out of hours
- Recognition that exceptional circumstances will occur. For example snow will impact on service delivery but having local escalation systems and recovery from the event

Call for Care

Call for Care commenced on 29th July 2019. Call for Care is the urgent care navigation service commissioned to deliver a two hour response for people in Bassetlaw to prevent an avoidable hospital admission or support timely discharge from ED.

Health and Social Care Professionals can refer by making a brief telephone call which will be answered by an experienced urgent care clinician. Following the referral urgent response staff based in the locality will make a thorough assessment of the patient's needs, usually through a home visit and then the necessary arrangements will be made to enable them to remain safely at home.

The service is for patients aged 18 years and over who's health needs have deteriorated but do not require an acute hospital admission.

Development of Respiratory services

As recognised earlier in the plan, a significant number of admissions for both Adults and Children are attributed to respiratory disease.

The Bassetlaw system is currently mapping out current respiratory provisions to identify duplication or gaps in services. An action plan has been developed to support the work.

The CCG is also involved in the ICS respiratory work stream which has just been launched. It is anticipated that a variety of initiatives will be implemented during the winter.

Intermediate Care and Assessment Beds Revised Model

Bassetlaw has a very successful partnership approach to Intermediate Care – the pathway provides rehabilitation for patients in hospital in a residential setting. However, James Hince Court is due to close at the end of September 2019 and the Local Authority, CCG and key partners have developed a new model of home first and assessment apartments in Worksop within a new Extra Care setting. The service will have a 3 week maximum length of stay and be a fully integrated services with therapy staff, care from the care provider who is on site 24/7 and social care workers who provide advice and support via a holistic assessment of needs. There is additional dedicated GP support for the service to provide any ongoing clinical oversight required. Those patients with higher needs who cannot be accommodation within this scheme will have to be admitted to a private sector home and this model is currently been worked up with key partners.

Nottinghamshire County Council will provide 6 social care assessment apartments and 4 intermediate care apartments within an Extra Care setting, known as Priory Court. These 10 placements are flexible to meet demand and avoid delayed transfers of care. This service will commence on the 1st November 2019. The aim is to transfer patients from hospital who require further therapy and a holistic assessment to formulate a plan for any future on-going social care needs.

An additional 10 beds have been commissioned by Social Care to provide additional Social Care capacity and to support the transition to Priory Court. These beds are providing the assessment/intermediate care provision from the closure of James Hince Court to the

opening of Priory Court.

Patient Transport Pilot
Additional overnight patients transport continues to be commissioned to support timely discharge out of hour. This supports continual patient flow through ED.

Front Door Pilot/Revised Streaming Model
The front door streaming model at the front door of ED will provide rapid assessment of patients by a senior clinician on arrival at ED. The outcome of the assessment will determine the location and priority as to where the patient is streamed and the priority in which they are seen. This streaming model will promote effective demand management at single front door, i.e. those with primary care need will be streamed through a primary care facility as opposed to accessing ED.

The implementation of a navigation nurse at the front door of A&E is expected for winter 2019 to provide a clinical assessment of patients who present at A&E to ensuring streaming of patients to the most appropriate intervention. From the beginning of October there will be continual 24/7 delivery of primary care streaming function on the Bassetlaw hospital site. It is anticipated that with the collective introduction of both of these initiative will work towards the delivery of the 20% streaming target set out by NHSE

Extended Hours
From October 2018 extended hours is offering 100% of patients the option of requesting routine or on the day appointments until 8pm, weekend or bank holiday. These will be accessible to patients through their normal booking processes and will be delivered from a number of surgery locations in Bassetlaw.

Frailty Model
As part of the ICP workstreams, frailty is a key area of work during 2019/20. They are reviewing current services supporting patients living with Frailty (Ageing Well) in Bassetlaw. In line in national approach:

- An Older Person living with frailty' A long-term condition`
- Timely identification preventative, proactive care supported self-management & personalised care planning
- Community based person centred & coordinated Health + Social +Voluntary+ Mental Health + Community assets

This will include:

- A benchmark of the current Ageing Well services
- Development of Ageing well community MDTs focused on meeting the needs and improving care of patients with moderate and severe frailty in line with the Long Term Plan LTP
- Further development of our Enhanced health in care homes offer, reaching all people living in care homes and building on the national adoption of models of best practice with the aims of delivering personalised care
- Crisis response through our Call for Care Model with a response in 2 hours
- Review of the reablement delivered in 2 days
- Identification of severe (and moderate) frailty using standardised tool, Co-ordination of care through sharing of information - sharing the CGA from secondary care with PCNs
- Working to support the flow of information from Primary Care to Secondary Care i.e. care on admission to deliver high quality care for moderate and severe frailty patients, Intermediate care – Step up in community and step down from hospital to deliver care closer to home in a community setting linked to Home First

Guide to Reducing Long Hospital Stays
The A and E Delivery Board is currently reviewing in conjunction with Doncaster and Bassetlaw hospitals, the initiatives described in the "guide to reducing long hospital stays" and benchmarking their position against each one. Both CCGs in partnership are agreeing the prioritisation of the implementation of each area. Some of the initiatives are already implemented. Locally this will be supported by the Urgent and Emergency Care Work Stream. This will be implemented over the winter period.

Incentive Scheme
The 2019/20 Incentive Scheme for GPs also supports work to address urgent and same day demand. This includes the implementation of new GP/Care Home agreements that support regular input from the practice clinical team into care home patients in order to reduce emergency admissions and A&E attendances. Care planning is an essential element of this work to support patient and carer education, medicines and palliative care management. Practices are also encouraged to routinely review patients 65yrs+ identified on the Frailty Index within 2 weeks of discharge following an unplanned admission, A&E attendance or attendance at the OOH service. In combination with at least annual MDT MURs for residential home patients and bi-annual for those patients on 10+medications this work is expected to support patients to reduce urgent and emergency activity. Other elements of the Scheme include specific additional support for long term condition management (e.g. asthma, COPD, diabetes) as well as care planning for frequent attenders at A&E or attending OOH services.

10. Resource/workforce planning

All partners have been working within their organisations to ensure appropriate workforce is available to deliver their services. Whilst there is a focus on ensuring they have sufficient staff to meet demand, it is also essential that staff is competent to meet the service needs.

Organisation	Actions taken to ensure workforce capacity
Doncaster and Bassetlaw Teaching Hospitals	• Annual leave will be managed effectively to support staffing availability. • Offering all staff flu vaccinations
Nottinghamshire County Council	• Annual leave will be managed to ensure services are resourced • Social work teams working in IDT on Saturday's
Primary Care Services	• Ongoing development of new roles to meet service changes within individual practices and to support extended hours
East Midlands Ambulance Service	• Annual leave management across the service • Flu vaccinations for staff
Patient Transport Services	• Annual leave management • Good staffing levels across Bassetlaw
Nottinghamshire Health Care Trust	• Annual leave management • Flu vaccinations for staff • Ongoing staff recruitment

11. Elective Work During Winter

Doncaster and Bassetlaw hospitals will aim to continue to provide elective surgery throughout the winter period to ensure there is minimal impact on waiting lists. However, there is system recognition that this will be a challenge.

The Trust has planned to cancel all inpatient electives except clinically urgent and cancer patients for the first seven days in January, and replace the activity with day cases with a specific focus on the Bassetlaw and Mexborough sites to deliver this.

The Trusts winter plan will include more detail on elective management for winter.

12. Infection Control

During high demands for Health and Social Care services, there is an increased risk of patients acquiring infection, especially as patients in hospital are of a higher acuity and tend to be elderly or presenting with respiratory conditions.

The Bassetlaw system has well established systems and processes for managing outbreaks, either within hospital or care home services. The reporting system identifies where the issues are and what impact they are having, i.e. closed beds etc. on the wider health and social care community. The IPC team have a cascade process to alert the system of either a flu or D&V outbreak.

As part of the link champion programme, education sessions on outbreak management are delivered prior to the winter period to raise awareness and reinforce the importance of early reporting, containment to avoid admission, and maintain patient safety. The CCG IPC team provide advice and support to care homes, home care agencies, and GP practices as required.

13. Flu Immunisation

One of the major risks to the Bassetlaw population during winter is catching Flu. In communal areas such as care homes and hospital wards, Flu can quickly be transmitted and an outbreak occurs. It is essential that there are robust Flu vaccination programmes available for the public at risk, and also for health and social care staff.

Primary Care is the main provider for delivery of Flu vaccines to the public at risk support by a public health programme for children. Individual organisations are responsible for vaccinating their staff.

The CCG supports the national flu medial campaign by publishing national materials and also publishing articles in the local press. The Chief Nurse also writes to all care home and home care providers to encourage them to support staff vaccination as their responsibility.

Uptake of vaccination is monitored via the urgent care operational group, A&E Delivery Board and the Primary Care Committee.

National NHS organisation data is published so uptake of commissioned services is available to the CCG. The CCG is completing a dedicated piece of work to increase flu vaccination uptake in pregnant women.

When a patient is suspected of having flu then near patient testing is activated.

14. Transport

Patient transport is essential to enable health and social care services to function effectively. However, any changes to weather conditions, especially during winter can compromise these services and their delivery.

Bassetlaw Hospital is reliant on safe efficient transport services as some of the clinical pathways are delivered at the Doncaster site and patients are often required to be transferred between the two sites. All overnight paediatric services are provided at Doncaster Royal Infirmary after 10pm.

All transport services have robust Business continuity services which have been shared with CCG's as part of their winter assurance.

15. Communication Plans and Wider Engagements

Effective communication is critical during periods of high demand; messages to staff and the public need to be clear, appropriate, and timely. The winter communications will be based on the national NHS England Winter campaign and local surveys and intelligence.

Specific communications relating to influence will be targeted at the nationally identified at risk groups and will commence in September 2019 when vaccination programmes commence in GP practices.

A mixture of communications will be required which include:

- Individual organisations which relate to their specific services and issues
- Preventative communications like "Stay Well", the national campaign
- System wide communications when health and social care are under pressure
- Cascade of partner specific information like infectious disease outbreaks
- Cascade of weather alerts to providers who traditionally would not receive the information like care homes

All of these will be delivered by a variety of mechanisms including:

- Local press
- Social media
- Partner websites
- Internal organisation communications
- Posters and leaflets
- Public events

16. Planning for Surges – (Demand and Capacity)

All providers will have developed their own winter plan for 2019/20 and within each plan they will have plans to manage increased demand for surges, however, it is important to ensure that these plans work as a system as individual actions will be interrelated. Full detail is provided in their own plans. There is an agreed approach to local teleconferencing in times of high demand.

Organisation	Surge / Capacity Management
Bassetlaw CCG	• During periods of high demand the CCG will coordinate required activities. • This will include representing partners on the weekly teleconference. • Local escalation process for high demands on intermediate care, rapid response etc.

Doncaster and Bassetlaw Teaching Hospitals	• Daily teleconference and meetings in the trust to establish demand and capacity • Opening of surge beds as required across the trust • Completion of daily situation reports
East Midlands Ambulance Service (EMAS)	• EMAS REAP levels in place and cascade of position
Nottinghamshire County Council	• Management and oversight of homecare provision • Flexing of short term care beds
Primary Care	• Implementation of extended hours
Nottinghamshire Health Care Trust	• Flexibility across Rapid Response and Intermediate Care Provision

The CCG undertakes detailed analysis of both its information on both demand and capacity on a daily basis via data provided from providers. This includes attendance numbers at ED's, daily delayed discharges/transfers of care and Primary Care activity. More in depth analysis is completed for more specific pieces of work.

The CCG receives a daily pressures alert which is generated by Doncaster CCG which shows the latest demand and capacity to help inform the system of any pressures. This information is supported locally by data from the Care Home bed state, start capacity and also the intermediate care/rapid response bed state and available slots.

On a monthly basis data is analysed and presented to the Urgent Care Work Stream and A&E Delivery Board where longer term trends are reviewed to support longer term planning.

DBTHFT develop their A&E rota's and their bed plan based on analysis of demand at a daily level using historic data and if pressure is experienced beyond the expected pressure points the Trust escalation plan in evoked.

The CCG supports the participates in the NHSE exception reporting arrangements which includes weekdays, weekends and bank holidays.

Bank Holiday / Weekend planning
Whilst there is wider surge system planning for winter pressures it is important to acknowledge the increased demands that are often experienced over weekends and bank holidays, especially in the Christmas/New Year period. Usually there are fewer discharges during these periods and a lower level of senior clinical review within the Trust. Traditionally for many providers this is classed as Out of Hours, so reduced services are available.

To try and minimise the impact of Bank Holidays and Weekends, the following have been implemented:

- GP extended hours
- Trusted Assessor role
- Social Workers now working 7 days
- IDT presence at the hospital during Bank Holidays

Planning for cold weather
Bassetlaw CCG has a cold weather plan which is based on the national template. The CCG receives the weekly weather alerts and these are cascaded to local care homes and to GP practices if the alert level has increased. The CCG has also developed some information for the website to raise awareness with the public.

17. System Escalation

Whilst assurances have been received from partners about their capacity and demand, planning during winter and their ability to respond to surges in demand there remains the risk of exceptional circumstances occurring that go beyond the scope of any planning that require a response.

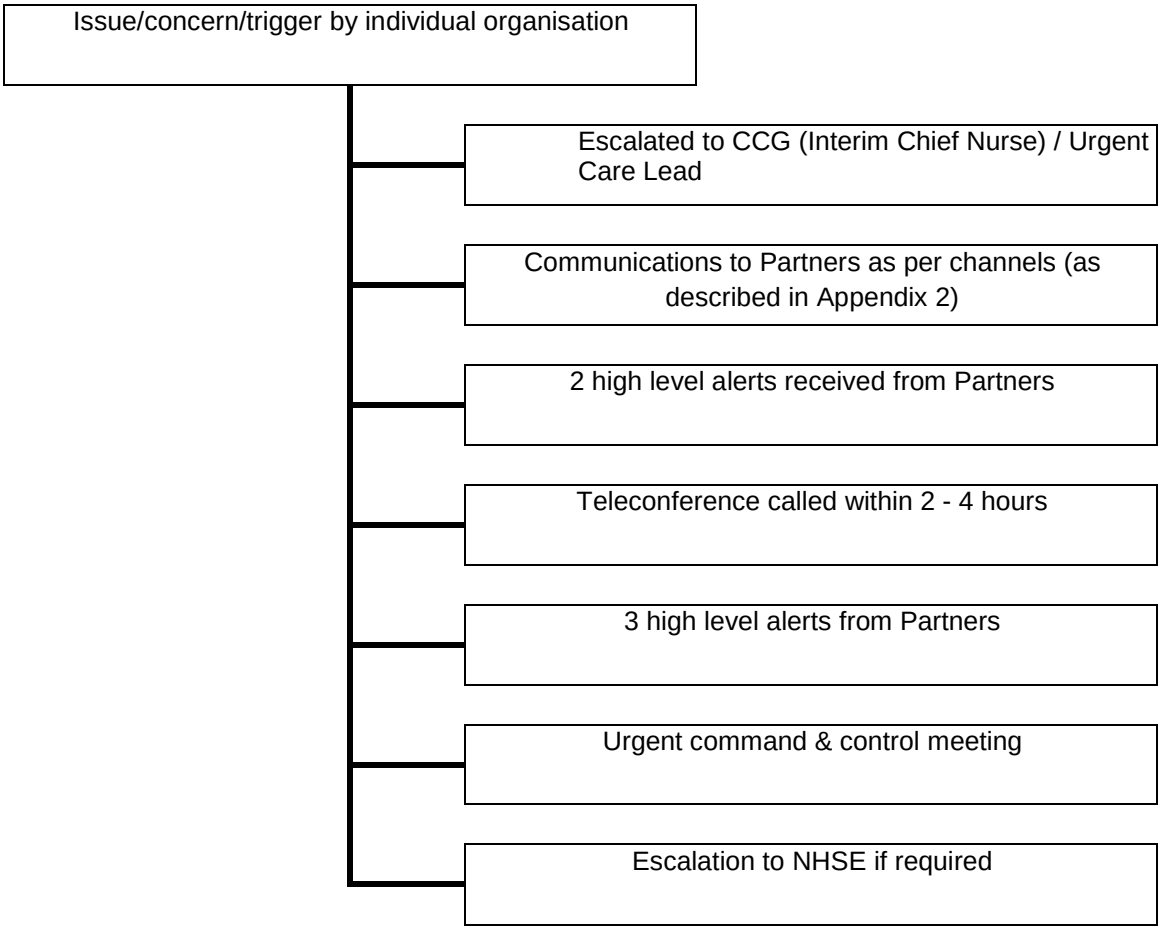
It is recognised that each organisation has their own systems and processes to escalate concerns about high service demands across their services and robust business continuity plans to support this.

Each organisation has individual internal escalation scales:

- EMAS use REAP which is a graduated format with triggers at each level. REAP 5 or 6 triggers a major incident.
- DBTH use a RAG process which is based on their available bed status and cancellation of electives. Black being the highest state of alert.
- Local partnerships use a combination of information relating to staff demand, availability of Intermediate Care / Rapid Response capacity.

The Bassetlaw system utilises the National Operational Escalation Level framework, referred to as OPEL. The providers have aligned their individual processes to the OPEL framework. The system is described in Appendix 1, 2 and 3.

Local Process for Managing Surge in Demand Across The Bassetlaw Health and Social Care Community



The Bassetlaw system continues to strive to have an awareness of the pressures being experienced at both Nottingham University and Sherwood Forest Hospitals as periods of surge in these hospitals has a direct effect on Bassetlaw. In addition some of our local providers work into these systems as well.

18. Finance and System funding

The CCG recurrently funds system resilience via its main contracts with providers in line with the relevant policy and planning guidance and contracts for a level of activity that takes winter into account as well as pressures throughout the year, which is on a PBR contract therefore we would pay for whatever activity is done in secondary care over winter.

The CCG invests the required amount into the Better Care Fund (BCF) and has benefited from the Improved Better Care Fund with Nottinghamshire County Council which has funded additional social care support locally. The BCF is being reviewed for value for money and outcomes as a work stream under the ACP. This supports winter by helping to improve flow and reduce DTOCs across health and social care.

Winter contingency has been incorporated into the block contract for non-elective activity. The Trust's Director of Finance has allocated a winter reserve within the Trust's budgets. In addition there has been extra investment into the interfacility transport which has been built into plans.

The Call for Care model received significant investment so that the model could be implemented pre-winter 2019.

Once partner's winter plans are completed, any other short term financial pressures will be identified and discussed in the Urgent Care Board and A&E Delivery Board.

19. Annual Learning Review

The Bassetlaw system will review their local systems and processes following the winter of 2019/20 to ensure areas for learning and service development are maximised for winter 2020.

Nicola Ryan
Interim Chief Nurse
NHS Bassetlaw CCG
August 2019

Appendix 1

Escalation Level	Acute Trust (s)	Community Care	Social Care	Primary Care	Other Issues
OPEL One	• Demand for services within normal parameters • There is capacity available for the expected emergency and elective demand. No staffing issues identified • No technological difficulties impacting on patient care • Use of specialist units/beds/wards have capacity • Good patient flow through ED and other access points. Pressure on maintaining ED 4 hour target • Infection control issues monitored and deemed within normal parameters	• Community capacity available across system. Patterns of service and acceptable levels of capacity are for local determination	• Social services able to facilitate placements, care packages and discharges from acute care and other hospital and community based settings	• Out of Hours (OOH) service demand within expected levels • GP attendances within expected levels with appointment availability sufficient to meet demand	•NHS 111 call volume within expected levels
OPEL Two	• Anticipated pressure in facilitating ambulance handovers within 60 minutes • Insufficient discharges to create capacity for the expected elective and emergency activity • Opening of escalation beds likely (in addition to those already in use) • Infection control issues emerging • Lower levels of staff available, but are sufficient to maintain services • Lack of beds across the Trust • ED patients with DTAs and no action plan • Capacity pressures on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO)	• Patients in community and / or acute settings waiting for community care capacity • Lack of medical cover for community beds • Infection control issues emerging • Lower levels of staff available, but are sufficient to maintain services	• Patients in community and / or acute settings waiting for social services capacity • Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) • Lower levels of staff available, but are sufficient to maintain services	• GP attendances higher than expected levels • OOH service demand is above expected levels • Some unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) • Lower levels of staff available, but are sufficient to maintain services	• Rising NHS 111 call volume above normal levels • Surveillance information suggests an increase in demand • Weather warnings suggest a significant increase in demand

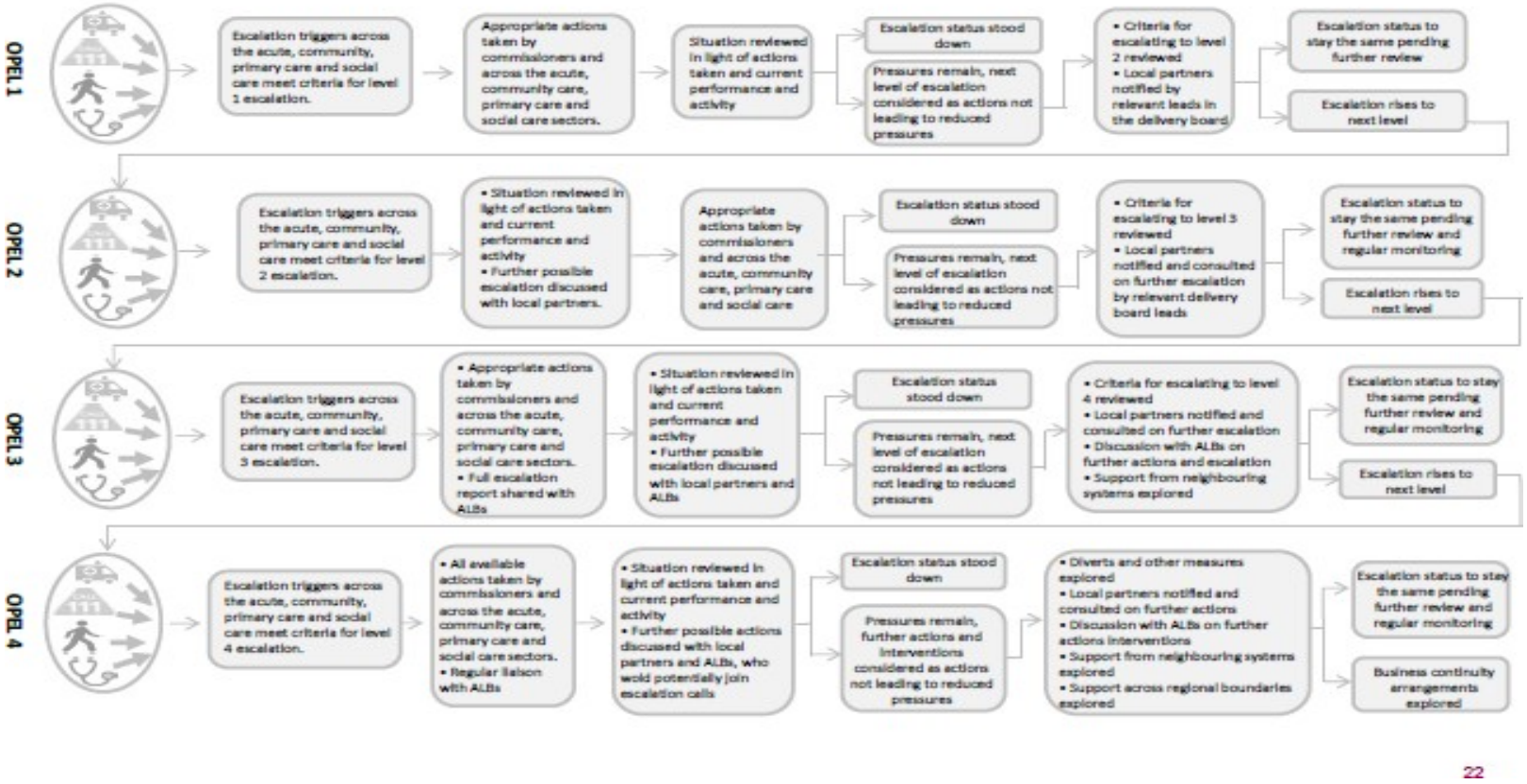
OPEL Three	• Actions at OPEL 2 failed to deliver capacity • Significant deterioration in performance against the ED 4 hour target (e.g. a drop of 10% or more in the space of 24 hours) • Patients awaiting handover from ambulance service within 60 minutes significantly compromised • Patient flow significantly compromised • Unable to meet transfer from Acute Hospitals within 48 hour timeframe • Awaiting equipment causing delays for a number of other patients • Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow • Serious capacity pressures escalation beds and on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO) • Problems reported with Support Services (IT, Transport, Facilities Pathology etc) that can't be rectified within 2 hours	• Community capacity full • Significant unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Social services unable to facilitate care packages, discharges etc • Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Pressure on OOH/GP services resulting in pressure on acute sector • Significant, unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Surveillance information suggests an significant increase in demand • NHS111 call volume significantly raised with normal or increased acuity of referrals • Weather conditions resulting in significant pressure on services • Infection control issues resulting in significant pressure on services
OPEL Four	• Actions at OPEL 3 failed to deliver capacity • No capacity across the Trust • Severe ambulance handover delays • Emergency care pathway significantly compromised • Unable to offload ambulances within 120 minutes • Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety • Severe capacity pressures on PICU, NICU, and other intensive care and specialist beds (possibly including ECMO) • Infectious illness, Norovirus, Severe weather, and other pressures in Acute Trusts (including A&E handover breaches)	• No capacity in community services • Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient safety	• Social services unable to facilitate care packages, discharges etc • Significant unexpected reduced staffing numbers to under 50% (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow	• Acute trust unable to admit GP referrals • Inability to see all OOH/GP urgent patients • Unexpected reduced staffing numbers (due to e.g. sickness, weather conditions) in areas where this causes increased pressure on patient flow is at a level that compromises service provision / patient	

	• Problems reported with Support Services (IT, Transport, Facilities Pathology etc) that can't be rectified within 4 hours			safety	

Appendix 2
OPEL escalation process

6.2 Annex – The escalation process

6.2.1 Local escalation processes

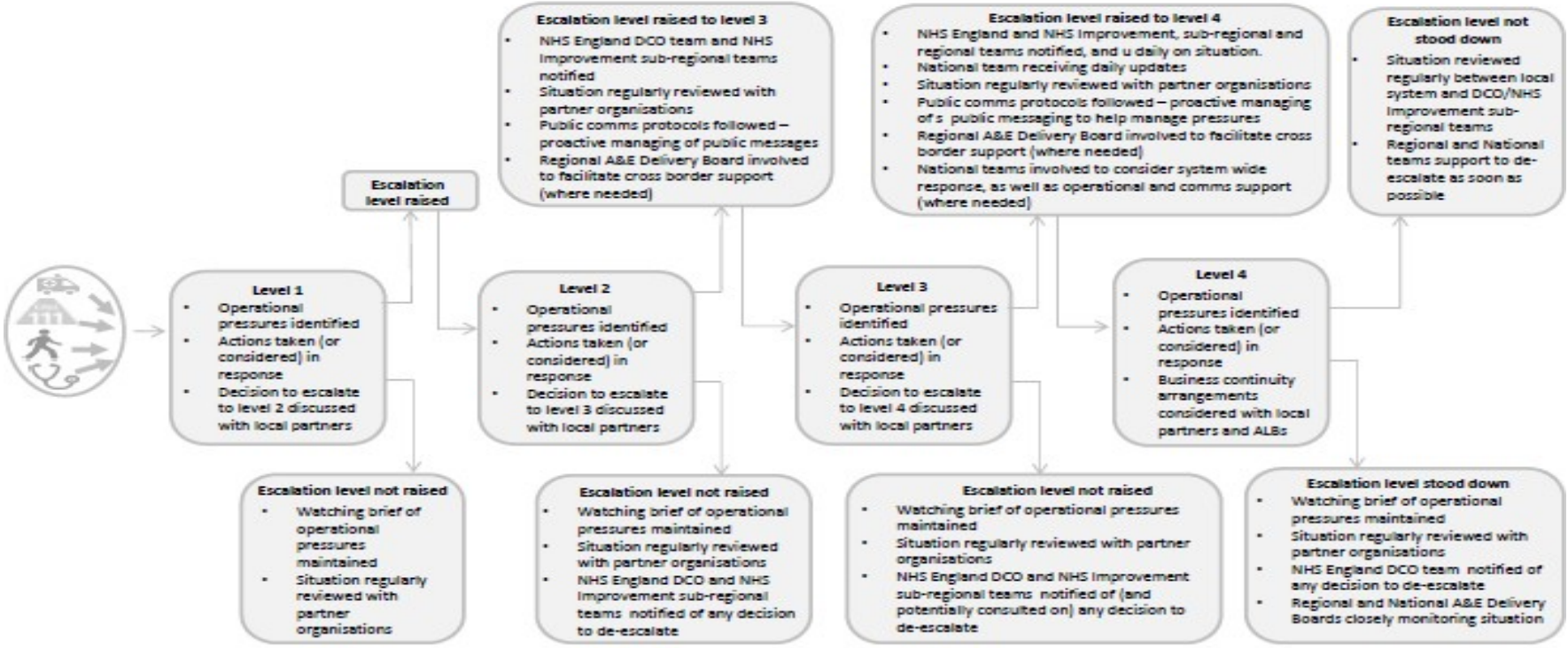


… continued

… continued: Appendix 2
OPEL escalation process

OFFICIAL

6.2.2 Escalation and protocols with local partners, NHS England and NHS Improvement



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Appendix 3

Actions taken at level 3 (MODERATE PRESSURE)

Illustration of minimum actions at level 3 which may be taken to mitigate pressure prior to (and with the intention of avoiding) further escalation:	
WHOLE SYSTEM	
1	Undertake information gathering and whole system monitoring as necessary to enable timely de-escalation or further escalation as appropriate to advise the local SRG and NHSE as required.
BASSETLAW CCG	
2	Expedite additional available capacity in primary care, out of hours, independent sector and community capacity
3	Initiate daily teleconference and dedicated health and social care economy coordination
4	Co-ordinate communication of escalation across the local health and social care economy
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	
5	A&E on-call Consultants to offer support to staff and to ensure that specialty patients in A&E are assessed rapidly
6	Implement a “See and Treat” pathway if not already in place routinely
7	Undertake additional ward rounds to maximise rapid discharge of patients
8	Pharmacy services to prioritise TTOs for appropriate areas and ensure that medications are delivered to the wards without delay
9	Clinicians to prioritise discharges and accept outliers from any ward as appropriate
10	Facilities, porters or transfer teams to prioritise cleaning and transfers
11	Implement measures in line with DBH Ambulance Service Handover Plan
12	Inform minors patients in A&E of pressures and potential delays and of alternative care pathways where appropriate
13	Ensure patient navigation in A&E is underway if not already in place
14	Identify and encourage utilisation of alternative care pathways for minors patients (e.g. OOH).
15	Arrange alternative forms of transport (private ambulance, taxi) to discharge patients.
16	Contact Arriva and appropriate ambulance service personnel to confirm that they are in liaison with their acute counterparts to prioritise discharges/transfers and minimise turnaround times for crews.
17	Notify Bassetlaw CCG on-call Director to ensure that appropriate operational actions are taken to relieve the pressure
18	Utilise staff from other areas of service and deploy to relieve key pressure points
19	Maximise use of nurse led wards and nurse led discharges
LOCAL PARTNERSHIPS (COMMUNITY SERVICES)	

20	Escalation information to be cascaded to all community providers with the intention of avoiding pressure wherever possible. Maximise use of re-ablement beds
21	Additional ward rounds within community providers to expedite discharge and create capacity
22	Community providers to lower admission/treatment thresholds wherever possible through implementation of previously agreed flexible working arrangements to alleviate pressure
23	Apply flexibility regarding beds and staffing to increase capacity where possible
24	Expedite rapid assessment by multidisciplinary team (MDT) including Social Services assessment
NOTTINGHAMSHIRE COUNTY COUNCIL	
25	Expedite care packages and nursing / care home placements Ensure all patients waiting within another service are provided with appropriate service
26	Where possible, increase support and/or communication to patients at home to prevent admission. Maximise use of re-ablement beds
PRIMARY CARE (BASSETLAW)	
27	Community matrons to support district nurses in supporting higher acuity patients in the community
28	In reach activity to A&E departments to be maximised
29	Alert GPs to escalation and request alternatives to A&E referral be made where feasible
NOTTINGHAMSHIRE HEALTH CARE TRUST (MENTAL HEALTH)	
30	Expedite rapid assessment for patients waiting within another service
31	Where possible, increase support and/or communication to patients at home to prevent admission
EAST MIDLANDS AMBULANCE SERVICE	
32	Utilise actions from REAP plan to create capacity where possible
ARRIVA TRANSPORT SOLUTIONS	
33	Ensure current Arriva capacity is fully utilised for patient discharge and transfer

Actions taken at Level 4 (SEVERE PRESSURE)

Illustration of minimum actions at level 4 which may be taken to mitigate pressure prior to (and with the intention of avoiding) further escalation:	
WHOLE SYSTEM	
1	All appropriate actions completed at level 3
2	Utilise actions from organisational major incident/significant incident plans to create capacity
3	Utilise actions from organisational business continuity plans to ensure continuity of service
BASSETLAW CCG	
4	Bassetlaw CCG to co-ordinate communication and co-ordinate escalation response across the whole system
5	Notify Bassetlaw CCG on-call Director who ensures appropriate operational actions are taken to relieve the pressure
6	Escalation information to be cascaded to all primary care providers with the intention of avoiding admissions wherever possible
7	Inform OOH providers of the current system-wide alert status and advise to recommend alternative care pathways
8	Cascade current system-wide alert status to GPs and to 111 service and advise to recommend alternative care pathways including independent providers
9	Consider utilising short term nursing care funding to facilitate discharges to own home
10	Ensure that liaison between and within Arriva is robust and functioning well
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	
11	A&E consultant to be present in A&E department 24/7
12	Contact on-take and A&E on-call Consultants to offer support to staff and to ensure emergency patients are assessed rapidly
13	Senior Physician to be present in A&E 24/7 to monitor medical admissions
14	Reschedule or put on hold relevant routine elective admissions. For example cancelling routine audiology day cases is unlikely to impact on system pressures. The Trust must remain mindful of the need to maintain planned care targets and take ongoing action as necessary to ensure that there is no slippage against these.
15	Enact process of cancelling day cases and staffing day beds overnight if appropriate.
16	Ensure reverse triage has been implemented to support rapid discharge
17	Open additional beds on specific wards, where staffing allows.
18	A&E to open an overflow area for emergency referrals, where staffing allows.
19	Review and reschedule plans for scheduled maintenance where work is likely to impact on capacity or patient flow

20	Consider extra staffing in A&E (GP, Emergency Care Practitioner / Advanced Nurse Practitioner and other hospital staff, such as ITU or CCU staff, paediatrics staff.)
21	Liaise with EMAS to ensure risk assessment and agreed clinical plan for any patients awaiting handover
22	Bring in extra staff to radiology, pathology, pharmacy, occupational therapy etc. If appropriate deploy staff from other areas of service to relieve key pressure points
23	Assign clinical staff to care for any ambulance patients waiting for space (in A&E, Assessment Units and other admission areas etc.)
24	Senior Clinicians to actively scrutinise all GP requests for admission
25	Alert Nottinghamshire County Council on-call managers to expedite care packages
26	Notify Bassetlaw CCG on-call Director so that appropriate operational actions as above can be taken to relieve the pressure.
27	Liaise with independent sector for the availability and use of private beds
COMMUNITY HEALTH PARTNERSHIPS	
28	All community care teams to review all patients awaiting assessments in order to expedite discharge or transfer – this to include in reach teams, deliberate self-harm, community hospitals
29	BHP to continue to undertake additional ward rounds and review admission and treatment thresholds to create capacity where possible
30	BHP to expand capacity wherever possible through additional staffing and services
31	BHP to consider the use of wider group of agencies to increase staffing capacity
32	Patients waiting at home for admission to be referred to Community Teams (by in reach nurses)
NOTTINGHAMSHIRE COUNTY COUNCIL	
33	Nottinghamshire County Council on-call Managers to expedite care packages
34	Nottinghamshire County Council to review all assessments in pipeline to expedite discharge

35	Increase domiciliary support to service users at home in order to prevent admission
PRIMARY CARE (BASSETLAW)	
36	OOH services to consider alternative care pathways
37	In hours GP services to access rapid access to diagnostics and secondary care clinical advise.
38	Review staffing level of GP OOH service
NOTTINGHAMSHIRE HEALTH CARE TRUST	
39	To review all discharges currently referred and assist within whole systems agreed actions to accelerate discharges from acute and non-acute facilities wherever possible
40	Increase support to service users at home in order to prevent admission
EAST MIDLANDS AMBULANCE SERVICE	

41	Utilise actions from REAP plan to create capacity where possible
ARRIVA TRANSPORT SOLUTIONS	
42	Ensure that capacity is fully utilised for patient discharge and transfer, and that liaison between different PTS providers and the Ambulance Service is functioning well

NHS ENGLAND	
43	Consider activation of Incident Response Plan and mobilisation of Incident Coordination Centre to bring together commissioners in order to: o Agree joint actions o Coordinate communications across NHS, partners and public o Monitor situation wider than single health economy

E1

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	EU Exit Preparations for 31st October 2019		
Report to	Board of Directors	Date	29th October 2019
Author	Neil Colton, Emergency Planning Officer Rebecca Joyce, Chief Operating Officer		
Purpose	To provide assurance to Board on the Trust's preparations for the UK leaving the EU with or without a withdrawal agreement on 31st October 2019, or at a date in the near future.		Tick one as approp riate
	Decision		
	Assurance		✓
	Information		✓

Executive summary containing key messages and issues
The United Kingdom (UK) has voted to leave the European Union (EU) and is scheduled to depart at 11pm UK time on Thursday 31st October, 2019. It is now looking likely the UK will leave with a deal, and that this date will be delayed. At the time of writing the length of that potential delay is unclear. The Dept of Health and Social Care has released instructions for NHS providers to undertake preparations and have provided EU Exit Operational guidance which sets out 11 specific areas that NHS Providers must consider during their contingency planning. Preparations and contingencies were put in place for the initial withdrawal dates 29th March and 12th April 2019 which have been reinstated. The Trust has established partnerships locally and regionally to ensure the Trust is better informed on developing issues and to identify concerns. The Trust identified just one area of high risk – supply of medicines. An assessment of the Trust's local controls for supply of medications, including its JAC ordering system, has ascertained a readiness to respond where possible to changing lead times and stock requirements. All NHS organisations have been ordered not to stockpile medicines locally as national steps are being taken to ensure the availability of supplies post 31st October 2019.

The above arrangements have been supplemented by Government contracts with haulage/ferry companies for increased capacity and the placing of contracts worth £25M with three providers UPS, DFDS and Biocair. It means that vital medicines and medical products can be transported from the location they are produced to the point they are needed within 24 to 48 hours, to meet any urgent needs that might arise.

Transportation links in Humberside and North Lincolnshire could be affected if there are delays at border crossings. Humberside Local Resilience Forum (LRF) has a plan, Operation Wellington which will use the M62 and M180 to 'stack' road freight waiting to cross at one of the five ports.

The Trust has engaged with South Yorkshire LRF and Doncaster EU Exit Group who has risk assessed the local impact as low, to ensure appropriate mitigation, the Trust has been engaging with colleagues across all Divisions and Departments to identify anyone who lives in the areas affected and could face travel disruption. Current strategies being employed are alternate travel routes – planning for longer travel times and where appropriate working from home.

Key questions posed by the report

Is the Board of Directors assured by the preparations being undertaken by the Trust?

Is there other information that the Board of Directors would wish to receive to assure itself?

How this report contributes to the delivery of the strategic objectives

By identifying issues that could interfere with the delivery of patient safety and treatment the Trust will be have in place mitigation and contingencies to reduce the impact of any disruption caused by a EU Exit on or after the 31st October 2019

Business continuity planning supports the Trust in its strategic objectives to:

- Provide the safest, most effective care possible;
- Develop responsibly, delivering the right services with the right staff.

How this report impacts on current risks or highlights new risks

The reports sets out the risks as identified both by national and regional planners and the proportionate contingencies being undertaken to ensure the Trust can continue to operate effectively.

Recommendation(s) and next steps

Recommendation

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

Further Actions

- The Senior Responsible Person and Emergency Planning Officer will continue to liaise with local and regional partners to ensure the Trust is fully informed on developing risks, impacts and necessary contingencies in order to provide the appropriate level of mitigation to protect patients, staff and the Trust.

- Should the UK withdraw from the EU the Trust will instigate proportional command and control arrangements from 11pm on 31st October 2019 to manage any impacts arising.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Board of Directors

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE TRUST EU EXIT PREPAREDNESS

29th October 2019

Rebecca Joyce – Chief Operating Officer and Senior Responsible Officer (SRO) for EU Exit

1. EU Exit - National Preparations for Health

Leaving the European Union

The United Kingdom (UK) has voted to leave the European Union (EU) and is scheduled to depart at 11pm UK time on Thursday 31st October, 2019. It is now looking likely the UK will leave with a deal, and that this date will be delayed. At the time of writing the length of that potential delay is unclear.

Department of Health and Social Care – Initial Guidance

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

In the build up to March 2019 preparations were made and contingency plans put in place to mitigate a 'No Deal' Brexit.

Now drawing closer to 31st October 2019, preparations have been accelerated to ensure that these plans are in place for a scenario where they need to be relied upon. However, it is now looking likely the UK will leave with a deal and that a delay from the October date will occur.

Department of Health and Social Care – EU Exit Operational Guidance

On 21 December 2018 the Trust received EU Exit Operational Guidance from the DHSC.

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

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

The Trust was specifically requested to:

- Identify a Senior Responsible Officer for EU Exit Preparations
- Set up a unique email inbox for EU Exit
- Undertake a risk assessment on the risk area themes

- Ensure that business continuity plans for areas identified as high risk are in place

Trust Compliance with Operational Guidance

The Trust confirmed that it had taken these actions, and provided copies of relevant information, to Doncaster Clinical Care Commissioning Group (CCG) on 31 January 2019. Further assurance was given on 18th October 2019.

2. National Reporting Structure

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

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

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

NHS England & NHS Improvement reporting arrangements through EU Exit Data Collection portal with a test event on 17th October and 18th October 2019 and daily reports are now being submitted (effective from 21st October 2019). The information set contains 78 data fields covering the following areas:

- General SitRep on Essential Patient Services
- Workforce
- Clinical Trials
- Data Sharing, Processing and Access
- Supply of Medicines & Pharmacy
- Supply of Medical Devices & Clinical Consumables
- Supply of Non-Clinical Consumables, Goods and Services
- Supply of Blood Products, Transplant Organs and Tissues
- Estates & Facilities
- Reciprocal Healthcare

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

3. EU Exit - DBTH Preparations

Structure

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

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

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

Leads

Leads have:

- Identified the impact of the risks to the Trust associated with the UK leaving the EU
- Developed plans to mitigate and reduce identified risks
- Updated local business continuity plans as appropriate
- Updated or add risks to the Trust's risk register as appropriate

Working with Partners

Leads are working in partnership with professional colleagues at other organisations to ensure that issues affecting all NHS organisations are considered and to ensure that efforts are not duplicated.

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

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

The Emergency Planning Officer attends the Doncaster EU Exit Group consisting of Police, Council, Prison Service, Public Health, and Council officers.

4. Risks, Mitigation and Assurance

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

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

An assessment of the Trust's local controls, including its JAC ordering system, has ascertained a readiness to respond where possible to changing lead times and stock requirements.

All NHS organisations have been ordered not to stockpile medicines locally as national steps are being taken to ensure the availability of supplies post 31st October 2019.

This has been supplemented by contracts with haulage/ferry companies for increased capacity and the placing of contracts worth in total £25M with three providers UPS, DFDS

and Biocair. The intension is that vital medicines and medical products can be transported from the location they are produced to the point they are needed within 24 to 48 hours, to meet any urgent needs that might arise.

The service provides access to specialised express logistics networks that can move the wide range of medicines, devices and products required for the delivery of safe, high-quality care for patients across the UK.

Where shortages are identified the Government has put in place a specialist unit the National Supply Disruption Response (NSDR). If the Trust experiences disruption to supplies or feel there is potential for disruption to healthcare services and usual procedures can't resolve the matter, the Trust will be able to report it to the NSDR.

NSDR has been set up to support the management of supply disruption. Contact details will be shared with suppliers and appropriate NHS and adult social care contacts before the UK leaves the EU.

Transportation links in Humberside and North Lincolnshire could be affected if there are delays at border crossings. Humberside Local Resilience Forum (LRF) has a plan, Operation Wellington to ease associated disruption and delays. Health providers are working closely across the region to ensure joined up planning.

The Trust has engaged with South Yorkshire LRF and Doncaster EU Exit Group who has risk assessed the local impact as low, to ensure appropriate mitigation, the Trust has been engaging with colleagues across all Divisions and Departments to identify anyone who lives in the areas affected and could face travel disruption. Current strategies being employed are alternate travel routes – planning for longer travel times and where appropriate working from home.

To mitigate the possible impact of Wellington the Trust has engaged across Divisions and Departments to identify colleagues who could be adversely affected, currently there are 26 colleagues who could be directly affected. Strategies that will be applied include encouraging colleagues to allow more travel time, the use of alternate routes and where appropriate working from home.

The Trust does have accommodation at Doncaster Royal Infirmary, Bassetlaw and Mexborough Montagu hospitals, this accommodation could be made available if required.

The Trust has at the last ESR 'cut off' 94 (84.51 FTE) EU citizens are employed by the Trust. The Trust has highlighted the Settled Status Programme to these colleagues through the Trust weekly newsletter Buzz, with further publicity over the next year up to the December 2020 deadline. Government has recently announced a £9M advertising campaign to encourage applications from EU citizens.

Both locally and at national level concerns have been raised regarding Adult/Children's Social Care preparedness with Doncaster EU Exit Group assessing as 'Impact Expected' but

not significant. The major areas of concern are around staffing especially in the lead up to Christmas where the system is vulnerable to high staff turnover; this could be compounded by the possibility of EU citizens leaving the UK.

There are 77 providers of Adult Social Care services across Doncaster, 47 have been assessed as having adequate plans in place further impact assessments are being undertaken of the remaining 30 providers, with additional help being offered to those providers with inadequate plans in place to ensure better preparedness.

'On Call' rota arrangements have been highlighted as an area Trust's need to ensure are robust, the concern raised arises around weekend periods and the possibility that those rostered 'On Call' could be exposed to long periods in the Incident Control Room and fatigue could adversely affect decision making, also there could be an unrelated major incident or business continuity event requiring dedicated leadership. The Trust is currently establishing a second senior manager 'on call' rota which will be in place for weekends at the date of EU Exit and the weeks following it.

The Procurement team has undertaken an assurance exercise ensuring the Trust's suppliers are prepared, more detailed assurance has been received from major suppliers including Sodexo (catering), Steris (medical equipment sterilisation) and Synergy (linen).

5. DBTH Business Continuity Plans

NHS England provided scenarios which Trusts used to test internal business continuity plans prior to an NHS England local event which took place on 11 February 2019.

Trust staff attended the NHS England North East EU Exit workshop on the 5th September 2019 and were involved in the regional exercise.

A Governance structure has been established, with the Chief Operating Officer chairing the meetings which will take place through October and November with representatives from key Divisions and Departments attending.

The Trust is participating in national webinars with one planned w/c 28/10/2019.

6. Recommendation

The Board of Directors is requested to note the update.

E2

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	Annual Statement of Compliance – EPRR Core Standards 2019-20		
Report to	Board of Directors	Date	29th October 2019
Author	Neil Colton, Emergency Planning Officer Rebecca Joyce, Chief Operating Officer		
Purpose			Tick one as appropriate
	Decision		
	Assurance		✓
	Information		✓

Executive summary containing key messages and issues
As part of NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show that they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients. NHS England has an annual statutory requirement to formally assure its own, and the NHS in England's, EPRR readiness. To do this NHS England asks providers of NHS funded care to complete an annual assurance process. The first step in this process is organisational self-assessment. The Accountable Emergency Officer is required to declare, on behalf of the Trust, the overall level of compliance against NHS England's Evaluation and Testing Conclusion. The Accountable Emergency Officer has declared that five of the Core Standards are amber. This assessment has been supported by DBTH Management Board (agreed on 14th October). **The declaration is of substantial compliance against the 2019-20 Core Standards.**
Key questions posed by the report
Will the attached action plan appendix 'B' deliver the improvements to the five partially compliant areas so the Trust can declare 'full compliance' in 2020?
How this report contributes to the delivery of the strategic objectives

Achieve and maintain CQC outstanding by ensuring the Trust can respond to significant events in an appropriate and safe manner.

How this report impacts on current risks or highlights new risks

Each year a 'deep dive' is conducted to gain additional assurance into a specific area. The 'deep dive' area of focus for 2019-20 is on severe weather and climate adaptation.

The Trust has assessed itself as fully compliant in 15 areas with 3 partially compliant and 1 non-compliant

Greater focus is now placed on the impacts of climate change and the resultant extreme weather events – these risks will be part of future considerations regarding hospital environments.

Recommendation(s) and next steps

- Trust Board is requested to note the self-assessment process undertaken for 2019-20.
- Trust Board is requested to approve the statement of compliance at Appendix A for submission to NHS England (Yorkshire and the Humber).
- Trust Board is requested to approve the Improvement Plan at Appendix B for submission to NHS England (Yorkshire and the Humber).

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Trust Board

ANNUAL STATEMENT OF COMPLIANCE

AGAINST

NHS ENGLAND CORE STANDARDS FOR EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE

2019-20

Rebecca Joyce,
Chief Operating Officer (COO) and Accountable Emergency Officer (AEO)
29th October 2019

1. Introduction

As part of NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show that they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

NHS England has an annual statutory requirement to formally assure its own, and the NHS in England's, EPRR readiness. To do this NHS England asks providers of NHS funded care to complete an annual assurance process. The first step in this process is organisational self-assessment.

The NHS England Core Standards for (EPRR) are the minimum requirements commissioners and providers of NHS funded services must meet. The number of standards for organisations is dependent on function and statutory requirements. For acute Trusts the number of Core Standards for 2019-20 is 64.

Declaration is via a self-assessment of fully compliant, partially compliant or not compliant against each Core Standard. An overall assurance rating is then assigned to the organisation on the percentage of Core Standards for EPRR which the organisation has assessed itself as being 'substantially compliant' with (see section 3 below).

Each year a 'deep dive' is conducted to gain additional assurance into a specific area. The 'deep dive' area of focus for 2019-20 is on severe weather and climate adaptation, this is in response to a request from the Government's Environmental Audit Committee which has responsibility for assessing adaptation to climate related issues. The self-assessment against the deep dive standards does not contribute to the organisation's overall EPRR assurance rating and is reported separately to NHS England.

2. Statutes and Guidance Underpinning EPRR

The Civil Contingencies Act (CCA) 2004 places statutory duties on Category 1 Responders, and the Core Standards assess the Trust's preparedness and response capabilities to those duties and also to other statutory and regulatory requirements.

The key requirements for compliance are with:

- Civil Contingencies Act 2004;
- NHS Act 2006 (as amended by Health and Social Care Act 2012);
- NHS England Emergency Preparedness Framework 2015;
- National Standard Contract SC30;

- NHS Improvement;
- Care Quality Commission.

3. Self-Assessment Process – Compliance and Assurance Ratings

Organisations rate their compliance for each standard as:

Compliance Level	Definition
Fully compliant	Fully compliant with the Core Standard.
Partially compliant	Not compliant with the Core Standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.
Not compliant	Not compliant with the Core Standard. In line with the organisation's EPRR work programme, compliance will not be reached in the next 12 months.

An overall assurance rating is assigned to the organisation on the percentage of Core Standards for EPRR which the organisation has assessed itself as being 'fully compliant' with.

The possible overall assurance ratings are:

Compliance Level	Evaluation and Testing Conclusion
Fully	The organisation is 100% complaint with all standards it is expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation is compliant with 76% or less of the Core Standards the organisation is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

4. Performance Against the Core Standards for 2019-20

The 64 Core Standards applicable to Acute Trusts are based on the duties of Category One Responders under the Civil Contingencies Act (CCA) 2004. They are split into ten domains (seen in the table below).

Performance Statement on Core Standards

Domain	No of Standards	Fully Compliant	Partially Compliant	Not Compliant
Governance	6	6	0	0
Duty to Assess Risk	2	2	0	0
Duty to Maintain Plans	14	13	1	0
Command and Control	2	2	0	0
Training and Exercising	3	3	0	0
Response	7	6	1	0
Warning and Informing	3	3	0	0
Co-operation	4	4	0	0
Business Continuity	9	6	3	0
CBRNe	14	14	0	0
Total	64	59	5	0

The working paper (excel spreadsheet) provided for the self-assessment which includes the detailed requirements and examples can be seen at appendix D.

The Trust is fully compliant with 60 (92%) of the Core Standards.

There are five standards which have been assessed as amber.

The details relating to non-compliance and actions for improvement are included on the working paper and in the Improvement Plan at appendix B (page 9) for the Board's attention.

5. Performance Against the Deep Dive Standards for 2019-20

Each year a 'deep dive' is conducted to gain additional assurance into a specific area. The 'deep dive' area of focus for 2019-20 is on severe weather and climate adaptation. The self-assessment against the 19 deep dive standards does not contribute to the organisation's overall EPRR assurance rating and is reported separately to NHS England.

Performance Statement on Command and Control Standards

The Trust has assessed itself as fully compliant in 15 areas with 3 partially compliant and 1 non-compliant

6. Actions and Progress from the 2018-19 Assessment

Appendix C shows that actions arising from the 2018-19 core standards assessment.

7. Declaration of Compliance

The Accountable Emergency Officer is required to declare, on behalf of the Trust, the overall level of compliance against NHS England's Evaluation and Testing Conclusion (Appendix A).

The Accountable Emergency Officer has declared that five of the Core Standards are amber.

The declaration is of substantial compliance against the 2019-20 Core Standards.

An Improvement Plan (Appendix B) has been developed to address the outstanding issues.

8. Recommendations

- **The Board is requested to note the self-assessment process undertaken for 2019-20.**
- **The Board is requested to approve the statement of compliance at Appendix A for submission to NHS England (Yorkshire and the Humber).**
- **The Board is requested to approve the Improvement Plan at Appendix B for submission to NHS England (Yorkshire and the Humber).**

Rebecca Joyce, Chief Operating Officer and Accountable Emergency Officer

APPENDIX A

Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2019-2020

STATEMENT OF COMPLIANCE

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0.

Where areas require further action, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

_____

Signed by the organisation's Accountable Emergency Officer

30/10/2019

Date signed

29/10/2019	29/10/2019	TBC (2019)
Date of Board/governing body meeting	Date presented at Public Board	Date published in organisations Annual Report

APPENDIX B

Yorkshire and the Humber EPRR Core Standards Improvement Plan 2019-20

Organisation: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

ACTIONS ARISING FROM 2019-2020 ASSURANCE PROCESS (CORE STANDARDS)

Core standard reference	Core standard description	Improvement required to achieve compliance	Actions to deliver improvement	Lead	Target date
20	Duty to Maintain Plans In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate whole buildings or sites, working in conjunction with other site users where necessary.	Overarching Evacuation and Shelter Policy requires completing	• Complete Policy • Collaborate with local partners regarding short-term rest centres using Doncaster Councils existing rest centres	Emergency Planning Officer	31st December 2019
31	Response Version controlled hard copies of all response arrangements are available to staff at all times. Staff should be aware of where they are stored; they should be easily accessible.	Update action cards (current work in progress).	• Complete action card audit. • Update action cards for all areas as required. • Check access and rights to shared drives.	Emergency Planning Officer	31 December 2019
49	Business Continuity The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Update business continuity processes and plans throughout the organisation (current work in progress, also accounting for any changes required by reorganisation).	• Finalise contract for Business Continuity consultant • Finalise the update of the processes for business impact analysis (BIA). • Provide training on the BIA process. • Facilitate workshops with divisions and departments to update BIAs.	Emergency Planning Officer	31st July 2020

51	<u>Business Continuity</u> The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure These plans will be updated regularly (at a minimum annually), or following organisational change.	Update business continuity processes and plans throughout the organisation (current work in progress, also accounting for any changes required by reorganisation).	• Complete business continuity plan audit. • Finalise the update of the processes for business continuity plans (BCPs). • Provide training on BCP processes. • Facilitate workshops with divisions and departments to update BCPs. Undertake exercises to test BCPs - locally and Trust wide. • Check access and rights to shared drive.	Emergency Planning Officer	31st July 2020
55	<u>Business Continuity</u> The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers arrangements work with their own.	Update business continuity processes and plans throughout the organisation (current work in progress, also accounting for any changes required by reorganisation).	• Ensure that BCMs include information on supplier arrangements where these are highlighted as critical in the BIAs.	Emergency Planning Officer	31st July 2020

APPENDIX C

Yorkshire and the Humber EPRR Core Standards Improvement Plan 2019-20

Organisation: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

ACTIONS AND PROGRESS FROM 2018-2019

Actions arising from the 2017/18 self-assessment have been completed to deadline with in-year progress updates provided to the Trust's Business Continuity Steering Group (BRSG).

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Target Date	Update on progress since last year
31	Response Version controlled, hard copies of all response arrangements are available to staff at all times. Staff should be aware of where they are stored; they should be easily accessible.	Update action cards (current work in progress).	• Complete action card audit. • Update action cards for all areas as required. • Check access and rights to shared drives.	31 December 2018	Access rights to shared drives confirmed and updated - Action Card audit not yet complete.
49	Business Continuity The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Update business continuity processes and plans throughout the organisation (current work in progress, also accounting for any changes required by reorganisation).	• Finalise the update of the processes for business impact analysis (BIA). • Provide training on the BIA process. • Facilitate workshops with divisions and departments to update BIAs.	31 March 2019	This action has been significantly delayed due to the substantial demand created by EU Exit preparations and transfer of Emergency Planning Support Officer to Fire Advisor on secondment, which reduced capacity by 22.5hrs/week.

51	Business Continuity The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure These plans will be updated regularly (at a minimum annually), or following organisational change.	Update business continuity processes and plans throughout the organisation (current work in progress, also accounting for any changes required by reorganisation).	• Complete business continuity plan audit. • Finalise the update of the processes for business continuity plans (BCPs). • Provide training on BCP processes. • Facilitate workshops with divisions and departments to update BCPs. Undertake exercises to test BCPs - locally and Trust wide.	30 June 2019	This action has been significantly delayed due to the substantial demand created by EU Exit preparations and transfer of Emergency Planning Support Officer to Fire Advisor on secondment, which reduced capacity by 22.5hrs/week.
55	Business Continuity The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers arrangements work with their own.	Update business continuity processes and plans throughout the organisation (current work in progress, also accounting for any changes required by reorganisation).	• Ensure that BCMs include information on supplier arrangements where these are highlighted as critical in the BIAs.	30 June 2019	All major suppliers have business continuity plans with the process of verifying level of preparedness during tender process. Further work required to identify all smaller suppliers against risk level.

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NHS

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	Financial Performance – Month 6 – September 2019		
Report to	Trust Board	Date	29th October 2019
Author	Alex Crickmar – Deputy Director of Finance Jon Sargeant - Director of Finance		
Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		X

Executive summary containing key messages and issues
The Trust's deficit (before PSF, FRF and MRET) for month 6 (September 2019) was £2,349k which is a favourable variance against plan of £70k in month (£1,295k deficit including PSF, FRF and MRET which is £70k favourable against plan). The cumulative position to the end of month 6 is a £13,368k deficit (before PSF FRF and MRET), which is £1k favourable to plan (£7,704k deficit including PSF, FRF and MRET which is £1k favourable against plan). In September 2019, CIP savings of £829k are reported, against a plan of £802k, an over achievement of £27k in month. Year to date the Trust has delivered £4.1m versus plan of £3.9m an over-delivery of £200k. In month the forecast year end position of the Trust has been updated. This indicates that the most likely scenario currently shows a £6m gap to achievement of the control total (excluding any impact of lost PSF/FRF), recovery plans for this gap will need to be produced. There continues to be significant risks to delivery of the Trust's financial control total which will be discussed in the meeting, including: • The implementation of CCG commissioning rules for procedures of limited clinical value (part of CCG QIPP plans), which if we the Trust does not comply properly with are none chargeable. The Trust has received letters from DCCG and BCCG which claim that £4.7m of income (up to Month 4/5) is potentially un-chargeable and are wanting to withhold payment until audits are conducted in November/ December. • CIPs - there is currently thought to be a £2.4m risk to delivery of the £13.2m CIP target. The delivery of CIPs over the next few months will be a key indication of delivery of plans, since the plan is phased to

increase significantly over the coming months. In addition to the £2.4m gap, the delivery of bed savings from the Nerve Centre project (EPR) are not being delivered.

- Modelling of required activity to deliver 92% RTT performance has been completed. Delivery of these plans by Divisions is key to delivering the Trust's income position.
- A number of business cases of significant value have been agreed which increases the Trust underlying deficit position and also puts pressure on the in year financial position. This includes £2m for A&E with, c. £500k pressure expected to be incurred in 19/20.
- Divisions have developed their winter plans for 19/20 which come to a cost of c.£0.5m versus the budget of £0.3m agreed at budget setting. This will need to be closely monitored to ensure spend is kept within agreed plans.
- The Trust's financial plan assumed that the outpatient cap penalties will not be incurred in the financial year as part of implementing the joint work undertaken with the CCG reviewing pathways. This is a risk of c£1.5m to the position. There is significant risk against all the outpatient schemes at the current time.
- Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m) in 2018/19 is still required.
- There could potentially be cost pressures associated with the outcome of the CQC visit and also the impact of Brexit. The value and impact of this though is uncertain at this point in the financial year.

Key questions posed by the report

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

How this report contributes to the delivery of the strategic objectives

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

- F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications
- F&P 3 - Failure to deliver Cost Improvement Plans in this financial year
- F&P 19 - Failure to achieve income targets arising from issues with activity
- F&P 13 - Inability to meet Trust's needs for capital investment
- F&P – 14 - Reduction in hospital activity and subsequent income due to increase in community provision
- F&P 16 - Uncertainty over ICS financial regime including single financial control total

How this report impacts on current risks or highlights new risks

Update on risk relating to delivery of 2019/20 financial plan.

Recommendation(s) and next steps

The Board is asked to note:

- The Trust's deficit (before PSF, FRF and MRET) for month 6 (September 2019) was £2,349k which is a favourable variance against plan of £70k (£1,295k deficit including PSF, FRF and MRET which is £70k favourable against plan). The cumulative position to the end of month 6 is a £13,368k deficit (before PSF FRF and MRET), which is £1k favourable to plan (£7,704k deficit including PSF, FRF and MRET which is £1k favourable against plan).
- The achievement with regards to the Cost Improvement Programme.
- The forecast financial position and the risks set out in this paper.
- The Executive need to produce a recovery plan to deliver the control total.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

FINANCIAL PERFORMANCE

P6 September 2019

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

P6 September 2019

1. Income and Expenditure vs. Plan

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
I&E Perf Exc Impairments	1,309	(72) F	7,790	(11) F	15,491
Income	(32,425)	(332) F	(195,526)	(2,241) F	(411,669)
Donated Asset Income	(14)	2 A	(86)	10 A	(195)
Operating Expenditure	33,737	299 A	202,659	2,576 A	407,492
Pay	23,198	(484) F	136,879	(1,111) F	273,143
Non Pay & Reserves	10,539	783 A	65,780	3,686 A	134,349
Financing costs	1,051	(40) F	6,321	(346) F	4,177
I&E Performance excluding PSF	**2,349**	**(70) F**	**13,368**	**(1) F**	**15,296**
PSF / FRF / MRET	**(1,054)**	0	**(5,664)**	0	(15,296)
I&E Performance including PSF	**1,295**	**(70) F**	**7,704**	**(1) F**	**0**

F = Favourable A = Adverse

Financial Sustainability Risk Rating	**Plan**	**Actual**
Risk Rating	3	3

2. CIPs

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
Employee Expenses	538	(47) F	1,555	210 A	7370
Drugs	107	(57) F	794	(493) F	861
Clinical Supplies	(37)	63 A	(31)	127 A	347
Non Clinical Supplies	0	0 A	0	0 A	0
Non Pay Operating Expenses	132	32 A	1,152	122 A	3685
Income	89	(18) F	434	(166) F	937
Total	**829**	**(27) F**	3,903	**(200) F**	**13,200**

3. Statement of Financial Position

All figures £m	Opening Balance	Closing balance	Movement in year
Non Current Assets	**206,773**	**206,785**	**12**
Current Assets	56,797	57,992	**1,195**
Current Liabilities	-57,515	-62,035	**-4,520**
Non Current liabilities	-82,091	-81,650	**441**
Total Assets Employed	**123,964**	**121,092**	**-2,872**
Total Tax Payers Equity	**-123,964**	**-121,092**	**2,872**

4. Other

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000
Cash Balance	1,900	33,050	1,900	33,050	1,900
Capital Expenditure	1,550	659	5,107	3,377	22,768

5. Workforce

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

Key

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

1. Month 6 Financial Position

The Trust's deficit (before PSF, FRF and MRET) for month 6 (September 2019) was £2,349k which is a favourable variance against plan of £70k in month (£1,295k deficit including PSF, FRF and MRET which is £70k favourable against plan). The cumulative position to the end of month 6 is a £13,368k deficit (before PSF FRF and MRET), which is £1k favourable to plan (£7,704k deficit including PSF, FRF and MRET which is £1k favourable against plan).

The month 6 income position is £332k favourable to plan and £2,241k favourable to plan YTD. The underlying over performance relates to commissioner income, which in month is £59k favourable to plan when excluding the impact of non-PbR drugs.

The main reason for the clinical income variance against plan in month is due to;

- An over performance in elective income of £262k offset by underperformance in day cases of £161k.
- Outpatients were £476k adverse to plan (including outpatient cap adjustment) and non-PbR Drugs were favourable to plan by (£73k) in month.
- Emergency income was £162k adverse to plan whilst A&E slightly over-performed against plan by £4k in month. The blended tariff adjustment provided a net favourable impact of £356k and therefore the underlying emergency position in month was £518k adverse to plan. Emergency income (excluding blended tariff adjustment) remains behind plan year to date (by £445k).

Non NHS Clinical Income and Other Income is (£201k) ahead of plan in month 6 and (£874k) YTD. The over-achievement in month is related to over achievements against plan in education and recharges (which is offset with expenditure).

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance	
Commissioner Income	-337,181	-27,112	-27,170	-59	F	-164,034	-164,731	-697	F
Drugs	-19,606	-1,666	-1,739	-73	F	-9,707	-10,376	-669	F
PSF, FRF and MRET	-15,296	-1,054	-1,054	0	F	-5,664	-5,664	0	F
Trading Income	-39,247	-3,316	-3,517	-201	F	-19,544	-20,419	-874	F
Grand Total	**-411,330**	**-33,147**	**-33,479**	**-332**	**F**	**-198,949**	**-201,190**	**-2,241**	**F**

Note : The income figure excludes £744k relating to 18/19 post accounts allocation of PSF

The in-month expenditure position was £299k adverse to plan, of which pay was £484k favourable to plan, non-pay £12k adverse to plan and reserves £771k adverse to plan. The YTD expenditure position at the end of Month 6 is £2.6m adverse to plan (with pay £1.1m favourable to plan and non-pay £3.7m adverse to plan). Within non-pay, non-PbR drugs are higher than planned levels (c. £0.9m which is offset by over performance on income), along with clinical supplies (£0.4m), drugs (£0.7m) and other non-pay (£1.7m) also being overspent.

Expenditure type	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance		Annual Budget
Pay	23,682	23,198	-484	F	137,990	136,879	-1,111	F	272,498
Non-Pay	10,748	10,760	12	A	59,147	62,856	3,709	A	113,267
Reserves	-992	-222	771	A	2,946	2,924	-22	F	13,168
Total Expenditure Position	33,438	33,737	299	A	200,083	202,659	2,576	A	398,933

Capital expenditure is £1.7m behind plan YTD with spend of £3.4m against the YTD plan of £5.1m. The in-month capital spend for month 6 was £0.7m against an in-month plan of £1.6m, an underspend in-month of £0.9m. The main area of underspend is on Estates schemes.

The cash balance at the end of September was £33.0m (August: £30.5m) against a plan of £1.9m. The over performance against plan is mainly as a result of the favourable performance in 18/19, including the achievement of Q4 PSF and 18/19 PSF bonus, both of which were received in July. The in-month increase in cash is as a result of timing of invoices and payments and is expected to be reversed in October.

In September 2019, CIP savings of £829k are reported, against a plan of £802k, an over achievement of £27k in month. Year to date the Trust has delivered £4.1m versus plan of £3.9m an over-delivery of £200k.

In month the forecast year end position of the Trust has been updated. This indicates that the most likely scenario currently shows a £6m gap to achievement of the control total (excluding any impact of lost PSF/FRF), recovery plans for this gap will need to be produced. There continues to be significant risks to delivery of the Trust's financial control total which will be discussed in the meeting, including:

- The implementation of CCG commissioning rules for procedures of limited clinical value (part of CCG QIPP plans), which if we the Trust does not comply properly with are none chargeable. The Trust has received letters from DCCG and BCCG which claim that £4.7m of income (up to Month 4/5) is potentially un-chargeable and are wanting to withhold payment until audits are conducted in November/December.
- CIPs - there is currently thought to be a £2.4m risk to delivery of the £13.2m CIP target. The delivery of CIPs over the next few months will be a key indication of delivery of plans, since the plan is phased to increase significantly over the coming months. In addition to the £2.4m gap, the delivery of bed savings from the Nerve Centre project (EPR) is currently considered at risk (£0.5m).
- Modelling of required activity to deliver 92% RTT performance has been completed. Delivery of these plans by Divisions is key to delivering the Trust's income position.
- A number of business cases of significant value have been agreed which increases the Trust underlying deficit position and also puts pressure on the in year financial position. This includes £2m for A&E with, c. £500k pressure expected to be incurred in 19/20.
- Divisions have developed their winter plans for 19/20 which come to a cost of c.£0.5m versus the budget of £0.3m agreed at budget setting. This will need to be closely monitored to ensure spend is kept within agreed plans.
- The Trust's financial plan assumed that the outpatient cap penalties will not be incurred in the financial year as part of implementing the joint work undertaken with the CCG reviewing pathways. This is a risk of c£1.5m to the position.
- Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m) in 2018/19 is still required.
- There could potentially be cost pressures associated with the outcome of the CQC visit and also the impact of Brexit. The value and impact of this though is uncertain at this point in the financial year.

2. Recommendations

The Trust Board is asked to note:

- The Trust's deficit (before PSF, FRF and MRET) for month 6 (September 2019) was £2,349k which is a favourable variance against plan of £70k (£1,295k deficit including PSF, FRF and MRET which is £70k favourable against plan). The cumulative position to the end of month 6 is a £13,368k deficit (before PSF FRF and MRET), which is £1k favourable to plan (£7,704k deficit including PSF, FRF and MRET which is £1k favourable against plan).
- The achievement with regards to the Cost Improvement Programme.
- The forecast financial position and the risks set out in this paper.
- The Executive need to produce a recovery plan to deliver the control total.

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

We Care

F2

Title	**Use of Trust Seal**		
Report to:	**Board of Directors**	Date:	**29 October 2019**
Author:	**Jeannette Reay – Head of Corporate Assurance / Company Secretary**		
For:	**For approval**		

Purpose of Paper: Executive Summary containing key messages and issues

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:

Seal No.	Description	Signed	Date of sealing
114	JCT Minor works Building Contract for Phase 1A Fire Improvement works at Doncaster Royal Infirmary. Document by Quadrant Surveying Limited. 2 x Copies.	David Purdue Deputy Chief Executive Jon Sargeant Director of Finance	9 October 2019
115	Contracts for Aseptic Suite at Doncaster Royal Infirmary. Document from TAD Acrhitects.	David Purdue Deputy Chief Executive Jon Sargeant Director of Finance	9 October 2019

Recommendation

The Board is requested to approve the use of the Trust Seal.

Chair's Log – Charitable Funds Committee – September 2019
Overview
The Fred and Ann Green Advisory Group feeds into the Charitable Funds Committee. We have agreed that all future Fred and Ann Green advisory meetings will take place in advance of the appropriate Board meetings likely to take place at Montagu. The last meeting of the advisory group had been held on the 30th August where this was agreed.
Review of terms of Reference
A review of the terms of reference for Charitable Funds Committee was carried out.
Reports for Decision
Review of the Fundraising strategy
Fred and Ann Green Proposal
The Fred and Ann Green advisory group had considered a request to fund a nutritional support officer to pilot an approach to improving an improvement in the management of patients. There would be no request for additional funding for if this post was deemed successful it would need to go through the appropriate processes for approval of recurrent expenditure. This was agreed.
Approval of 2018/19 Accounts
An annual report was produced which included the annual accounts for approval. This was a significant improvement on previous years in terms of timing accuracy and details around the wok and expenditure of the charity. The accounts were recommended for approval and approved.
Appointment of Auditors
A verbal update was provided to confirm the appointment of Auditors in line with the Trust's Auditor appointment
Reports for Assurance
Review of Fund Balances
The draft management accounts up to July 2019 were presented for information, this included a statement of financial activity , balance sheet and a fund list. There has already been some consolidation of the list of funds although still more work to do.

Identification of Capital Projects
A verbal update was provided on the need to raise the profile of the Charitable Fund and ensure that there are key capital projects that can benefit the trust being presented for discussion and approval at the Charitable Funds Committee. There was some concern that there wasn't a clear enough strategic focus on key themes and areas of expenditure the Fund could be concentrating on delivering which is linked to the fundraising strategy.
Standing Operating Procedure for Income
A paper was presented on the numbers of ways the charitable fund can improve its recording and acknowledgment of income to the fund. There is a joined-up approach now between finance and communications to ensure funds are recorded appropriately.
Sheena McDonnell **Non – Executive Director and Chair – Charitable Funds Committee**

Chair's Log - Finance and Performance Committee 22.10.19
Overview
A sensible volume of material on the agenda enabled us to have much better quality of conversations. Although I set it out in more detail below the headlines are – • Performance areas of concern around 4 hour wait and RTT show small improvements, but it is too early to take significant comfort from that. • Deep dives were had around Patient Transport issues, Stroke Performance and GIRFT CIP delivery. • Serious risks were explored in relation to Financial Performance, with a worsening 'most likely outturn' figure. • A very thoughtful exploration of long-term financial scenarios and plans took place. • The Workforce Report shared a study of standard salary + on-costs of posts compared with agency/bank provision and showed some surprising contrasts that could inform decision making moving forwards. • The timing of the meeting meant Sodexo data for that month was not available, but I was reassured that I would have an interim report before discussing issues with Governors next week.
Assurance area – Performance
The Board meeting will receive a separate performance report which will give a more detailed appreciation of the picture. The committee held a deep dive into Trust delivery in relation to Stroke performance. A very thorough and convincing presentation supported by a detailed paper was received from – Julie Butler, General Manager for Medicine Dr Peter Anderton, Stroke Consultant Jaimie Shepherd, Therapy Manager – Stroke, Neurology & Rehabilitation Alice Waweru, Matron for Medicine As a consequence, F+P have a much better understanding of the practicalities of stroke patient management. We have agreed to review the KPIs we receive as a consequence and I intend to pay a personal visit to the team to broaden my understanding of the issues. Lesley Hammond, General Manager (Emergency) and Neil Little, Transport Manager, presented a paper to us setting out the challenges and progress in relation to patient transport and in particular performance at Bassetlaw. We discussed both the relative success of the CCG supported transfer of patients between Bassetlaw and DRI and also the recently re-let contract for patient transport that covers the Bassetlaw area, due to transfer in early December. We have asked for a report from executive colleagues suggesting how we might best monitor these matters at F+P.

Last month principal performance concerns were in relation to A+E pressures and Referral To Treatment. We received an in depth recovery plan then in relation to RTT and recommended an investment business case which the Trust Board subsequently approved in relation supporting A+E to cope with sustained demand pressures. This month small improvements were seen in both areas, but it is too early to take significant comfort from that. We will continue to monitor closely.

Assurance area – Workforce Management

From the Workforce Management Report it is helpful to extract the study of standard salary + on-costs of posts compared with agency/bank provision which showed some surprising contrasts that could inform decision making moving forwards. In particular, although we expected Consultant Grade doctor coverage to be costly, the exceptionally high (disproportionately so) cost of covering for Trainee Grade doctors flagged the value of focusing on this group in terms of recruitment.

Moving forwards this data will provide us with a useful benchmark when considering policy papers and recruitment initiatives.

Assurance area – Overall Financial Picture, Delivering CIPs, and Meeting the Control Total

A more detailed picture of finances is set out in the separate finance paper.

A strong cash balance position was noted, together with the underpinning rationale that reassured us that this was appropriate.

We received a presentation from Dr Gillian Payne, Deputy Medical Director in relation to the Get It Right First Time (GIRFT) CIP. Although interesting information was shared, the presentation did not contain sufficient financial information, projections or plans for the committee to gain assurance in relation to the success of the programme and we have asked for Mr Sewa Singh to give a further presentation next month. GIRFT CIP delivery is a significant area for concern.

Last month I noted that we were at a pivotal point in the year, with two quarters complete. This month the serious risks were explored in relation to Financial Performance, with a worsening 'most likely outturn' figure. In broad terms a likely £2.4m risk had worsened to circa £6m. Risks had been raised in relation to a combination of -

- CIPs Risk (2.4) – previously captured
- ICS pay back (1.5)
- Outpatient Cap Risk (1.5)
- Commissioning For Outcomes (2.5)
- RDASH non-recurrent 18/19 funding 1.7
- Contingency Reserve Release 1.1
- 50% Cost Pressure Reserve Release 0.8

- Winter Pressures more than budget (0.2)
- NECS and Additional Support (0.3)

Not all factors logged are negative, but a common thread that runs through many of them is that a mature conversation is required with ICS and, in particular, Place partners to resolve them. We were satisfied that executive colleagues were very much on the case and will follow progress assiduously.

Following on from the importance of this partnership theme, a very thoughtful exploration of long-term financial scenarios and plans took place. Jon Sergeant shared his analysis of partner body financial projections in the public arena and built a holistic picture of Place that would be potentially quite positive, if all were to progress without a parochial and protective mindset. I encourage Board colleagues to get to grips with it.

Assurance area – Governance, Risk and Strategy

F+P received and noted the current risk register. The relevant risks had been considered actively with each paper received at the meeting.

Neil Rhodes
Chair – Finance and Performance Committee
22.10.19

G2

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	Corporate Risk Register		
Report to	Board of Directors	Date	29 October 2019
Author	Jeannette Reay, Head of Corporate Assurance / Company Secretary		
Purpose			Tick one as appropriate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues

TRUST RISK PROCESSES

The Board is reminded of its three obligations in terms of risk management:

- To understand risks;
- To deal with the risks;
- To define and implement risk management practices.

A large piece of work to review the risk management processes within the Trust is currently being undertaken. This includes the cleansing of risks and the recording and management of risks at source (on Datix), the management of risks by those with accountability, the escalation of risks to the Corporate Risk Register and the reporting of risks to groups, committees and the Board. The review is addressing the actions arising from the recent Internal Audit review on risk management.

CORPORATE RISK REGISTER

The purpose of the Corporate Risk Register is to capture and aid the management of extreme Risks to Operational Delivery within the Trust (risks scoring 15 or above). It is designed to provide a method for the effective and focused management of risks showing the current position and target position.

The review and approval of the Corporate Risk Register is undertaken by the Trust's Management Board on a monthly basis. The version of the Register attached here (updated to 10 October 2019) was approved by the Management Board meeting on 14 October 2019.

The Corporate Risk Register is provided to all meetings of Trust Board Committees (ARC, F&P and QEC).

The Corporate Risk Register is provided to the Board of Directors on a quarterly basis for information (last provided to the Board of Directors meeting on 30 July 2019).

TOP THREE RISKS

Workforce
Finance
Capital

CORPORATE RISK REGISTER REFRESH

A verbal update on the plan for the refresh of the Corporate Risk Register was provided to the Board of Directors' meeting on 24 September 2019.

The timeline and progress for the refresh of the Corporate Risk Register is as follows:

Action	Target Date	Progress
Fiona Dunn and Jeannette Reay to agree allocation and timing of actions from the Internal Audit review, impacting on the refresh of the Corporate Risk Register	29 Aug 2019	Complete. Jeannette Reay also met with Liam Wilson on 30 August 2019
Jeannette Reay to update Kath Smart on refresh process	12 Sept 2019	Complete
Draft format of Corporate Risk Register	16 Sep 2019	Complete. Format created on Datix
Executive Directors to update risks on the Excel version of the Corporate Risk Register	20 Sept 2019	Complete – Reported to F&P on 20 October 2019
Update to Board of Directors on refresh processes	24 Sept 2019	Complete – Verbal update provided
Detail of risks from Excel version to be transferred to Datix	11 Oct 2019	Complete
Test of Datix – to create register from data held	17 Oct 2019	Complete
Update to Board of Directors on refresh of processes	29 Oct 2019	
Refinement of risk detail on Datix	31 Oct 2019	
Update to Executive Team on new processes – including use of Datix	30 Nov 2019	
Full implementation of new processes	31 Dec 2019	
Update Risk Management Strategy to capture refresh of risk management processes	31 July 2020	

Key questions posed by the report
Is the Board content with the timeline and progress for the refresh of the Trust's Corporate Risk Register?
How this report contributes to the delivery of the strategic objectives
The attached Risk Register shows corporate risks scoring 15 or above.
How this report impacts on current risks or highlights new risks
The report highlights all corporate and risks to the Trust.
Recommendations
The Board is asked to note the attached Corporate Risk Register and the work to refresh the document during 2019.

DIRECTOR OF FINANCE

Doncaster & Bassetlaw Teaching Hospitals Corporate Risk Register																
No.	Description of Risk		Exec owner	Relevant committee	Original Risk Score 1:Low…5:Extreme		Overall Original Risk Score	Controls	Current Risk Score 1:Low 5:Extreme		Overall Current Risk Score	Target Risk Score 1:Low 5:Extreme		New and developing controls	Owner and target date
	Source (Lack of….Failure to ….)	Consequences (Results in ….Leads to ….)			Like-lihood	Impact			Like-lihood	Impact		Like-lihood	Impact		
F&P1	Failure to achieve compliance with financial performance and achieve financial plan	(i) Adverse impact on Trust's financial position (ii) Adverse impact on operational performance (iii) Impact on reputation (iv) Regulatory action	Director of Finance	Finance & Performance	4	5	20	(i) Business and budget planning processes. (ii) Financial governance policies and procedures. (iii) Monthly monitoring of financial performance. (iv) Data analysis of trends and action to address deterioration. (v) Continued liaison with budget holders to identify risks to delivery. (vi) Detailed monitoring by Finance and Performance Committee. (vii) Budgets set on recurrent outturn resulting in a more robust financial plan. (viii) Budgets signed off by divisions and corporate departments. (ix) Monthly monitoring at Board and directorate level. (x) Uncommitted general contingency reserve. (xi) Regular finance meetings with budget holders. (xii) Performance review meetings with NHSI. (xiii) All directorates signed up to control total. (xiv) Appointment of suitably quaified Efficiency Director. (xv) Formation of Efficiency and Effectiveness Committee. (xvi) Full Capital Monitorring Committee. (xvii) Cash Committee monthly. (xviii) Robust Cash Forecasts. (xix) Lack of clear clinical strategy from ICS. (xx) Additional grip and conrol mechanisms. (xxi) Performance Assurance Framework. (xxii) Deep Dives undertaken at F&P.	4	4	16	2	4	On target to achieve plan. DoF confident on cash position. Increased knowledge and understanding of RTT risk and activity delivery.	Last updated 29 August 2019. Next review 14 October 2019.
F&P3	Failure to deliver Cost Improvement Plans in this financial year	(i) Negative impact on Turnaround (ii) Negative impact on Trust's financial positon (iii) Loss of STF funding	Director of Finance	Finance & Performance	4	5	20	(i) Full Quality Risk Assessment and operational deliverability assessment of plans. (ii) Regular consideration of schemes by EEC and Executive Team. (iii) Collaboration with other providers, to identify joint opportunities. (iv) CIP tracker developed to provide visibility of progress agianst plan. (v) Engagement ICS Eff programme (vi) PMO led by new Eff Director, with associated management processes, key deliverables, risk logs and reporting to Finance and Performance Committee. (vii) Implementation of innovation from external reviews. (viii) Regular meetings with NHSI to track progress. (ix) Regenerated E&E Committee. (x) CIP recovery meetings (fortnightly) with each group. (xi) Escalation of schemes to F&P Committee. (xii) Appointment of suitably qualified Efficiency Director. (xiii) NHSi & Qii continuous improvement. (xiv) Additional grip and conrol mechanisms. (xv) Performance and Assurance Framework.	4	4	16	1	4	£1.2m to find - monitored through F&P Cttee.	Last updated 29 August 2019. Next review 14 October 2019.

UPDATED 18 SEPTEMBER 2018:

F&P1 Notes added under new and developing controls.

F&P3 Notes added under new and developing controls.

MEDICAL DIRECTOR

Doncaster & Bassetlaw Teaching Hospitals Corporate Risk Register																
No.	Description of Risk		Exec owner	Relevant committee	Original Risk Score 1:Low…5:Extreme		Overall Original Risk Score	Controls	Current Risk Score 1:Low 5:Extreme		Overall Current Risk Score	Target Risk Score 1:Low 5:Extreme		New and developing controls	Owner and target date
	Source (Lack of….Failure to ….)	Consequences (Results in ….Leads to ….)			Like-lihood	Impact			Like-lihood	Impact		Like-lihood	Impact		

THE MEDICAL DIRECTOR CURRENTLY HAS NO RISKS ON THE CORPORATE RISK REGISTER, HOWEVER A REVIEW OF ALL RISKS, ASSIGNED TO THE MEDICAL DIRECTOR ON DATIX, WAS UNDERTAKEN ON 17 SEPTEMBER 2019. THE FOLLOWING NOTE WAS PROVIDED - FOR CONSIDERATION IN THE WORK CURRENTLY TAKING PLACE ON DATIX/RISKS AND THE BOARD ASSURANCE FRAMEWORK:

A review has been undertaken with colleagues from the Risk Management Team of the CRR and BAF, specifically with the intention of aligning them to the Division/Specialty risk registers and vice versa. The documents that exist aren't completely sensible or aligned. Best way is to illustrate this by giving an example:

Medical records availability and their state is on speciality/divisional risk registers. The quantified risk may be <15. However, the risk is on more than one risk register.

The risk should appear on the Corporate Risk register even if it falls below the threshold of 15 simply because ensuring medical records are in a fit state and available to clinicians should be the responsibility of an executive with Trust wide responsibility. In this case the COO who should lead all efforts to mitigate the current risk.

The issue should also be included in the BAF as addressing the issue appropriately will involve the implementation of an electronic patient record (EPR). This should be part of Board strategy and the owner of this issue should sit with either Dir of Finance or Director of IT.

In all the above documents, actions to address/mitigate will be different.

This was discussed at the Executive Team Meeting on 18 September 2019.

DIRECTOR OF NURSING AND ALLIED HEALTH PROFESSIONALS

Doncaster & Bassetlaw Teaching Hospitals Corporate Risk Register															
No.	Description of Risk		Exec owner	Relevant committee	Original Risk Score 1:Low…5:Extreme		Overall Original Risk Score	Controls	Current Risk Score 1:Low 5:Extreme		Overall Current Risk Score	Target Risk Score 1:Low 5:Extreme		New and developing controls	Owner and target date
	Source (Lack of….Failure to ….)	Consequences (Results in ….Leads to ….)			Like-lihood	Impact			Like-lihood	Impact		Like-lihood	Impact		
Q&E13	Initial ED triage assessment processes Following an unannounced CQC inspection involving the commissioned Front Door Assessment Service it has been identified that the initial triage and clinical assessment processes and clinical oversight of the waiting area, unwell children and adults may not be provided with the full assessments required to provide high quality care, which could potentially cause harm to patients.	(i) Impact on safety of patients (ii) Impact on patient experience (iii) Potential delays to treatment (iv) Impact on patient harm (v) Impact on reputation	Director of Nursing	Quality & Effectiveness	4	4	16	(i) Previous triage model revised and changed to check in implemented (ii) Nurse with triage skills now undertaking initial assessment within a targeted 15minutes (iii) Triage includes relevant assessments for physiological observations where indicated (iv) Triage assessment location reviewed (v) Responsive escalation process to ensure B8staff resource (vi) Clinical Oversight of waiting rooms (vii) Report to ET. (viii) Governance process for escalation of concerns, Board, CGC, QEC (ix) Working group established December 2018 and meets weekly. (ii) Mock CQC inspection completed by internal audit reported to ARC on 18 July 2019 and action plan addressed. (iii) Triage process has been redesigned through the Qii process. (iv) Staff fully engaged in the process, involving partners. (v) Navigation nurse process now in place.	4	4	16	2	3		Last updated 20 September 2019. Next review 2 December 2019.
Q&E14	Staffing for registered children's nurses in ED on DRI and BDGH sites Risk of insufficient workforce for providing care for unwell children, including registered children's nurse (RCN) on duty to the level expected by RCPCH standards expanding on previous Royal College of Nursing guidance, being unavailable 24/7, could lead to patient harm due to the absence of appropriately skilled staff.	(i) Impact on safety of patients (ii) Impact on patient experience (iii) Potential delays to treatment (iv) Impact on patient harm (v) Impact on workforce Impact on reputation	Director of Nursing	Quality & Effectiveness	4	4	16	(i) Senior oversight, management and escalation of RCN Staffing levels across ED and the Children's ward and departments. (ii) Temporary staffing set up with cascade arrangements for agency. Reviewing alternative agencies to improve temp staff with support from procurement. (iii) 6 staff sent on Paediatric additional training. (iv) PAWS training provided (v) Paediatric resuscitation training at L4 (APLS, EPALS) and L3 (PILS) (vi) Governance process for escalation of concerns, Board, CGC, QEC. (vii) Enrolment of RGN (Adult) to Paediatric Courses at SHU. (viii) 15 RCN's in recruitment process of which 6 are Band 6 and 9 are Band 5. 5 commenced in post February 2019. Further interviews undertaken in March 2019 joint recruitment for ED and inpatient wards. (ix) POPs training delivered to all staff groups. (x) Staffing levels established at DRI. (xi) Continued recruitment processes including rotation through the paediatric wards.	4	4	16	2	3		Last updated 20 September 2019. Next review 2 December 2019.

UPDATED 18 SEPTEMBER 2018:

Q&E13 New controls added.

Q&E14 New controls added.

CHIEF OPERATING OFFICER

Doncaster & Bassetlaw Teaching Hospitals Corporate Risk Register															
No.	Description of Risk		Exec owner	Relevant committee	Original Risk Score 1:Low…5:Extreme		Overall Original Risk Score	Controls	Current Risk Score 1:Low 5:Extreme		Overall Current Risk Score	Target Risk Score 1:Low 5:Extreme		New and developing controls	Update and next review date
	Source (Lack of….Failure to ….)	Consequences (Results in ….Leads to ….)			Like-lihood	Impact			Like-lihood	Impact		Like-lihood	Impact		
F&P6	Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards	(i) Regulatory action (ii) Impact on reputation	Chief Operating Officer	Finance & Performance (impact on performance) Quality & Effectiveness (impact on quality)	5	4	20	(i) Performance Management and Accountability Framework. (ii) Business planning processes (iii) Relevant policies and procedures. (iv) Daily, weekly & monthly monitoring of targets. (v) Regular monitoring of compliance. (vi) Data analysis of trends and action to address shortfalls. (vii) Continued liaison with leads to identify risks to delivery. (viii) CQC Compliance Governance and Assurance Process. (ix) External reviews policy. (x) Monitoring at monthly Care Group accountability meetings. (xi) A&E QAT process. (xii) Demand and capacity planning proccesses. (xiii) Weekly review of A&E Action plan in accountability meeting chaired by COO. (xiv) Licence to Operate linked to SOF.	4	4	16	3	3	Review of front door screening. Refresh of Performance Assurance Framework Trust wide (launched August 2019). Refreshed specialty, divisional and Trust wide governance and oversight for managing elective activity & associated performance targets. Full plan and deep dives planned at Finance and Performance Committee on high risk performance issues. Management structure reconfigured to enable greater focus and capacity on high risk performance areas.	Last updated 20 September 2019 Next review 15 October 2019
	Failure to specifically achieve RTT 92% standard	(i) Regulatory action (ii) Impact on reputation (iii) Delayed access for patients (iv) Potential clinical risk for patients identified via NECs audit (assessed as low)	Chief Operating Officer	Finance & Performance (impact on performance) Quality & Effectiveness (impact on quality)	3	5	15	(i) Full assessment and action plan developed - focused on achieving 92% and improving processes (ii) Ongoing work to reduce risk in plan (iii) Board level oversight agreed internally and with CCGs (iv) Frequent updates to ICS (v) Management restructure approved to enabled additional senior oversight in this area (vi) Greater focus at specialty, Division and Trust wide level through PAF, refreshed PTL approach etc (vii) Support invited from Elective Intensive Support Team & NECs PTL validation (viii) Joint governance via Chief Nurses agreed with CCG for outcomes from NECs audit work	3	5	15	1	4	New risk added 8 October 2019	Last updated 8 October 2019. Next review 15 October 2019.
Q&E9	Failure to adequately treat patients due to inavilability and lack of supply of medicines		Chief Operating Officer	Quality & Effectiveness	5	4	20	(i) Support from Regional Procurement Team (ii) Arrangement of substitute drugs and medicines (iii) Databse of supply issues managed by RPT. (iv) Daily updates on shortages. (v) Holding to account of wholesalers for non-delivery of their contractual obligations and monitoring the performance of wholesalers in the region. (vi) Local holding to account through account business managers. (vii) Escalation measures to Deputy Chief Pharmacist for persistent and acute issues. (viii) Logistics team communicating shortages to the ward and pharmacy team if stock not available for supply. (ix) Adoption of a regional procurement online tool to track, manage and communicate supply shortages. (x) Updated workflows, process and procedures to ensure that internal communication and engagement is optimised, collaboration is enhanced and action plans and solutions are documented better. (xi) Support sought from Regional QA teams to help quality assure imported or unlicensed medicines.	4	4	16	2	3	All controls in place. For risks associated with EU Exit, ongoing liaison with partners and within the organisation to manage risk as part of wider emergency and resilience planning. Regular updates to Exec and Board.	Last updated 20 September 2019. Next review 15 October 2019
2232	Delay in completion of letters for diabetes patients	Missed or delayed appointments.	Chief Operating Officer	Finance & Performance (impact on performance) Quality & Effectiveness (impact on quality)	5	3	15	(i) Close monitoring of backlog (stands at 537 as at 4 September 2019). (ii) Long term sickness being managed through HR processes. (iii) An extra 0.66wte support allocated to admin for diabetes. Post advertised (closing date 7 October 2019). (iv) Maternity leave backfill out to advert. (v) Team leaders sourcing staff from across the division to undertake typing. (vi) Short sharp admin review being undertaken by COO.	5	3	15	3	2	Risk escalated to CRR by Management Board (12 August 2019) New risk added to Datix 8 October 2019.	Last updated 10 October 2019. Next review 15 October 2019.

UPDATED 8 OCTOBER 2019:

F&P6	No change since September update
Q&E9	No change since September update
?	New risk added
2232	New risk added

DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

Doncaster & Bassetlaw Teaching Hospitals Corporate Risk Register																
No.	Description of Risk		Exec owner	Relevant committee	Original Risk Score 1:Low…5:Extreme		Overall Original Risk Score	Controls	Current Risk Score 1:Low 5:Extreme		Overall Current Risk Score	Target Risk Score 1:Low 5:Extreme		New and developing controls	Owner and target date
	Source (Lack of….Failure to ….)	Consequences (Results in ….Leads to ….)			Like-lihood	Impact			Like-lihood	Impact		Like-lihood	Impact		
F&P5	Failing to address the effects of the medical agency cap	(i) Negative patient and public reaction towards the Trust (ii) Impact on reputation	Director of People and OD/ Chief Operating Officer/Medical Director	Finance & Performance	5	4	20	(i) Teaching hospital status communicated through recruitment. (ii) Divisions to escalate recruitment difficulties to MD/COO?DNMAHP. (iii) Use of Trust staff in first instance to address gaps wherever possible. (iv) Signed memo of understanding between all Trusts in the WTP to abide by a standard set of principles. (v) P&OD / Workforce reports to BoD. (vi) Workforce, Education and Research Committee. (vii) Agency spend and breaches going to Exec Team and Finance and Performance. (viii) Better system around rate-to-fill and fill rates. (ix) Use of social media to attract new candidates. (x) Relationships with universities. (xi) GMC Survey. (xii) Medical agency locum panel. (xiii) BDO Grip & Control work. (xiv) Use of alternative workforce. (xv) Develop new service model to mitigate medical staff shortage. (xvi) Develop and progress workforce from using alternative workforce for service delivery.	4	4	16	3	2	Workforce and recruitment plan presented to Board in July 2019. Divisional recruitment plans being updated September 2019. Introduction of new roles - Nursing Associates and Assistant Practitoners. Collaborative banks in place across the ICS for medical an nursing staff.	Last updated 20 September 2019. Next review 6 November 2019.
F&P8	Inability to recruit right staff and have staff with right skills	(i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services	Director of People & OD	Finance & Performance	5	4	20	(i) HR policies and procedures. (ii) Monitoring of use of agency staff through robust processes to stay within cap. (iii) Medical staff recruitment action plans. (iv) Care Group Business Plans – workforce plans. (v) E-Rostering processes. (vi) VCF processes - bolstered. (vii) Consultant appointment approval processes. (viii) NHS Professionals processes & management information. (ix) Pilot of Assistant Practitioner role. (x) Links with universities, increasing local placements. (xi) Developing bands 1-4 nursing roles. (xii) Nurse associate roles - exploration. (xiii) Increasing the attractiveness of the website, social media and open days. (xiv) Open days for recruitment (June 2019). (xv) Agency report development (xvi) Care group management development	4	4	16	2	4	Workforce and recruitment plan submitted to Recruitment plans being updated by Divisions. Overseas nursing recruitment campaign underway. MTI recrutiment. QiMet programme. CeSR programme. New Band 4 roles.	Last updated 20 September 2019. Next review 6 November 2019.
Q&E1	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development	(i) Deterioration in management-staff relationships (ii) Negative impact on performance (iii) Negative impact on reputation	Director of People & OD	Quality & Effectiveness	5	4	20	(i) Process to engage with LNC. (ii) Process to engage with Partnership Forum. (iii) HR policies and procedures. (iv) Staff engagement project strands. (v) Staff experience group. (vi) Listening events by CEO. (vi) E&E Committee communications plan. (vii) One-page strategy summaries. (viii) Staff social media sites. (ix) Staff Experience Meetings. (x) Proactive communications around particular issues.	4	4	16	2	4	Staff Survey action plan. Social media campaigns - eg what are you proud of. Sharing How we care conference; Develop. Belong, Thrive, Here leadership development programme encompassing compassionate and inclusive leadership; Qi programmes - Leading to Outstanding - going to the Gemba.	Last updated 20 September 2019. Next review 6 November 2019.

UPDATED 18 SEPTEMBER 2018:

F&P5 New and developing controls added.
F&P8 New and developing controls added.
Q&E1 New and developing controls added.

DIRECTOR OF ESTATES

Doncaster & Bassetlaw Teaching Hospitals Corporate Risk Register															
No.	Description of Risk		Exec owner	Relevant committee	Original Risk Score 1:Low…5:Extreme		Overall Original Risk Score	Controls	Current Risk Score 1:Low 5:Extreme		Overall Current Risk Score	Target Risk Score 1:Low 5:Extreme		New and developing controls	Owner and target date
	Source (Lack of….Failure to ….)	Consequences (Results in ….Leads to ….)			Like-lihood	Impact			Like-lihood	Impact		Like-lihood	Impact		
F&P4	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance. **Note:** A number of different distinct risks are contained within this overarching entry. For further details please consult the E&F risk register.	(i) Breaches of regulatory compliance and enforcement (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation (v) Reduced levels of business resilience (vi) Inefficient energy use (increased cost) (vii) Increased breakdowns leading to operational disruption (viii) Restriction to site development	Director of Estates and Facilities	Finance & Performance	5	5	25	(i) Annual business plan supports identification of issues by Care Groups / Directorates. (ii) Risk-based capital investment plans. (iii) Maintenance and support service contracts . (iv) Independent Authorising Engineers appointed for key services, providing annual audits and technical guidance. (v) Revised business planning process for all capital investments. (vi) Estate condition and backlog maintenance assessment undertaken via 6-7 facet survey. (vi) Progress and monitoring of actions undertaken through compliance committees e.g. health and safety committee. (vii) Board level health and safety training undertaken, October 2017. (viii) Completion of in-depth high voltage scheme (June 2017). (ix) Emergeny Capital Theatre Bid. (x) Business Continuity and Disaster Recovery Plans tested. (xi) Rolling programme of Board and Senior staff training implemented. (xii) Additional funding sought to rectify condition and backlog maintenance issues.	4	5	20	2	5	Work to establish feasibility of New Hospital Build for DRI working with DMBC is underway. Meeting to be held at DRI with key Stakeholders in coming months to discuss.O5	Last updated 20 September 2019. Next review 28 October 2019.
F&P12	Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance. **Note:** a number of different distinct risks are contained within this overarching entry. For further details please consult the EF risk register.	(i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation	Director of Estates and Facilities	Finance & Performance	5	5	25	(i) Regular external inspections from SYRS and Notts Fire Service. (ii) Improved fire safety risk assessments and evacuation strategies. (iii) Improved Fire Safety Training. (iv) Programme upgrade of fire detection systems. (v) Programme upgrade of structural fire precautions (compartments). (vi) External Audit Fire Authorised Engineer. (vii) Fire safety training Trust Board and Exec Team. (viii) Further Development of Fire Safety Response Team structure. (ix) Risk based Capital Investment plans identified by estate condition and backlog maintenance assessments via 6 - 7 facet surveys. (x) Progress and monitoring of actions undertaken through compliance committees. eg health and safety committee. (xi) Emergency Capital Bids to NHSi to accelerate fire improvement programme. (xii) Training rolled out, including for BMs and HoN.	4	5	20	2	5	Capital programme for 2019/20 progressing with Emergency Bid for Fire Compliance at DRI. £7.025m to be spent 19/20 ahead of emergency bid submission for further circa £7m. These works are for EWB and W&C specifcially, with review by STFR in February 2020 with a view to lifting Enforcement Notices based on a commitment to complete the remaining works in 20/21.	Last updated 20 September 2019. Next review 28 October 2019.
F&P20 / Q&E12	Risk of critical lift failure	(i) Reduction in vertical transportation capacity in the affected area (ii) Impact on clinical care delivery (iii) General access and egress in the affected area	Director of Estates and Facilities	Finance & Performance (impact on performance) Quality & Effectiveness (impact on quality)	4	5	20	(i) Reporting to Estates Committee and Clinical Governance Committee (ii) PLACE assessments (iii) Contract monitoring arrangements (iv) Issues raised through Governor Forum and Patient Experience Committee (v) Issues and complaints statistics (vi) Service contract with Lift service provider which includes X 2 resident lift engineers on site permanently. (vii) Lift refurbishment complete (lifts 4, 5, 6 and East Ward Block). (viii) Full lift survey undertaken in 2019/20 to develop capital bid for replacement.	4	5	20	2	4	Trust wide lift survey is currently in progress as described which will inform future capital investment program. Survey completed at MMH and BDGH, but DRI still in progress and all data required to accurately inform priorities.	Next review 28 October 2019
F&P21	Inadequate Edge Protection on Flat Roofs	(i) Increased risk of falls from height (ii) Increased risk of harm, resulting in death	Director of Estates and Facilities	Finance & Performance	3	5	15	(i) Communication to Estates staff warning of the risk. (ii) Signage fitted to doorways. (iii) Staff advised not to work closer than 2.5m to the end without risk assessment. (iv) Cost pressure agreed by Executive Team to install Edge Protection to highest risk areas across all sites.	3	5	15	1	5	Cost pressure Business Case for £20k submitted to CIG in July. Work planned for October in highest risk areas.	Last updated 20 September 2019. Next review 28 October 2019.
F&P22	Assessment of ligature points	(i) Impact on patient safety (ii) Impact on patient harm (iii) Compliance with EFA/2018/005 (iv) Unidentified ligature points existing within the Trust with the potential to lead to an adverse incident occuring	Director of Estates and Facilities / Director of Nursing, Midwifery and Allied Health Professionals	Finance & Performance	3	5	15	(i) Clinical risk assessment of patients for risk of self harm undertaken annually by Ward Manager (ii) Anti ligature equipment utilised in areas previously identified as posing high risk being reviewed by clinical staff to ensure identification of high risk areas. (iii) EFA alert promulgated to Deputy Director of Nursing, Midwifery & Allied Health Professionals for wider distribution to clincal stakeholders. (iv) Current high risk areas have been identified as ED and Childrens wards. Work underway to reduce ligature risks in ED at DRI and Bassetlaw to be completed during 2019. (v) Continue to assess patient risk.	3	5	15	1	5	A new Ligature Task and Finish Group has been formed. A Policy which will include the draft Ligature assessment guidelines is being developed, and a patient flow chart to identify high, medium or low risk patients at source on admission will be included. The Policy, guidelines and flow chart will then be passed to clinical and patient system to agree/approve. WE have requested process and procedure for the MI block at Bassetlaw regarding Nott's Metal Health management of ligatures and their PPM regime. DBTH PPM being reviewed currently with regard to curtain rails and looped and cord devices. £20K funding agreed to utilise in installing new anti-ligature equipment where identified through the ligature risk assessment. +O11	Last updated 20 September 2019. Next review 28 October 2019.
F&P23	Inability to test fire dampers (DRI East Ward block)	(i) Impact on operational ability (ii) Compliance with Fire Safety legislation (iii) Compromised fire compartmentation of the building leading to an increase spread of fire and smoke (iv) Increased risk to life	Director of Estates and Facilities	Finance & Performance	3	5	15	(i) Annual fire training for DBTH staff (ii) Automated fire detection and alarms. (iii) Dampers are in place. (iv) Fire Safety Advisor. (v) Fire extinguishers installed throughout the site. (vi) Dry riser installed in East Ward block. (vii) Existing compartment provides protection. (viii) Building constantly occupied. (ix) Included in Estates capital plan. (x) Compartmentation under review and improvement works proposed. (xi) Included it the Trust's capital plan.	3	4	15	1	5	Works included in emergency Capital bid for Fire works on EWB, to be completed in 19/20 and 20/21.	Last updated 20 September 2019. Next review 28 October 2019.

UPDATED 18 SEPTEMBER 2018:

F&P4	Notes added under new and developing controls.
F&P12	Notes added under new and developing controls.
F&P20/Q&E12	Notes added under new and developing controls.
F&P21	Notes added under new and developing controls.
F&P22	Notes added under new and developing controls.
F&P23	Notes added under new and developing controls.

CHIEF INFORMATION OFFICER

Doncaster & Bassetlaw Teaching Hospitals Corporate Risk Register															
No.	Description of Risk		Exec owner	Relevant committee	Original Risk Score 1:Low…5:Extreme		Overall Original Risk Score	Controls	Current Risk Score 1:Low 5:Extreme		Overall Current Risk Score	Target Risk Score 1:Low 5:Extreme		New and developing controls	Owner and target date
	Source (Lack of….Failure to ….)	Consequences (Results in ….Leads to ….)			Like-lihood	Impact			Like-lihood	Impact		Like-lihood	Impact		
F&P11	Failure to protect against cyber attack	(i) Trust becoming non-operational (ii) Inability to provide clinical services (ii) Negative impact on reputation	Chief Information Officer	Finance & Performance	5	5	25	(i) Penetration test of systems to identify gaps and risks. (ii) Firewalls, passwords, anti-virus equipment. (iii) Policies and reinforcement through communication to staff. (iv) Staff awareness through Certified Security Professional course and other training. (v) Trigger alerts. (vi) Care Cert system at NHS Digital. (vii) All servers and systems patched to appropriate level. (viii) Computers and network infrastructure get security patches automatically applied. (ix) Monthly cyber security report. (x) Pilot trust for NHS Digital work. (xi) Digital garage work. (xii) Regular returns to the centre. (xiii) Controls proposed by recent cyber security audit including ongoing changes to systems and new patches being applied. (xiv) Undertaking windows 10 rollout and software replacement.	3	5	15	1	5	Deployment of windows 10 continues. Patching action taken to address major security notice 'DejaBlue Windows Remote Desktop Services RCE Vulnerability CC-3176' - September 2019.	Last updated 16 September 2019. Next review 29 October 2019.

UPDATED 18 SEPTEMBER 2018:

F&P11 Target impact score corrected (from 4) to 5.

DIRECTOR OF STRATEGY AND TRANSFORMATION

Direc																
No.	Description of Risk		Exec owner	Relevant committee	Original Risk Score 1:Low…5:Extreme		Overall Original Risk Score	Controls	Current Risk Score 1:Low 5:Extreme		Overall Current Risk Score	Target Risk Score 1:Low 5:Extreme		New and developing controls	Owner and target date
	Source (Lack of….Failure to ….)	Consequences (Results in ….Leads to ….)			Like-lihood	Impact			Like-lihood	Impact		Like-lihood	Impact		

Next review 5 November 2019

THE DIRECTOR OF STRATEGY AND TRANSFORMATION CURRENTLY HAS NO RISKS ON THE CORPORATE RISK REGISTER FOR REVIEW.

G3

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	Board Assurance Framework		
Report to	Board of Directors	Date	29 October 2019
Author	Jeannette Reay, Head of Corporate Assurance / Company Secretary		
Purpose			Tick one as appropriate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues

BOARD ASSURANCE FRAMEWORK – PURPOSE

The Board is reminded of the purpose of the Board Assurance Framework:

- To aid the Board of Directors' in its overall responsibility for ensuring systems are in place, sufficient to mitigate risks which may threaten the achievement of the Trust's objectives.

The BAF provides the Board of Directors with a record of the strategic risks relating to the delivery of its strategic objectives and the internal controls to prevent these risks from occurring. It is a means of focusing the attention of the Board on the management of its strategic risks and a record of assurances in place.

BOARD ASSURANCE FRAMEWORK - REPORTING

The Strategic Risks are monitored on behalf of the Board by the Board's Committees – via the presentation of the Board Assurance Framework to all meetings of Trust's Board Committees (ARC, F&P and QEC).

The Board Assurance Framework is currently approved by the Board of Directors on a quarterly basis (previous presentation to 30 July 2019). From January 2020 – following its refresh - the Board Assurance Framework will be presented to all meetings of the Board of Directors.

A copy of the current BAF (dated 7 October 2019) is attached.

BOARD ASSURANCE FRAMEWORK – REFRESH

The Trust's BAF and CRR appear to have become combined and both are in need of an update to ensure that they are distinct documents and fully serve their different purposes.

The Trust's Head of Corporate Assurance/Company Secretary has commenced with a process to ensure that the Board Assurance Framework continues to align to the Trust's Strategic Risks and to formalise Board ownership of the format and contents.

The refresh process will lead to a Board workshop in November 2019 where the Board will be requested to approve the format and content of the BAF – specifically the Strategic Risks contained within it.

At its November 2019 review the Board of Directors' will be asked to agree:

- The Strategic Risks
- The Key Controls
- The Assurances
- Gaps
- Actions to be taken to address gaps

An early extract (covering performance) of the proposed format for the BAF (work in progress) is attached for information.

Once complete, the structure of the Board and Committee Agendas, and the Board Assurance Framework will align - this will provide a direct link between assurance items on the agendas and on the Board Assurance Framework.

BOARD ASSURANCE FRAMEWORK – BENEFITS OF THE REFRESH

The benefits of the refreshed BAF will include:

- Focus of the Board on risks and mitigation
- Enabling the achievement of the Trust's objectives
- Reducing the need to firefight / damaging events are less likely
- Better informed Board decision making
- Protection of the Trust's reputation / enhanced reputation

BOARD ASSURANCE FRAMEWORK – REFRESH TIMELINE AND PROGRESS

A verbal update on the plan for the refresh of the Corporate Risk Register was provided to the Board of Directors' meeting on 24 September 2019.

The timeline and progress for the refresh of the Corporate Risk Register is as follows:

Action	Target Date	Progress
Jeannette Reay to update Kath Smart on refresh process	12 Sept 2019	Complete
Draft proposed format for BAF	16 Sep 2019	Complete
Executive Directors to check content of Board Assurance Framework on the Excel version	20 Sept 2019	Complete, but issues noted - to be addressed in refresh
Update to Board of Directors on refresh processes	24 Sept 2019	Complete – Verbal update provided
Proposed format to be provided to Executive Team	8 Oct 2019	Complete – Meetings with Directors arranged to draft Strategic Risks
Update to Board of Directors on refresh of processes	29 Oct 2019	
Meetings with Directors to draft Strategic Risks	15 Nov 2019	
Draft controls and assurance information onto the proposed format	22 Nov 2019	
Board Workshop	26 Nov 2019	
New format – including content – of BAF completed	13 Dec 2019	
New format – provided to Board for approval	17 Dec 2019	
Update Risk Management Strategy to capture refresh of risk management processes	31 July 2020	
Examine functionality of BAF on Datix – to determine whether to transfer processes onto	31 August 2020	

Key questions posed by the report

Is the Board content with the timeline and progress for the refresh of the Trust's BAF?

How this report contributes to the delivery of the strategic objectives

The attached Board Assurance Framework highlights the key risks to the strategic objectives.

How this report impacts on current risks or highlights new risks

The report highlights the strategic risks to achievement of the Trust's Strategic Objectives.

Recommendations

The Board is asked to note the attached Board Assurance Framework.

Strategic Aim 1 - We will work with patients to continue to develop accessible, high quality and responsive services.														
RISKS	LINK TO CRR	EXEC	CURRENT RR	DIRECTION OF TRAVEL	Q1	Q2	Q3	Q4	CONTROLS	ASSURANCE	GAPS IN ASSURANCE	ACTION TO ADDRESS GAPS	PROGRESS TIMELINE	TARGET RR
Failure to protect against cyber attack leading to (i) Trust becoming non-operational (ii) Inability to provide clinical services (ii) Negative impact on reputation	F&P11	Chief Information Officer	L3 x I5 = 15	⇔	15				(i) Penetration test of systems to identify gaps and risks; (ii) Firewalls, passwords, anti-virus equipment. (iii) Policies and reinforcement through communication to staff; (iv) Staff awareness through Certified Security Professional course and other training; (v) Trigger alerts; (vi) Care Cert system at NHS Digital (vii) All servers and systems patched to appropriate level (viii) Computers and network infrastructure get security patches automatically applied (ix) Monthly cyber security report (x) Pilot trust for NHS Digital work (xi) Digital garage work (xii) Regular returns to the centre (xiii) DSP Toolkit Review	(i) Trust unaffected by cyber attack in May 2017. (ii) Governors briefing June, 2017. (iii) Cyber maturity audit and action plan reported via ANCR to Board, September 2017 and updated March 2018. (iv) Annual IT audit. (v) Report to Audit Committee on IT Security - Penetration Test of Trust sites update, September 2018 Report shared with Audit Committee.	(i) Progress against Internal Audit action plan to be presented to ANCR every six months. (ii) Change to Data Security & Protection toolkit.	(i) Phishing exercise. (ii) DSP Toolkit review taking place. (iii) Audit by KMPG. Results to Audit Committee following March results.	Updated 16 September 2019: Deployment of windows 10 continues. Patching action taken to address major security notice 'DejaBlue Windows Remote Desktop Services RCE Vulnerability CC-3176' - September 2019.	L3 x I4 = 12
Failure to ensure adequate medical records system leading to (i) Impact on safety (ii) Impact on reputation	Q&E4	Chief Operating Officer	L2x I3 = 6	⇔	6				(i) Review of bays and action plans in place (ii) RFID business case agreed (iii) Plans to make DRI a closed library (iv) RFID System operational (v) IM&T Strategy	(i) Storage bays reviewed. (ii) Presentation before Board in August 2017 on RFID. (iii) RFID installed, October 2017. (iv) Draft information strategy in place. (v) Presentation from Nervecentre at ET and Governor Forum, October 2018.	(i) Elecrtonic Patient Record System (ii) Development of Business Case for EPR (iii) Resolution of paper records	(i) Progress towards EPR System (ongoing). (ii) Work around paper records (to be determined following EPR implementation).		L2 x I2 = 4
Failure to engage with patients and staff around the quality of care and proposed service changes leading to (i) Negative patient and public reaction towards the Trust (ii) Impact on reputation (iii) Impact on staff morale (iv) Risk of long-term recruitment issues (v) Risk of delay to any service changes	Q&E5	Director of Nursing, Midwifery and AHPs/ Medical Director	L3 x I3 = 9	⇔	9				(i) Consultations on major service changes (ii) CCC report to Board (iii) Friends and Family Test (iv) Monitoring through Patient Engagement & Expderience Committee (including CCG & Healthwatch membership) (v) Training on communication (vi) Work on learning from deaths (vii) Governor walkabouts (viii) Ward QAT (ix) Picker national surveys (x) Social media e.g. Facebook, Twitter (xi) Media & social media policy (xii) Governor/ NED briefings (xiii) MP briefings/ meetings (xiv) Governor training (xv) Meetings with local journalists (xvi) Face to face briefings with services (xvii) Staff engagement events, briefings and workshops (xviii) Communications with staff on Hospital Services Review (xix) Internal staff surveys	(i) Consultation on HASU and children's tier 2 surgery. (ii) Consultation on new strategic direction. (iii) Bassetlaw Governors engagement work with the public. (iv) Case law and advice taken in respect of service changes. (v) F4H Strategy special, September 2017. (vi) Strategy stand at AMM. (vii) Communications team is responsive on traditional and social media. (viii) New, engaging website. (ix) Invested in strong relationships with local journalists and MPs. (x) Ensuring internal and external communications are aligned and staff engagement is considered in external comms process. (xi) Communications Strategy approved by Board, October 2017. (xii) Ongoing meetings with commissioners and primary care across the patch. (xiii) Medical Director's discussions with governors. (xiv) CEO and MD meeting with Blaw CCG and John Man Bassetlaw MP on plans at BDGH. (xv) DBTH working with ICS on the retention of working staff.	(i) Improve patient engagement and listening activities to strengthen patients and public voice (ii) Adopt ReSPECT process Trust wide (iii) Launch and embed #hellomynameis (iv) Implementation of "Always events" (v) Identify opportunities for quality improvement through feedback (vi) HSR consultation (vi) Outcomes of improvement practice work.	(i) Increase engagement activities Q1-Q4 2018-19. (ii) Process adopted Trust wide Q1 2019 (iii) hellomynameis relaunched and embedded Q4 2017-18 - Q4 2018-19. (iv) Increased activities 2019 onwards. (v) Increased opportunities for feedback Q1-4 2018-19. (vi) Finalisation of improvement practice work (commenced Q3).	Medical Director examined with colleagues - 17 September 2019. Some work required to update.	L2 x I2 = 4
Failure to adequately prepare for CQC inspection leading to (i) Sub-optimal performance in inspection (ii) Risk of regulatory involvement (iii) Impact on reputation	Q&E7	Director of Nursing, Midwifery and Allied Health Professionals	L3 x I2 = 6	↑	6				(i) Self-assessment and mock inspection processes (ii) Engagement meetings with CQC (iii) Nottinghamshire Looked after Children and Safeguarding monitored by Trust Safeguarding People's Board (iv) Action plans montioered by Clinical Governance Committee	(i) IRMER inspection and action plan in place. (ii) Reports to Board and QEC. (iii) CQC Insights. (iv) Positive mock inspections. (v) CQC report received July 2018. (vi) Board and QEC consideration of action plans. (vii) Action plan following inspection sent to CQC.	(i) Action plan to move to 'outstanding'. (ii) Mock inspections Internal Audit to undertaken unannounced inspection of ED (Spring 2019) . Internal Audit to undertaken unannounced inspection of Maternity (Summer 2019.	(i) Action plan in development (Autumn 2018). (ii) Workshop on moving to outstanding (October 2018). (iii) LEAN work informing True North statement (Autumn 2018). (iv) Mock inspections in progress. (v) Internal audit review to be presented to ARC on 18 July 2019. (vi) Comms leaflet developed for staff - for launch at end of July 2019. (vii) Comms strategy to be developed including comms leaflet for staff - for launch at end of July 2019. (viii) CQC workshops to be provided.		L1 x I2 = 2
Failure to achieve complaint reply performance standards leading to (i) Impact on reputation (ii) Impact on patient experience	Q&E8	Director of Nursing, Midwifery and Allied Health Professionals	L2 x I2 = 4	⇔	6				(i) Live complaints tracker developed (ii) Weekly PET/CG meetings to monitor progress/review agreed timescales and manage the complainants expectations. (iii) Weekly meetings with the Head of Patient Safety & Experience, Deputy Director of Quality & Governance and DoN which includes escalation. (iv) Quality dashboard includes CG performance presented at Clinical Governance Committee on a monthly basis. (v) Monitored through Patient Experience & Engagement Committee.	(i) Patient Experience Strategy approved. (ii) Positive Q3 and Q4 results presented to Board in January 2017/18 and Q1 2018/19. (iii) Positive performance reported to Board throughout Summer 2018.	(i) Consistent improved performance in complaints handling (ii) Complaints procsses subject to improvement practice work (A3)			L2 x I1 = 2
Failure to deliver GDPR mandated subject access requests due to increased demand against existing resource leading to (i) ICO intervention (ii) Regulatory fines (iii) Reputational impact	F&P17	Chief Information Officer	L4 x I3 = 12	⇔	12				(i) Historical baseline assessment (ii) Monitor impact for first three months (iii) Information Governance Committee monitoring (iv) Finance and Performance Committee report in initial months (v) Suitably qualified Data Protection Officer appointed (vi) Suitably trained staff (vii) Communications campaign and processes in place	(i) DPO appointment made. (ii) Report to Finance and Performance Committee, April and May 2018. (iii) Report to Board of Directors, May 2018. (iv) Active action plan in place. (v) Notices to members, staff and patients regarding GDPR. Shared with Governor Brief. (vi) Paper provided to ANCR re DSP. (vii) Presentation and paper shared at Governor Brief.P4	(i) As set out in actio+W12n plan sent to Board, May 2018. (ii) Internal audit (to be scheduled later in 2019). (iii) Change to Data Security & Protection toolkit.	(i) DPO taking forward actions and reporting into IG Committee (2018/19) and ANCR.		L2 x I2 = 4

Failure to adequately treat patients due to unavailability and lack of supply of medicines leading to (i) Impact on safety of patients (ii) Impact on patient experience (iii) Potential delays to treatment (iv) Impact on trust reputation (v) Increased workload in pharmacy procurement (vi) Financial impact for the Trust	Q&E9	Chief Operating Officer	L4 x I4 = 16	⟷	15				(i) Support from Regional Procurement Team (ii) Arrangement of substitute drugs and medicines (iii) Databse of supply issues managed by RPT (iv) Daily updates on shortages (v) Holding to account of wholesalers for non-delivery of their contractual obligations and monitoring the performance of wholesalers in the region (vi) Local holding to account through account business managers (vii) Escalation measures to Deputy Chief Pharmacist for persistent and acute issues (viii) Logistics team communicating shortages to the ward and pharmacy team if stock not available for supply	(i) Temporary improvements to the supply chain. (ii) Updates from CMU (Commercial Medicines Unit of NHSE). (iii) Risk interrogation to QEC (April 2018). (iv) Government technical notes. (v) Letter and guidance on 'No Deal' Brexit, August 2018.	(i) Longer term improvements to supply chain. (ii) Awareness amongst relevant staff. (iii) Set out in QEC risk interogation report, reported April 2018.	(i) Gaps to be added to database (ongoing) (ii) Action plan as set out to QEC during risk interrogation (Autumn 2018).	Updated 20 September 2019: All controls in place. For risks associated with EU Exit, ongoing liaison with partners and within the organisation to manage risk as part of wider emergency and resilience planning. Regular updates to Exec and Board.	L3 x I3 = 9
Failure to mitigate the impact of an ambitious effectiveness and efficiency programme on quality of care leading to (a) Poor patient and family experience (b) Regulatory action (c) Impact on Trust's reputation (d) Low staff morale	Q&E11	Medical Director / Director of Nursing, Midwifery and Allied Health Professionals	L3x I4 =12	⟷	12				(i) Medical Director and Director of Nursing involved in Quality Impact Assessment process (ii) DNS, COO and MD involved in Efficiency and Effectiveness Committee (iii) DNS, COO and MD in agreeing the effectiveness and efficiency measures through ET (iv) Friends and Family Test (v) PLACE assessments (vi) CQC inspections and mock-inspections (vii) Regular meetings with NHS Improvement (viii) Ward visits programme (ix) Patient Experience Committee	(i) Reports to Clinical Governance Committee and Quality and Effectiveness Committee. (ii) Recent quality accounts continuing to show good performance. (iii) Trust has track record of delivering effectiveness and efficiency measures. (iv) No wards 'red' for quality in previous month. (v) QPIA process and outcomes reported to QEC and CGC. (vi) Positive PLACE assessments. (vii) QEC Meeting reviewed process and example cases (October 2018).	(i) Not yet identified EEPs. (ii) QPIA on all schemes that come through or which change. (iii) QEC exmaination of CIP process.	(i) QPIA process 2018/19 (ongoing).	Medical Director examined with colleagues - 17 September 2019. Some work required to update.	L1 x I4 = 4

Strategic Aim 2 - We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.

RISKS	LINK TO CRR	EXEC	CURRENT RR	DIRECTION OF TRAVEL	Q1	Q2	Q3	Q4	CONTROLS	ASSURANCE	GAPS IN ASSURANCE	ACTION TO ADDRESS GAPS	PROGRESS TIMELINE	TARGET RR
Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications leading to (i) Adverse impact on Trust's financial position (ii) Adverse impact on operational performance (iii) Impact on reputation (iv) Regulatory action	F&P1	Director of Finance	L4 x I4= 16	⇔	16				(i) Business and budget planning processes. (ii) Financial governance policies and procedures. (iii) Monthly monitoring of financial performance. (iv) Data analysis of trends and action to address deterioration. (v) Continued liaison with budget holders to identify risks to delivery. (vi) Detailed monitoring by Finance and Performance Committee. (vii) Budgets set on recurrent outturn resulting in a more robust financial plan. (viii) Budgets signed off by divisions and corporate departments. (ix) Monthly monitoring at Board and directorate level. (x) Uncommitted general contingency reserve. (xi) Regular finance meetings with budget holders. (xii) Performance review meetings with NHSI. (xiii) All directorates signed up to control total. (xiv) Appointment of suitably quaified Efficiency Director. (xv) Formation of Efficiency and Effectiveness Committee. (xvi) Full Capital Monitorring Committee (xvii) Cash Committee monthly (xviii) Robust Cash Forecasts	(i) Exceeded control total in 2018/19 (ii) Production of 2019/20 budget (iii) Unqualified opinion on 2017/18 accounts (vi) Accounts submitted to NHSI by deadline (v) Financial plans submitted to NHSI (vi) Board approval of budgets (vii) Budget setting approved by Finance and Performance Committee (viii) Minutes of accountability and NHSI meetings (ix) External Audit review of financial performance (within Annual Accounts work) (x) Regular finance reports to F&P (xi) Good performance over the last quarter (xiii) Significant assurance audit with limited number of improvements on core financial systems (xiv) External audit 2018/19 (xv) Efficiency Director and team recruited (xvi) Financal performance regime implemented (xvii) Regulator standing down fortnightly reporting (xviii) Regulator standing down finance review meetings with Chief Finance Officer	(i) Achievement of strategic projects (ii)Lack of clear clincal strategy from the ICS (iv) Unidentified CIP (v) Workforce Plans (vi) Demand and capacity planning (vii) Lack of clear clinical strategy from ICS	(i) Project groups established and cases being brought to Board (ii) Plan to address the unidentified CIP and workforce (ongoing) (iv)Performance Assurance Framwork. (v) Deep Dives undertaken at F&P (vi) Appointment of clear strategic lead at Executive Level and use of Monitor Toolkit to assess strategic position	Updated with DOF - 29 August 2019: On target to achieve plan. DOF confident on cash position. Increased knowledge and understanding of RTT risk and activity delivery. Next review 2 October 2019.	L2 x I4 = 8
Failure to deliver Cost Improvement Plans in this financial year leading to (i) Negative impact on Turnaround (ii) Negative impact on Trust's financial positon (iii) Loss of PSF funding	F&P3	Director of Finance	L4 x I4 = 16	⇔	16				(i) Full Quality Risk Assessment and operational deliverability assessment of plans. (ii) Regular consideration of schemes by EEC and Executive Team. (iii) Collaboration with other providers, to identify joint opportunities. (iv) CIP tracker developed to provide visibility of progress agianst plan. (v) Engagement ICS Eff programme. (vi) PMO led by new Eff Director, with associated management processes, key deliverables, risk logs and reporting to Finance and Performance Committee. (vii) Implementation of innovation from external reviews. (viii) Regular meetings with NHSI to track progress. (ix) Regenerated E&E Committee with CEO chair meeting 2/52. (x) CIP recovery meetings (fortnightly) with each group. (xi) Escalation of schemes to F&P Committee (xii) Appointment of suitably qualified Efficiency Director. (xiii) NHSi & Qii continuous improvement	(i) Performance against CIP for 18/19 of £12.2m. (ii) Monthly CIP reports to Finance and Performance and Board. (iii) Assurance provided to NHSI at quarterly meetings. (iv) New PMO governance processes agreed and implemented. (vi) Schemes in place for 2019/20. (viii) KPMG report on CIPs - significant assurance. (ix) CIP gap closed to £800k (from £2.5m). (x) £1m of schemes now in delivery, not planning. (x) IPR for Board updated.	(i) Outstanding recurrent CIP target to be found (ii) Consistent reporting of on track CIP schemes (iii) See F&P1	(i) Work with Executive Team on high risk and unidentified schemes (ii) Schemes to be reported to F&P each month (ongoing) (iii) See Risk F&P1 (iv) Performance Assurance Framework (v) Workforce plan to be produced by DP&OD for end of Q1.	Updated with DOF - 29 August 2019: £1.2m to find - monitored through F&P Committee. Next review 2 October 2019.	L1 x I4 = 4
Failure to achieve income targets arising from issues with activity leading to (i) the Trust not being paid for the work it is doing and subsequent impact on the financial plan (ii) reputational impact arising from a financial shortfall (iii) potential regulatory action arising from a financial shortfall	F&P19	Director of Finance	L3 x I5 = 15	⇔	10				(i) PTL meetings. (ii) Accountability meetings. (iii) Meetings with CCGs. (iv) Holding to account through Finance and Performance Committee. (v) Regular monitoring of activity plans. (vi) Care groups signed up to deliver activity. (vii) Enhanced PTL Meetings* (viii) Use of GOOROO (ix) Monitoring of prospective booking (x) Qii scheduling programme (xi) QPIA Process (xii) Doncaster PLACE Transformation Board and Efficiency Committee	(i) Accountability meetings taking place. (ii) Audit of maternity income. (iii) Delivery of income from M1 - 6.	(i) Capacity and demand plan (ii) Activity modelling	(i) Capacity and demand plan and actvity modelling (Autumn 2018) - elective and outpatient firsts	Updated with DOF - 29 August 2019: Risk was increased to 15 (from 10 in May 2019) when additional controls and assurances were added. No further change. Next review 2 October 2019.	L1 x I4 = 4
Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance. **Note:** A number of different distinct risks are contained within this overarching entry. For further details please consult the E&F risk register. leading to (i) Breaches of regulatory compliance and enforcement (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation (v) Reduced levels of business resilience (vi) Inefficient energy use (increased cost) (vii) Increased breakdowns leading to operational disruption (viii) Restriction to site development	F&P4	Director of Estates and Facilities	L4 x I5 = 20	⇔	20				(i) Annual business plan supports identification of issues by Care Groups / Directorates (ii) Risk-based capital investment plans (iii) Maintenance and support service contracts (iv) Independent Authorising Engineers appointed for key services, providing annual audits and technical guidance (v) Revised business planning process for all capital investments (vi) Estate condition and backlog maintenance assessment undertaken via 6-7 facet survey (vi) Progress and monitoring of actions undertaken through compliance committees e.g. health and safety committee (vii) Board level health and safety training undertaken, October 2017 (viii) Completion of in-depth high voltage scheme (June 2017) (ix) Emergeny Capital Theatre Bid	(i) Presentations to Finance and Performance and Governors Briefings (ii) Catering contract agreed May 2017 (iii) New service assistants in post April 2017 (iv) Completed 6/7 facet survey (v) Asbetos and window surveys complete (vi) Asbestos management plan up to date (vii) Window risk assessments complete (viii) Water management protocols complete and progress commenced (ix) Electrical infrastructure surveys complete (xii) Waste contract completed and delivered (xiii) New catering contract signed (xiv) New gas main (xv) Continuously premise assurance model (xvi) Estates Strategy approved by Board and capital plan (xvii) Estates strategy audited (significant assurance) (xviii) Capital programme 18/19 agreed (xix) PAM agreed April 2018 - good requires minimal improvement (xx) 6/7 facet survey work agreed (xxi) Seven year investment plan in place (xxii) Regular EFM KPI Reports to BoD and six monthly H&S KPI reports t ANCR (xxiii) PAM and ERIC completed	(ii) EFM transformation project	(ii) Seek additional funding to rectify condition and backlog maintenance issues (iii) £137m bid unsuccessful at wave 3, emergency capital bids being developed for fire compliance and main theatre and womens and childrens compliance. (iv) Work due to start 1 July for fire compliance and 1 sept for theatres. (v) Potential re-submit wider bid wave 4 2021. (vi) NHSI requests for reduction in Capital Spend across SYB ICS of 25% in total.	Updated 19 September 2019: Work to estbalish feasibility of New Hospital Build for DRI working with DMBC is underway. Meeting to be held at DRI with key Stakeholders in coming months to discuss. Next review 25 September 2019.	L2 x I5 = 10
Risk of critical lift failure leading to (a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area	F&P20 / Q&E12	Director of Estates and Facilities	L4 x I5 = 20	⇔	20				(i) Reporting to Estates Committee and Clinical Governance Committee (ii) PLACE assessments (iii) Contract monitoring arrangements (iv) Issues raised through Governor Forum and Patient Experience Committee (v) Issues and complaints statistics (vi) Service contract with Lift service provider which includes X 2 resident lift engineers on site permanently (vii) Lift refurbishment complete (lifts 4, 5, 6 and East Ward Block)	(i) Report to Part 2 Board, 26 June 2018 (ii) Confirmation of ability to use STF funding (iii) Catering updates to F&P, Board and Council of Governors (iv) Communication through ET and to Governors (v) Lifts down now back in commission	(i) Full lift survey to be undertaken in 2019/20 to develop capital for replacement	(i) Full site survey of lift conditions being undertaken in order to develop modernisation of programme.	Updated 19 September 2019: Trust wide lift survey is currently in progress as described which will inform future capital investment program. Survey completed at MMH and BDGH, but DRI still in progress and all data required to accurately inform priorities. Next review 25 September 2019.	L2 x I5 = 10

Failing to address the effects of the agency cap leading to (i) Negative patient and public reaction towards the Trust (ii) Impact on reputation	F&P5	Director of People and OD/ Chief Operating Officer/Medical Director	L4 x I4 = 16	⟷	16				(i) Teaching hospital status communicated through recruitment. (ii) Care Group to escalate recruitment difficulties to MD/COO. (iii) Use of Trust staff in first instance to address gaps wherever possible. (iv) Signed memo of understanding between all Trusts in the WTP to abide by a standard set of principles. (v) P&OD / Workforce reports to BoD. (vi) Workforce and Education Committee. (vii) Agency spend and breaches going to Exec Team and Finance and Performance. (viii) Better system around rate-to-fill and fill rates. (ix) Use of social media to attract new candidates. (x) Relationships with universities. (xi) GMC Survey. (xii) Medical agency locum panel. (xiii) Grip & Control work including scrutiny of qualified nurses. (xiv) Use of alternative workforce.	(i) Recruitment report to Board May 2017. (ii) Workforce and Education Committee assurance reports to QEC & F&P. (iii) Agency spend and breaches going to Exec Team and F&P. (iv) Improved rate-to-fill and fill rates. (v) Latest GMC Survey, in upper quartiles for a number of specialties. (vi) F&P monitoring agency spend and reporting to Board. (vii) Agency spend to F&P. (viii) Weekly flash reports and meetings. (ix) Bassetlaw@ work. (x) QIMET process. (xi) Nursing workforce within 3% cap. (xii) Report to Board July 2018. (xiii) KPMG audit report and institution of grip and control measures. (xiv) Use of model hospital data. (xv) NHS Professionals collaborative contract in place. (xvi) Medical bank in place. (xvii) Additional grip and control for agency spend. (xviii) Reviewing NHSi Model Hospital Portal data.	(i) Develop new service model to mitigate medical staff shortage, working across the Trust. (ii) Develop and progress workforce from using alternative workforce for service delivery. (iii) Agree with Trusts in WTP to minimise cap breaches. (iv) Decrease local agency spend. (v) Flexible use of staff across ICS system. (vi) Results from collaborative bank pilot to review. (vi) NHSP Collaborative Bank worked up for implemented. (vii) New grip nd control measures in operation. Divisional workforce plans need to adress exisiting shortfalls.	(i) Hospital@ work - T&O issues (Autumn 2018). (ii) In discussion with recruitment agencies to fill gaps (ongoing). (iii) Local Workforce Action Board work taking place. (iv) Grip and control meetings taking place weekly. Nursing and medical staff.	Updated September 2019 (DoP&OD): Workforce and recruitment plan presented to Board in July 2019. Divisional recruitment plans being updated September 2019. Introduction of new roles - Nursing Associates and Assistant Practitoners. Collaborative banks in place across the ICS fir medical an nursing staff. Medical Director examined with colleagues - 17 September 2019: Some work required to update.	L3 x I2 = 6
Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards leading to (i) Regulatory action (ii) Impact on reputation	F&P6	Chief Operating Officer	L4 x I4 = 16	⟷	16				(i) Performance Management and Accountability Framework. (ii) Business planning processes (iii) Relevant policies and procedures. (iv) Daily, weekly & monthly monitoring of targets. (v) Regular monitoring of compliance. (vi) Data analysis of trends and action to address shortfalls. (vii) Continued liaison with leads to identify risks to delivery. (viii) CQC Compliance Governance and Assurance Process. (ix) External reviews policy. (x) Monitoring at monthly Care Group accountability meetings. (xi) A&E QAT process. (xii) Demand and capacity planning proccesses. (xiii) Weekly review of A&E Action plan in accountability meeting chaired by COO. (xiv) Licence to Operate linked to SOF.	(i) Full and unconditional registration with CQC. (ii) Business Intelligence and Performance Reports . (iii) Annual Report & Quality Account. (iv) CE quarterly objectives report (BoD - quarterly). (v) Internal audit of CQC readiness. (vi) CQC Intelligent Monitoring reports & risk ratings. (vii) In Group 2 on four hour waits. (viii) A&E Improvement Progarmme North - showcasing best practice. (ix) System Perfect. (x) Removal of breach fo licence. (xi) Estates performance reported to Board (April 2018). (xii) CQC inspection report and action plan. (xiii) Winter Plan considered by Board, September 2018. (xiv) High evel presentation to Board on CQC outstanding. (xv) Elective care work - feedback from NHSI positive.	(i) Action plan towards outstanding. (ii) 62 day cancer acton plan - urology	(i) Action plan for outstanding due Autumn 2018. (ii) 62 day action plan end Q3 - Completed. Q4 in progress.	Updated 20 September 2019: Refresh of Performance Assurance Framework Trust wide (launched August 2019). Refreshed specialty, divisional and Trust wide governance and oversight for managing elective activity & associated performance targets. Specific audits and support to focus on high risk issues (ie NECS audit and Elective Intensive Support Team). Full plan and deep dives planned at Finance and Performance Committee on high risk performance issues (such as RTT, Sept 2019). Management structure reconfigured to enable greater focus and capacity on high risk performance areas.	L3 x I3 = 9
Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance. **Note:** a number of different distinct risks are conatained within this overarching entry. For further details please consult the EF risk register. leading to (i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation (v) lack of quality of care and service delivery	F&P12	Director of Estates and Facilities ~~/ Medical Director~~	L4 x I5 = 20	⟷	20				(i) Regular external inspections from SYRS and Notts Fire Service (ii) Improved fire safety risk assessments and evacuation strategies (iii) Improved Fire Safety Training (iv) Programme upgrade of fire detection systems (v) Programme upgrade of structural fire precautions (compartments) (vi) External Audit Fire Authorised Engineer (vii) Fire safety training Trust Board and Exec Team (viii) Further Development of Fire Safety Response Team structure (ix) Risk based Capital Investment plans identified by estate condition and backlog maintenance assessments via 6 - 7 facet surveys (x) Progress and monitoring of actions undertaken through compliance committees eg health and safety committee (xi) Emergency Capital Bids to NHSI to accelerate fire improvement programme	(i) Physical works to DRI and MMH (ii) Fire safety action plan (iii) Report to Board in June 2017 (iv) Fire safety training scheduled July 2017 (v) Staff trained in fire safety - June 2017 (vi) Compartmentalisation, fire stopping, fire doors, fire dampers to the East Ward Block (DRI) basement, ground floor and level seven and other areas across the site (vii) Upgrade of existing, and provision of additional, fire alarm and detection systems at DRI and Montagu Hospital. (viii) Approval of evacuation strategies for W&Cs and East Block. (ix) HSE inspections of Women's Block (x) Montagu evactuation strategy approved, December 2017 (xi) Priority list for fire strategies presented to Board (xii) Fire training delivered to deputy directors across organisation (xiii) Training on evacuation strategies	(i) Full compliance with requirements of Fire Service (ii) Actions to address Deficiency Notice at Bassetlaw - partially complete	(i) Training to be rolled out across 2018/19 (Rolling programme). (ii) GMs and Hons to be fire trained.	Updated 19 September 2019: Capital programme for 2019/20 progressing with Emergency Bid for Fire Compliance at DRI. £7.025m to be spent 19/20 ahead of emergency bid submission for further circa £7m. These works are for EWB and W&C specifcially, with review by STFR in February 2020 with a view to lifting Enforcement Notices based on a commitment to complete the remaining works in 20/21. Next review 25 September 2019.	L2 x I5 = 10
Inability to meet Trust's needs for capital investment leading to (i) Inability to sustain improveemnts in Trust's estate. (ii) Negative impact on patient safety. (iii) Negative impact on reputation.	F&P13	Director of Finance	L4 x I4 = 16	⟷	16				(i) Finance reports to Board and Finance and Performance Committee. (ii) Capital governance governance structure - Corporate Investment Group and Capital Monitoring Group. (iii) Guidance and templates for investment and disinvestment. (iv) Proactive prioritisation of schemes. (v) Range of capital groups established and led by directors. (vi) CT Decision made	(i) DBTH part of bidding process for ICS funds and ET to agree priorities. (ii) Five year review of capital requirements which have been prioritised. (iii) Submitted bid for rebuild and IT. (iv) ICS Capital Group	(i) Development of ICS schemes - business cases. (ii) Approval of CT scheme by DOH.	(i) Working on emergency capital bids for key areas and looking at ways to find and develop larger schemes with ICS support following unsuccessful bid in 2018/19. ~~(ii) NHSI/E requesting reduction of Capital Spend by 25% in SYB to meet national shortfall of capital.~~	Updated with DOF - 29 August 2019: Capital allocation increased to original bid. Submit Emergency bids for next year's approval. Will spend allocation. Next review 2 October 2019.Y13	L1 x I4 = 4
Lack of adequate CT scanning capacity at DRI leading to (i) Negative impact on patient safety. (ii) Inability to safely manage the emergency and inpatient activity.	Q&E2	Chief Operating Officer	L3 x I3 = 9	⟷	9				(i) Allocation within 2017/18 capital programme. (ii) Engagement with care group directors. (iii) Mobile CT. (iv) HASU project steering group.	(i) Business case cleared at CIG. (ii) Initial dicussions at F&P and ICS level. (iii) Case approved at Board, February 2018. (iv) CT donation. (v) Positive feedback from NHSI. Work commenced on two new CT scanners - discussed at BoD in Jan 2019. Utilisation of Bassetlaw CT scan and van days Mobile CT scanner.	(i) Approval from DOH. (i) CT scanning implementation.	(i) Awaiting approval from DOH (October 2018) (ii) CT Build Janaury 2019		L2 x I2 = 4
Uncertainty over ICS financial regime including single financial control total leading to (i) Impact on Trust's finances and control total (ii) Negative impact on reputation	F&P16	Director of Finance	L2 x I4 = 8	⟷	8				(i) Chair and exec attendance at ICS meetings. (ii) Leadership at ICS level. (iii) Developing governance structure.	(i) Ongoing discussions with ICS and at national level. (ii) Framework approved June 2018. (iii) Paper to board explaining options (Summer 2018). (iv) Decision by Board to agree option 2. (v) Initial governance workshop took place September 2018. (vii) Monitorring at FD meeting. (viii) Exec Steering Group.	(i) Uncertainty over ICS governance structure.	(i) Further governance work taking place (ongoing) (ii) Ambiguity of national guidance on application of surplus to the SYB system control total.	Updated with DOF - 29 August 2019: No change. Next review 2 October 2019.	L2 x I2 = 4
Risk of fraud leading to (i) Impact on Trust's finance (ii) Negative impact on reputation	ANCR1	Director of Finance	L2 x I4 = 8	⟷	8				(i) Local Counter Fraud Specialist work plan and investigations (ii) Fraud awareness training. (iii) DH Counter-Fraud regime and oversight (iv) Liaison with DOF and Chair of ANCR (v) Staff fraud questionnaire. (vi) Board level awareness	(i) Quarterly and annual LCFS reports (ii) Achievement of satisfactory NHS CFA Quality Assessment Outcome via SRT. (iii) Full completion of 2018/19 operational fraud plan and 2019/20 plan in place. (iv) Completion of fraud staff survey. (vii) 96% completed fraud awareness training in 2018/19. (viii) NHS Protect assurance report to Board. (x) Appropriate Fraud, Bribery and Corruption Policy in place.	N/A	N/A	Updated with DOF - 29 August 2019: No change. Y8 Next review 2 October 2019.	L1 x I4 = 4

Strategic Aim 3 - We will increase partnership working to benefit people and communities.														
RISKS	LINK TO CRR	EXEC	CURRENT RR	DIRECTION OF TRAVEL	Q1	Q2	Q3	Q4	CONTROLS	ASSURANCE	GAPS IN ASSURANCE	ACTION TO ADDRESS GAPS	PROGRESS TIMELINE	TARGET RR
Breakdown of relationship with key partners and stakeholders leading to (i) Negative impact on strategic objectives (ii) Negative impact on reputation	F&P9	Director of Strategy and Transformation	L3 xl4 = 12	⇔	12				(i) Partnership working processes - Working Together, ICS, Accountable Care Systems, HWB. (ii) Engagement with commissioners & other local trusts. (iii) Attendance at CCG governing body meetings. (iv) CE meetings with NHS England. (v) Regular briefings to Members of Parliament. (vi) Partner Governor seats on the Council of Governors. (vii) Regular item on Exec Team for feeding back. (viii) Active representation in ICS Long Term Planning Process.	(i) CE Reports to Board. (ii) Updates on HWB activity. (iii) Updates regarding Working Together and ICS programme via CE report (BoD). (iv) Committees in common and ICS MoUs. (v) Support from commissioners. (vi) Bassetlaw and Doncaster Place Plans endorsed. (vii) Well Led Governance Review reinforces the Trust's partnership arrangements. (viii) ACS Conference for Governors taken place, October 2017 and with NEDs, May 2018. (ix) CIC meetings underway. (x) Collaborative Partnership Agreements with Doncaster and Bassetlaw signed, April and May 2018. (xi) Outcome of legal challenges known and not, as yet, affecting ICS. (xii) ICS MoU considered by Board, September 2018. (xiii) CEO commenced formal secondment with ICS. (xiv) ICS MoU signed.	(i) ACS events planned with MPs and councillors. (ii) Joint meetings with SCH and RDaSH.	(i) Engagement at PLACE level under consideration (Autumn 2018) (ii) Engagement meetings with SCH and RDaSH (Autumn 2018)	Updated 7 October 2019: Added 'Active representation in ICS Long Term Planning process' to controls.	L2 x l4 = 8
Failure to deliver strategic direction leading to (i) Negative impact on patients (ii) Inability to configure services in the best interests of patients (iii) Negative perception of partners and staff	F&P18/QEC10	Director of Strategy and Improvement	L2 x l5 = 10	⇔	10				(i) Process for strategy review based on quarterly exception reporting and annual report to Board. (ii) Quarterly discussion at Executive Team on strategy. (iii) LEAN Programme work. (iv) Capital steering groups set up to consider approach to clinical site development work. (v) Operational groups taking forward individual enabling strategies (IT Steering Group, Estates Group, etc). (vi) Board committees with certain enabling strategies under their remit. (vii) Dedicated resource within Strategy and Transformation.	(i) Overall strategic direction agreed, Summer 2017. (ii) Enabling strategies approved by Board, 2017/18. (iii) Board process for reviewing strategies agreed, April 2018. (iv) Strategy review within board committee terms of reference. (v) Key milestones agreed by ET, April 2018. (vi) Strategy communicated to staff through Buzz and Foundations for Health. (vii) Deep dives and exception reporting mechanism established (June 2018)	(i) Firmer arrangements for committee review of milestones and KPIs to be agreed. (ii) Achivement of strategic milestones. (iii) Capital to achieve long term aims. (iv) Realisation of Improvement Practice work.	(i) Process for milestones and KPIs in development. (ii) Monitoring and achivement of action plans agreed at Board (2018-19) (iii) ICS capital bids (Autumn 2018). (iv) Improvement Practice Programme 2018-19.		L1 x l5 = 5
Failure to ensure business continuity / respond appropriately to major incidents leading to (i) Negative impact on reputation (ii) Regulatory enforcement (iii) Negative impact on performance	F&P10	Chief Operating Officer	L2 x l4 = 8	⇔	8				(i) Business continuity plans (ii) Business Continuity Policy (iii) Statement of Compliance against National Core Standards for EPRR (iv) BRSG which monitors BC planning progress (v) Business Continuity Group linked to operational structures (vi) Major Incident Plan (vii) Training of A&E staff on CBRN incidents (viii) Emergency response plans in place (annually reviewed) - Evacuation of a hospital site - Mass Casualty Plan - Pandemic Influenza Plan - Severe Eeather Plan - Prison Plan - CBRNE plan (ix) Incident Control Rooms in line with EPRR Command and Control guidelines (x) Communications exercises undertaken twice yearly as required by statute (xi) Command & control training for BoD & senior managers on-call (xii) Revision of plans following test exercises. (xiii) On-call senior mangement trained - Leading in a crisis and public enquiry simulation (xiv) New generator and power witchover (Childrens completed).	(i) Power outage testing Summer 2017 (ii) Annual confirmation of compliance against National Core Standards for Emergency Preparedness, Resilience and Response (BoD, Nov 2016) (iii) Test exercises: Sickness, fuel (2016) (iv) Internal Audit follow-up review of business continuity arrangements (v) Risk assessment of major incident and business continuity plans with NHS England (2015) (vi)Y&H peer review of major incident plans 2016. (vii) External review of HAZMAT - compliant (September 2015) (viii) Hazardous Substances policy agreed by Board 29.11.2016 (ix) Tabletop exercises undertaken, SY risk assessment completed and two power cuts (x) Working with Care Groups to develop relevant desktop exercises. (xi) Trust unaffected by system-wide cyber attack, May 2017 (xii) Winter planning agreed by Board in July 2017 (xiii) Compliance with Annual Statement of Compliance against the NHS Core Standards for Emergency Preparedness, Resilience and Response (2017/18) (xiv) Presentation to Board on Emergency Planning, November 2017 (xv) Business continuity exercise (mostly completed), December 2017 (xiv) Further review of processes following power outage (Winter 2018). - work undertaken (xv) Cold weather plan tested. Significant assurance agaisnt latest core standards. (xvi) Esclation Policy for management of major incident - Trust/Council. (xvii) June 2018 testing complete. (xviii) Polcies agreed by MB. (xix) EPRR action plan agreed by Board.	(i) Testing by internal audit. (ii) Brexit plan. (iii) LHRP ratification.	(i) Internal audits (end of 2018/19) (ii) Brexit planning ongoing. (iii) East block tower work to be undertaken in March 2019.		L2 x l3 = 6

Strategic Aim 4 - We will support the development of enhanced community based services, prevention and self-care.														
RISKS	LINK TO CRR	EXEC	CURRENT RR	DIRECTION OF TRAVEL	Q1	Q2	Q3	Q4	CONTROLS	ASSURANCE	GAPS IN ASSURANCE	ACTION TO ADDRESS GAPS	PROGRESS TIMELINE	TARGET RR
Inability to sustain the Paediatrics service at Bassetlaw leading to (i) Withdrawal of overnight service (ii) Negative impact on local community	Q&E3	Chief Operating Officer	L2 x I2 = 4	⇔	4				(i) Consultant led paediatric assessment unit in place. (ii) Arrangements for transferring overnight stays to DRI. (iii) Communication with CCG and HOSC. (iv) Arrangements with Sheffield Children's Hospital. (v) Ongoing paediatric nurse recruitment.	(i) Reports on transferrals (ii) Positive response to recruitment (iii) Discussions with Notts Health O&S Committee in July 2017 (iv) Report to Board, August 2017 regarding future of overnight paediatric service (v) CEO's presentation to Governors, September 2017 (vi) Decision taken by Bassetlaw CCG, October 2017 (vii) Overview and Scrutiny Committee in January 2019 to update on current plans.	(i) Recruitment of medical and nursing staff.	(i) Regular recruitment exercises. (ii) Review of peadiatric competencies for ED - Additional training for Adult Nurses in Bassetlaw ED. (iii) Continue to advertise nursing posts. Paediatrics being review as part of Hospital Services review.		L1x I2 = 2
Reduction in hospital activity and subsequent income due to increase in community provision leading to (i) Increased pressure on acute services (ii) Negative impact on financial plan	F&P14	Director of Finance	L3 x I3 = 9	⇔	9				(i) Measures to ensure ward base matches with cost base (ii) Contract negotiation (III) Nursing workforce report (iv) Agency bank report (v) Corporate Investment Group processes (vi) Business change processes for associated service changes (vii) Contract changes to go to F&P (viii) Monitorring and bidding against appropriate services.	(i) DBTH input into Place Plan (ii) Assessment received for MoU	(i) Understanding of impact of Place Plan and ICS (ii) Lack of clarity over Doncaster Place Plans.	(i) Meetings taking place with Council and other partners to assess impact (ongoing) (ii) Doncaster Place Meeting	Met with DOF - 29 August 2019: No change. Next review 2 October 2019.	L4 x I2 = 8
Commissioner plans do not come to fruition and do not achieve the required levels of acute service reduction leading to (i) Increased pressure on acute services (ii) Negative impact on strategic direction (iii) Negative impact on financial plan	F&P15	Chief Operating Offcer	L4 x I3 = 12	⇔	12				(i) Potential to dual run services (ii) Contractual negotiations (iii) External advice on contractual changes (iv) Consideration of changes through ACPs (v) Gooroo work (vi) Meetings between DOFs of Trust and CCGs	(i) Active monitoring of position (ii) Place Plans in place (iii) Clinical services strategy in place (iv) Both sides committed to outputs from Gooroo work.	(i) Alignment of expectations between Trust and CCG	(i) Ongoing negotiations and plans (Autumn 2018) (ii) CCG agreed to fund additional activity which needs to be undertaken to maintain contract and activity.		L2 x I3 = 6

Strategic Aim 5 - 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.															
RISKS	LINK TO CRR	EXEC	CURRENT RR	DIRECTION OF TRAVEL	Q1	Q2	Q3	Q4	CONTROLS	ASSURANCE	GAPS IN ASSURANCE	ACTION TO ADDRESS GAPS	PROGRESS TIMELINE	TARGET RR
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	F&P8	Director of People & OD	L4 x I4 = 16	⇔	16				(i) HR policies and procedures. (ii) Monitoring of use of agency staff through robust processes to stay within cap. (iii) Medical staff recruitment action plans. (iv) Care Group Business Plans – workforce plans. (v) E-Rostering processes. (vi) VCF processes - bolstered. (vii) Consultant appointment approval processes. (viii) NHS Professionals processes & management information. (ix) Pilot of Assistant Practitioner role. (x) Links with universities, increasing local placements. (xi) Developing bands 1-4 nursing roles. (xii) Nurse associate roles - exploration. (xiii) Increasing the attractiveness of the website, social media and open days. (xiv) Open days for recruitment (June 2019)	(i) Increased fill-rate, above national averages in most areas. (ii) Recruitment report to Board, May 2017. (iii) Regular NHSI reporting which is reported to Exec Team, increased to bank as well as agency. (iv) Benchmarking work. (v) WTP work. (vi) New style agency report reported monthly to Exec Team. (vii) Work with ICS Local Workforce Action Board. (viii) Accountability arrangements embedded. (ix) Regular reports to F&P. (x) Review of cohort recruitment. (xi) Work on apprenticeships. (x) We Care for Junior Doctors work. (xi) People & OD Strategy. (xii) QIMET work. (xiii) P&OD structure in place. (xiv) Hall Cross Foundation School work. (xv) Pilot for international recruitment for Junior Drs. (xvi) Expanding Medical Training Initiative recruitment.	(i) Leadership Strategy. (ii) Radiographers work ongoing. (iii) Actions identified in strategic milestones. (iv) LWAB work taking place.	(i) Recruitment for radiographers in place - skill mix (Autumn 2018). (ii) LWAB actions. (iii) Q4 2018/19 (iv) Refreshing recruitment material and branding. (v) Recruitment with Napal. (vi) Open days for recruitment (June 2019)	Update September 2019: Workforce and recruitment plan submitted to Recruitment plans being updated by Divisions. Overseas nursing recruitment campaign underway. MTI recrutiment. QiMet programme. CeSR programme. New Band 4 roles.	L2 x I4 = 8
Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development leading to (i) Deterioration in management-staff relationships (ii) Negative impact on performance (iii) Negative impact on reputation	Q&E1	Director of People & OD	L4 x I4 = 16	⇔	16				(i) Process to engage with LNC. (ii) Process to engage with Partnership Forum. (iii) HR policies and procedures. (iv) Staff engagement project strands. (v) Staff experience group. (vi) Listening events by CEO. (vi) E&E Committee communications plan. (vii) One-page strategy summaries. (viii) Staff social media sites. (ix) Staff Experience Meetings	(i) Suspensions/exclusions reports to ANCR. (ii) P&OD reports to Board. (iii) Briefings regarding staff engagement during restructures. (iv) Records of ongoing engagement via Partnership Forum. (v) Staff Survey results. (vi) Grievance and employment tribunal rates. (vii) Outcomes of negotiation & work with staff side. (x) Delivery of engagement plan KPIs. (xi) Listening events - Autumn 2018. (xii) Buzz and social media interaction. (xi) Meetings with staff regarding Hospital Services Review. (xii) Staff survey action plans to Board, May 2018. (xiii) Partnership Board meetings with executive directors. (xiv) Update on progress agaisnt action plan at Board in December 2018.	(i) Staff survey action plans fully signed up to. (ii) Relationship with new chair of Partnership Forum. (iii) Actions identified in strategic milestones. (iv) Actions identified in deep dive risk interrogation, QEC (August 2018) (v) Relaunch staff experience group.	(i) Divisional action plans to be implemented and monitored through accountability meetings. (ii) Development of staff side relationships (Autumn 2018). (iii) Q4 2018-19	Update September 2019: Staff Survey action plan. Social media campaigns - eg what are you proud of. Sharing How we care conference; Develop. Belong, Thrive, Here leadership development programme encompassing compassionate and inclusive leadership; Qi programmes - Leading to Outstanding - going to the Gemba.	L2 x I4 = 8
Failure to improve staff morale leading to (i) Recruitment and retention issues (ii) Impact on reputation (iii) Increased staff sickness levels	Q&E6	Director of People and OD	L3 x I4 = 12	⇔	12				(i) Monitoring by staff experience group. (ii) Revised appraisal process. (iii) Chief Executive's listening exercises and 'you said, we did'. (iv) Staff involved in strategy engagement. (v) Management passport qualification developed. (vi) Localised action plans. (vii) Staff survey action plan monitored by Board and QEC. (viii) Revamped staff brief. (xi) 'Bugbears and bright ideas' approach. (x) Agreed approach to staffside - management meetings. (xi) Achievment of teaching hospital status.	(i) Feedback from Friends and Family Q2. (ii) Feedback from CEO's listening events and lunchtime meetings with consultants. (iii) Bugbears and bright ideas outcomes. (iv) Report to QEC and Board, June 2017, on staff survey action plan. (v) People and OD Strategy approved by Board in October 2017. (vi) Improvements in staff survey results. (vii) Action plans approved by Board (April 2018). (viii) Progress update on actions to Board in December 2018.	(i) Consistent positive scores for staff Friends and Family Test. (ii) Consistent positive scores for staff survey. (iii) Actions identified in strategic milestones. (iv) Active monitoring against departmental action plans. (v) Conclusion of clinical admin review.	(i) Additional listening exercises. (ii) P&OD action plans (Various). (iii) Q4 2018-19. (iv) BPs to update on progress against each of action plans. (v) Clinical admin review concluded (January 2019 - interviews held recruitment ongoing). (vi) Planning future actions for 2019. (vii) Staff Survey to be highlighted under new PAF.	Update September 2019: Staff survey action plan developed along with divisional action plans; feedback through quarter 1 staff FFT results looking positive improvements. People issues refocus within accountability meetings with divisions.	L2 x I4 = 8

BAF - PROPOSED FORMAT
PERFORMANCE

AIMS, OBJECTIVES AND RISKS						CONTROLS					ASSURANCE			
						EXISTING CONTROLS			CONTROL GAPS		EXISTING ASSURANCES	ASSURANCE GAPS		
Strategic Objective	Strategic Risk	Exec Lead(s)	Monitored By	Ref	Linked Risk(s)	Primary Controls	Secondary Controls	Tertiary Controls	Existing Gaps	Actions to Mitigate Gaps	Assurance Reports	Gaps in Assurance	Actions to Mitigate Gaps	Assurance Rating
Performance: We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary	Insufficient systems and processes for data quality	COO / JS	F&P	1.1										
Performance: We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary	Inability to offer an appropriate range of services to patients in a sustainable way	COO	F&P	1.2										
Performance: We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary	Inability to consistently deliver the full range of NHSI access standards (4 hour, all cancer standards and 18 weeks) and other internal/external standards for acute care	COO	F&P	1.3										

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

H1

Title	Chair's and NEDs' Report		
Report to	Board of Directors	Date	29 October 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 September and October 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 – October 2019

World Patient Safety Day

The very first World Patient Safety Day took place in September. I joined colleagues who marked the day with a showcase of patient safety matters including, falls prevention, safeguarding and skin integrity. There was a clear focus on minimising safety incidents to drive improvements in the quality of care. The event coincided with the launch of the new fluid balance charts to allow simplified and consolidated recording, encouraging colleagues to "think kidneys", monitor hydration and prevent acute kidney injury in hospital. It also saw the launch of the new department Quality Accreditation Tool (dQAT).

Annual Members Meeting

A successful and well attended Annual Members Meeting took place on 26 September, returning for a second year to the Keepmoat Stadium in Doncaster. Those who attended were able to browse an extensive selection of promotional stalls prior to the meeting, providing information on internal services and facilities and those of our partners. Colleagues, members, governors and partners were updated on the Trust's performance standards, highlights and challenges during 2018/19 and our aspirations for the coming year. Jon Sargeant, Director of Finance, provided a summary of the previous financial year and a forecast for the year ahead. The Trust's quality improvement journey was shared by Marie Purdue, Director of Strategy and Transformation. Finally, Hazel Brand, Lead Governor shared her review of the year from the perspective of our governors. In line with the previous year's approach each table, supported by executive and non-executive directors, was invited to pose a question of importance to the panel. This was an excellent way of encouraging an active participation for all. Once again we were able to reach out to our deaf community with the support of British Sign Language interpreters and for the very first time the event was live streamed on Facebook to those unable to join us in person. My thanks go to all who supported and contributed to the event.

CQC Inspections

Care Quality Commission

Like many of you, I have been involved in a number of meetings with the CQC inspection team over the last few weeks, both as part of the Use of Resources assessment and also during the well-led inspection. Although the outcome of the visit is not yet known I would like to share my appreciation for the significant preparation, support and amazing team work that has been seen by colleagues across the Trust ahead of, during and after the inspection visits. The draft report is expected at the end of November, so further details will be shared in due course.

Continuity of Carer Launch

At the start of this month I joined Lois Mellor, Head of Midwifery, and her team who are introducing a model of care to ensure women receive the best possible experience throughout their maternity care.
After a national maternity review took place in 2016, NHS England Published ''Better Births'' which documented a vision to provide safe, personalised and women-centred maternity care. Whilst not a new concept within healthcare, Continuity of Carer (CoC) models throughout the entire woman's pregnancy journey have demonstrated improved clinical and mental health outcomes for women, babies and their families. The team, known as the Welbeck Midwives, will be in post from 2 December 2019 and will be supported by an obstetrician who can offer advice where appropriate. It was great to hear the enthusiasm from the team with regards to this quality of care improvement and their appreciation of the difference this can make to families lives.

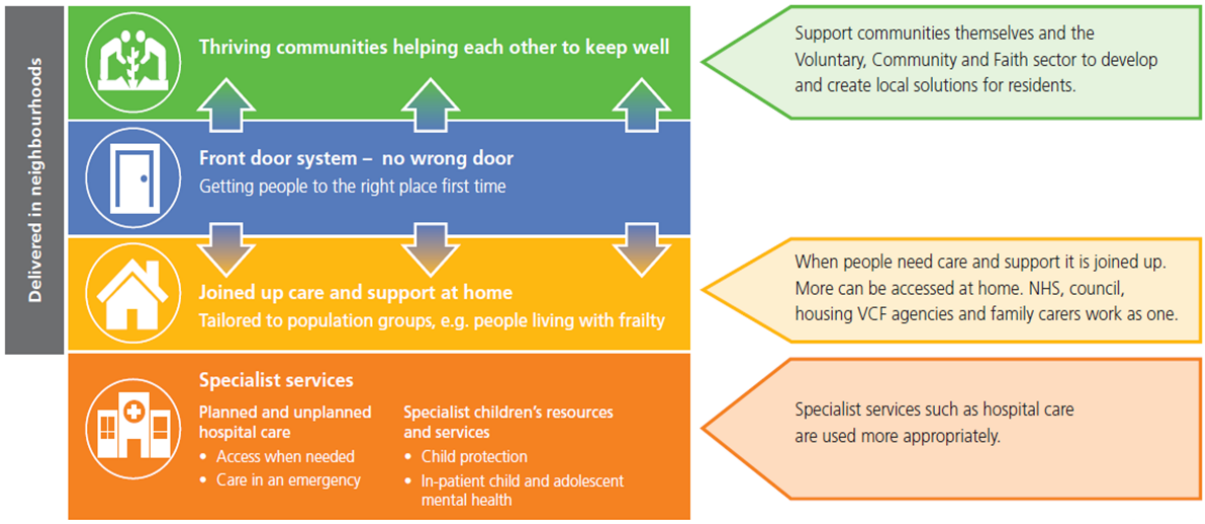
SY&B ICS Response to the NHS Long Term Plan (LTP)

On 7 October I joined executive and non-executive colleagues at the extraordinary meeting of Committees in Common to receive an update on the SY&B ICS response to the LTP. We were able to reflect on the implications of the long term plan, receive feedback from the Acute Provider Executive Team Timeout and discuss future working arrangements. The role of the acute provider was considered, including circumstances in which we operate as individual organisations, at place, or at an Acute Federation level. I acted as Facilitator and Chair of the session and was able to take feedback from each table which has gone back into the ICS to inform future ways of working.

Doncaster Place Plan

Along with an excellent level of representation from trust and partner colleagues I joined the Doncaster Place Plan event on 16 October as a panel member. Doncaster Health and Social Care has a long history of working together in partnership to achieve excellent and sustainable services for the future; the need to have a combined vision and plan to support delivery of this resulted in the formation of the Place Plan in 2016. However, since then much has changed locally, regionally and

nationally and a refresh was required. This event allowed extended engagement with our non-executive directors, lay members, governors and ward councilors, to increase awareness of the Place Plan and its intended outcomes to provide the best possible outcomes and care for our local communities. To support delivery of the Place Plan, Doncaster's first ever joint health and social care commissioning strategy was published earlier this year. Aligned with the NHS Long Term Plan, it sets out the direction of travel and priorities up until 2021, reducing duplication and making best use of local resources. It also highlights how we will change the way we work and think in the future. A new four-layer model, detailed below, has been developed which recognises that improving the health and wellbeing of local people will not be achieved by strengthening hospital care and general practice in isolation, or that schools or social care can address challenges to children and families alone.



Introductory Meeting – Health Libraries

Following the retirement of the former Library Services Manager, Janet Sampson, I am pleased to share with you the appointment of Katherine France as Health Libraries Strategic Manager. I initially met Katherine at the Annual Members Meeting where she was promoting her service, on my return to the office I took the opportunity to formally welcome her to the Trust and hear of her plans as she settles into her new role. In terms of support from the Trust, building relationships and the profile of the library service David Purdue has agreed to act as Katherine's nominated Board member.

Friday Lunchtime Lecture

Ahead of, and in support of, the National Allied Health Professions Day on 14 October I met with Vicky Leonard, Physiotherapist and Clayton Cecil, Integrated Discharge Team Practitioner. I introduced the lunchtime lecture on 11 October which focused on AHPs working in advanced practice roles and heard from a range of speakers in primary and secondary care and from Colette Fegan, Sheffield Hallam University's Interim Head of Department for AHPs, who spoke of the academic modules available to support the development of AHPs.

Governor Advisory Committee (GAC)

Finally, I attended GAC, where we considered the following agenda items:

- Q2 Progress Update on the Governor Support Programme & a forward plan for Q3
- NHSi guidance on a new structure to align remuneration for Chairs and Non-executive directors of NHS trusts and NHS foundation trusts, an appraisal framework and development framework for provider chairs.
- CQC Guidance – CQC and Foundation Trust Councils of Governors Working Together

NED Reports

Neil Rhodes

Since the last Trust Board report Neil has met with lawyers in relation to an employment tribunal matter. He attended the Annual Members Meeting and together with his Non-executive director colleagues took part in interviews with the CQC inspection team. He has also chaired two Finance and Performance Committees.

Pat Drake

Following on from the last Board meeting Pat has attended a number of events and meetings, she has chaired the Quality & Effectiveness Committee, attended the Finance & Performance Committee and had one to one meetings with the Lead Governor, Karen Barnard and Jeannette Reay. She attended a key interview with CQC inspectors on October 9th, both as Chair of the Quality & Effectiveness Committee and as part of the collective Non-executive director focus group.

Pat attended the Masterclass lecture by Professor Singleton on quality improvement which was very well received. A Committees in Common event for Acute providers in the ICS with Non-executive colleague, Kath Smart and the Annual Members Meeting.

As a follow on to July's event Pat attended the SY&B ICS Guiding Coalition session where the draft refreshed vision and ambition for the Five Year Plan was shared. The session included further discussions on the themes which emerged at the earlier event, along with feedback from the public, staff and other stakeholders. This feedback will inform the final submission of the Plan in November.

Finally, Pat attended the Continuity of Carer event in maternity to launch a new way of working.

Sheena McDonnell

The last month has seen Sheena attending the Annual Members Meeting at the Keepmoat Stadium along with other Board members, reviewing the great work from the previous year. Sheena has also taken over from Pat Drake as the Freedom to Speak up Guardian Non-executive Director, working alongside Paula Hill and welcoming the national guardian's office in its visit to the Trust.

Sheena was involved in producing a video raising awareness for Breast Screening in Breast Cancer awareness month. Following on a similar theme Sheena has been involved in recruitment for an Oncoplastic Breast Surgeon for the Trust.

Along with all Non-executives and other leadership colleagues across the Trust Sheena was involved in the CQC well led inspection participating in a focus group of Non-executives. She has had the opportunity to attend the launch of Doncaster Place Plan with other colleagues and partners. And lastly before this Board meeting attended the October Quality & Effectiveness Committee.

Kath Smart

In Kath's role as Audit Chair she has met with other NHS Audit Chairs from Doncaster & Bassetlaw Place to build positive working relationships. She has also met with members of the DBTH Finance team to discuss the complex income steams which the Trust receives, and in her new role as Procurement NED, has met with Richard Somerset to go through the Trust's newly revised Procurement Strategy. She held an agenda planning session with the Director of Finance and Company Secretary in preparation for November's upcoming Audit Committee.

Kath has had her interview with the CQC as Audit Chair and also met with the CQC as a NED group. Along with Suzy, Sheena and governors, Kath attended the Doncaster Place Plan refresh, hearing about the achievements with the place plan so far, planned priorities going forward and the wider communication strategy.

As part of her ongoing buddying arrangements with the Medicine Division, she had a tour of the planned imminent building improvements to the space inside the ED Department at DRI, and met some more of the team whilst hearing about a potential new system to help with unscheduled care planning across Doncaster.

Along with other Board members she also attended the Committees in Common SY&B ICS response to the Long Term Plan, which was developing principles of work to take place at Place and ICS level.

Finally, Kath attended the September Annual Members Meeting, Octobers Finance and Performance Committee and alongside Sheena and other Board members, attended the national Freedom to Speak Up (FTSU) Guardian office visit to hear key messages about taking FTSU forward in DBTH.

H2

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Chief Executive's Report
October 2019

Care Quality Commission (CQC) inspection comes to an end

Following the conclusion of the 'Well Led Inspection' which took place 8 to 10 October, the Care Quality Commission (CQC) and Use of Resources inspections of the Trust have now been concluded.

I want to publically share my thanks with every member of Team DBTH for their hard work, dedication and professionalism throughout this process. Ensuring we deliver the highest quality of patient care is never easy, and this is made even more challenging when supporting a comprehensive inspection programme and visiting inspectors. However, I believe colleagues have risen to the challenge throughout the past number of weeks.

We are expecting to receive a draft report towards the end of November with the final report published in January. Ahead of this I can advise that, during the unannounced inspection (3 to 6 September) our visitors described colleagues as open, engaging and passionate about their work.

Complimenting this further, in the recent 'Well-Led' portion of the exercise; inspectors told us that we are a welcoming and people-focused organisation.

We are on a journey to become the safest Trust in England, outstanding in all that we do, and we believe we are making good progress towards this destination.

Hospital services set to move away from Chequer Road Clinic

Following months of planning and preparation Mammography, Audiology and Children's Speech and Language Therapy services provided by the Trust will soon move away from the Chequer Road Clinic.

Throughout the past number of years, the Trust's town centre premises have developed a number of problems creating issues for the services run from the building, particularly Audiology services.

Seeking to resolve these issues, the Trust will be moving the three services currently based at Chequer Road to the following locations:

- Audiology will move less than two miles away to The Sandringham Practice (Sandringham Road, Intake, Doncaster, and South Yorkshire, DN2 5JH)
- Mammography and Children's Speech and Language Therapy will move less than a third of a mile to Devonshire House (Cavendish Court, S Parade, Doncaster DN1 2DJ).
-

When services have a final date for relocation, existing patients will be notified with at least six weeks' notice of the change of venue. Both new clinics will offer on-site car parking, as well as being accessible via regular bus routes.

The Trust will update further once a confirmed timeline of dates is in place for the move and current patients are advised to attend their appointments at the Chequer Road Clinic as normal.

Launch of the Doncaster Place Plan

This month, with partners across the patch, we launched the Doncaster Place Plan, setting out our collective vision to join-up a wide range of health and social care services across Doncaster.

Our aim is to improve services for local people and improve the outcomes achieved by them, so that people are more in control of their health and wellbeing. The Integrated Care Partnership is made up of the major NHS, local authority and housing health and social care providers in the Borough, including Doncaster CCG, Doncaster Council, Doncaster and Bassetlaw teaching Hospitals NHSFT, Rotherham, Doncaster and South Humber NHSFT, Primary Care Doncaster, FCMS, St Leger Homes and Doncaster Children's Services Trust.

Recruiting Team DBTH's next generation of nurses

In the coming weeks we will be looking to recruit around 70 newly qualified nurses across a range of specialities based at our three main hospital sites.

As an 'anchor employer' within the area, with over 6,600 colleagues, almost one quarter of the workforce is made up of nurses and midwives. Newly-qualified practitioners are integral to the Trust's ability to deliver high quality patient care and as such the organisation is looking to recruit the next generation of NHS workers.

In October we hosted two hugely successful open days for final year students to understand what we can offer as an employer, with a number of job adverts are now live via NHS Jobs and our own website.

All newly qualified nurses employed at the Trust take part in a 'Preceptorship Programme', a scheme to provide support to nurses in their first year in post to help develop skills, maximise potential and empower them to make a real difference to patient care. Recognised for its innovative and pioneering approach, it was nominated this year nominated for an award by the Nursing Times.

Flu vaccination campaign gets underway

On Tuesday 1 October, we officially started our flu vaccination campaign for colleagues across the Trust.

Once again, I have been amazed by the enthusiasm our clinicians have shown, with 1,500 nurses, doctors and other health professionals volunteering to get their flu jab in the first week alone. Our flu campaign is currently being led by a dedicated team of over 100 vaccinators (more than double the amount recruited last year) from across a variety of specialities and services within the Trust.

Each year, in order to help promote the availability of the jab, the Trust takes on cinematic inspiration, with this year's flu vaccination campaign nodding towards Hanna-Barbera's 'Scooby Doo'. Dubbed 'Scooby Flu', a handful of vaccinators have donned wigs and costumes, recreating the iconic cartoon's 60s inspired cast in a number of posters, social media graphics and a music video (with lyrics penned by yours truly!).

Throughout October and into November, we will continue to vaccinate its frontline workforce to further reduce the risk of hospital patients contracting flu this winter. Visitors can also help in the fight against flu and other winter illnesses by not coming to the Trust to see relatives and friends in hospital if they have flu and cold symptoms such as fever, chills, headache, cough, body aches and fatigue.

Introducing our new outpatient pharmacy

In late September, we launched our very first outpatient pharmacy.

Known as Doncaster and Bassetlaw Healthcare Services (DBHS), the Trust-owned subsidiary will use the same premises of the Well Pharmacy, as well as employ the same eight members of staff (on the same terms and conditions as before), bringing them into the wider NHS family.

As part of long-term business restructuring, the Well Pharmacy decided to withdraw from a large number of hospitals across the country, including DBTH. Seizing the opportunity for Team DBTH, we have decided to take on this service, which dispenses over 100,000 prescriptions each and every year, creating (DBHS) to oversee its day-to-day operations on behalf of the Trust.

The benefits of this venture are numerous, such as creating an additional income stream for DBTH, making good use of our existing procurement chains to get the best deal for our patients, and ensuring the service is flexible and responsive to our needs as an organisation.

Please note our Trust Inpatient Pharmacy Team will remain entirely separate from this new venture.

DBTH Digital Transformation: eObservations

Following a slight delay in September, earlier this month our new eObservations system, provided by Nervecentre, rolled-out in all adult wards at Bassetlaw Hospital.

One of the most important tasks within any hospital, 'clinical observations' is the term we use to describe the multitude of tests and exercises which are used to monitor the health of a patient.

From temperature checks to heart rate monitoring, these observations help doctors and nurses understand the condition of their patients, guiding treatment if anything changes.

In short, this new system will replace paperwork for patient observations. Now, our clinicians will be able to record information via the eObservations app, using a mobile device, and the system will calculate whether results are outside the normal range, alerting a senior nurse or medic if urgent attention is required.

South Yorkshire and Bassetlaw Integrated Care System (ICS) Estates Strategy

In order to ensure that estates and facilities across all NHS providers and commissioners are fit for purpose, we have helped to create the ICS' Estates Strategy with our partners. Following a review by NHS Improvement/England, this has been formally rated as 'good' and will allow the regional body to access full capital processes for potential improvements and developments in the future.

Award winning teams and individuals

Our 'Sharing How We Care' team were selected as the winners of the Shared Learning Award by a panel at the Patient Safety Learning Awards 2019.

The award recognises the work involved in setting up an annual conference as a forum to share best practice examples and a monthly newsletter which focuses on aspects of patient safety including patient experience and articles about improvements in clinical areas.

The newsletter is sent to all staff at the Trust on a monthly basis and has been met with resoundingly positive feedback. Data that had previously been shared with committees at the Trust but never seen by the majority of staff on the front-line is now easily accessible and is being shared in a transparent way.

As a result of the work the Sharing How We Care team have been doing, the Trust has seen a 40% decrease in the number of serious incidents reported.

Annual Members' Meeting

The Trust's Annual Members' Meeting took place on Thursday 26 September.

An opportunity to hear about the work and achievements of the organisation in 2018/19, the event was a huge success and I want to thank our members for attending, and colleagues for supporting throughout the day.

Local appointments

At the Trust, we've made the following appointments in the past month:

- **Jodie Roberts** is appointed Deputy Chief Operating Officer and will also support the Trust's Division of Medicine. Jodie will join us from Harrogate and District NHS Foundation Trust in December of this year.
- **Joanne Wright** is appointed General Manager for Clinical Specialities and will join the Trust in January 2020.

H3

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Notes of the meeting of the Fred and Ann Green Legacy Advisory Group
Held on Friday 8 February 2019
in the Fred & Ann Green Boardroom, Montagu Hospital

Present:	Alan Chan	Non-executive Director (Chair)
	Philip Beavers	Public Governor
	Susan McCreadie	Community Representative
	Bob Davis	Community Representative
	Mark Bright	Public Governor
	David Cuckson	Public Governor
	Phil Beavers	Public Governor
In Attendance:	Kate Sullivan	Corporate Governance Officer
	Matthew Bancroft	Head of Financial Control
	Kirsty Clarke	Associate Director of Nursing – Surgery & Cancer Division *(part)*
	Steve Roberts	Trust AM *(part)*
	Trevor Burton	Trust AM *(part)*
	David Gill	Trust AM *(part)*

ACTION

19/2/1 Introductions were made around the table.

Apologies for absence

19/2/2 Apologies were received from Jon Sargeant.

Notes of the meeting held on 16 November 2018 and matters arising

19/2/3 The notes of the meeting held on 16 November 2018 were APPROVED as a correct record subject to the correction of some typographical errors.

Matters Arising

19/2/4 18/11/5 – The Group had previously received a report from Richard Somerset, Acting Head of Procurement on the Contracted Transport Buses Tender Process. Susan McCreadie noted that there was now a charge for the Park & Ride at DRI and she felt this contradicted advise previously received by the Group when they had been told it would not be possible to charge for the Fred & Ann Green Shuttle Bus, to and From Montagu and DRI, and she asked why this was the case. She also asked if the buses being used for the Park & Ride had the 'Fred & Ann Green' signage on them, if so, she queried whether it was appropriate to be charging passengers for using them when they were using the 'Fred & Ann Green' name as this was a possible misrepresentation. Matthew Bancroft commented that the reasons for not being able to charge for the Fred & Ann **MB**

Green Shuttle bus may relate Charitable Status; he agreed to look in to both matters and feedback to the Group.

Fred & Ann Green Memorial Plaque

19/2/5 The Group received the report of the Corporate Governance Officer which provided an update on plans for a memorial plaque in honour of Fred & Ann Green. The wording for the plaque, agreed between the Trust and Mexborough and District Heritage Society, was endorsed. Details of the unveiling of the plaque would be shared with members in due course.

The Fred & Ann Green Memorial Plaque was NOTED

Progress Report on Approved Schemes & Financial Reporting

19/2/6 The Group received the report which provided details of progress against Fred and Ann Green funded schemes. The report provided historic context for the benefit of new members together with an update on current progress. The report was reviewed by exception.

The Progress Report on Approved Schemes update was NOTED.

Community Input

19/2/7 Funding Request – Nutritional Support Role

The Group considered the report which was presented by Kirsty Clark, Associate Director of Nursing for the Surgery & Cancer Division. As part of the Charitable Fund Development Group, a bid had been received to support a Nutritional Support Assistant for a 1 year period as part of a pilot scheme. The role was across all three sites and would work with different groups of staff and patients to ensure patients nutritional needs were met. The Charitable Fund Development Group approved the bid in principal and felt that the Fred & Ann Green Advisory Group would welcome the opportunity to support the bid, given the developmental nature of the bid. Kirsty Clark took the group through the proposal and provided some background information to the case; she noted that the role would support the transfer of patient to the Rehabilitation Centre at Montagu and would speed up the discharge process for those patients already at the Montagu Rehabilitation Centre. The Group fully endorsed the proposal but queried why the Division was seeking charitable funding when the nutritional team had already achieved cost saving greater than the amount of funding being requested; this was discussed and it was clarified that the case needed to show itself to be self-funding before the Trust would fund it substantively and this was the purpose of the 1 year Pilot.

The Group endorsed the proposal to fund a 1 year pilot for a Band 4 Nutritional Support Role and RECOMMENDED this to Charitable Funds for APPROVAL.

19/2/8 Funding Request – Trust AM

The Group considered a request for funding to support the expansion and enhancement of the services provided by the Trust's Hospital Radio Station. The Business Case was presented by Matthew Bancroft. His report was accompanied by a detailed presentation from Trust AM Colleagues who presented to the Group the history of Trust AM since 1972, a detailed update on the services it provided, how things had changed over the years, current challenges and future opportunities.

19/2/9 Trust AM was run entirely by volunteers and was a free service. Trust AM was a standalone charity (charity number: 1064156) providing free hospital radio to the patients of Bassetlaw via medium-wave frequency, and to Bassetlaw and Doncaster patients via the aging premiere bedside entertainment units. With medium-wave frequencies due to be switched off from 2020, Trust AM were proposing offering an on-line, streaming service across all three sites (and beyond). The service would accessible via the Trust Wi-Fi network, as well as internet connections away from Trust sites. To do this, set-up costs, licencing costs and equipment costs were all needed to ensure the project was fully supported and managed appropriately. It was suggested that key waiting areas across the sites were provided with ceiling speakers and local stream receivers. The implication being the PRS/PPL licence would be required to be paid. This was based on the area of the waiting area and an estimate had been given. Providing this facility would improve the 'visibility' and awareness of the service. Signage by the normal hospital method and links on the web sites of the Trust and Trust AM would be required. The Group had a wide ranging and detailed discussion about the history of the service, the current service provided, the funding proposal, how it linked to the corporate objectives, planned implementation timeline, financial summary, workforce impact and risk mitigation.

19/2/10 In response to a query from David Cuckson the Group were assured that the funding would not be used for the maintenance of existing equipment. Broadly the Group supported the plans but Phil Beavers felt that Hospital radio should be available to all patients and the proposal did not guarantee that. He also raised a number of technical questions which were discussed. It was clarified that should the funding be approved the live streaming service would be introduced to Montagu Hospital first.

19/2/11 There was further discussion during which the Group considered the financial funding request in detail. With the exception of Phil Beavers who abstained from the vote on the basis of concerns about restrictive streaming, the Group agreed

to RECOMMEND to Charitable Funds for APPROVAL the proposal to fund the initial set up costs (1 year) of £8,950.00, the ongoing costs for 1 year £1800.00 and, subject to clarification of the square footage required, the licencing costs for the key waiting areas across all 3 sites, estimated at £3k.

Summary of Fund Balance

19/2/12 The Group received the report which provided an analysis and detail relating to the realised and unrealised makeup of the fund, together with commitments against that balance.

19/2/13 The fund value as at 31 December 2018 stood at just over £6m which included the unrealised investment gains. The Summary of Balances report to 31st December 2018 was NOTED.

Any Other Business

19/2/14 Fred & Ann Green Grave – Peter Brindley has asked the Group to consider agreeing to fund cleaning the headstone of Fred & Ann Green as it was looking somewhat tired and the Chair had endorsed this, He asked the group for their thought on the matter. The group fully supported this but raised concern about the risk of damage; it was agreed to approach a specialist cleaner for a quote. Phil Beavers would share the contact details of a company he knew with Matthew Bancroft who would take this forward.

Date and time of next meetings

19/2/15 17 May 2019 at 10am at Montagu Hospital – STOOD DOWN

H4

Minutes of the meeting of the Charitable Funds Committee
Held on Tuesday 21st May 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
	Pat Drake	Non-Executive Director
	Kath Smart	Non-Executive Director
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	Mr Sewa Singh	Medical Director
In attendance:	Gareth Jones	Trust Board Secretary
	Emma Shaheen	Head of Communications and Engagement
	Matthew Bancroft	Head of Financial Accounts
	Phil Beavers	Public Governor Doncaster
	David Cuckson	Public Governor Rest of England and Wales
	Mark Bright	Public Governor Doncaster

ACTION

Welcome and apologies for absence

19/5/1 Apologies for absence were presented on behalf of Kath Smart, Neil Rhodes, Mr Peter Brindley and Mr Bob Davies.

19/5/2 Two members of the Fred and Ann Green Committee had raised concerns in advance of the meeting around two papers that had been listed for Charitable Funds Committee discussion. These related to the Fred and Ann Green Legacy Advisory Group Proposal and the approval of the Falls Assistant business case. Following conversations with committee members Sheena McDonnell advised that the proposal to merge the Fred and Ann Green Legacy Advisory Group and Charitable Funds Committee would be DEFERRED and a future discussion would be held around this proposal at a future meeting of committee members. The Falls Assistant business case would proceed for discussion as planned.

Minutes of the meeting held on 26 February 2019

19/5/3 The minutes of the meeting of the Committee held on 26 February 2019 were APPROVED as a correct record.

Action List

19/5/4 The actions notes were discussed and updated.

For action 4, reference 19/1/15, Jon Sargeant advised that a standard operating procedure would be provided to the Committee in September 2019.

JS

Reports for decision

Review of Fundraising Strategy

19/5/5 The Committee considered an update of Emma Shaheen that set out the operating plan in place for the Communications Team review of the Fundraising Strategy. Emma Shaheen explained that this policy would be completed in addition to the Teams objectives for the coming year.

19/5/6 The Committee felt it was useful for the strategy to form part of the Charitable Funds Committee agenda. It was suggested that closing the loop with regular updates and an increased understanding of how staff were using Charitable Funds was useful as well as a demonstration of the increased awareness and engagement from staff in relation to Charitable Funds.

19/5/7 The Trust's Board of Directors had received a presentation on Cancer Services which discussed the use of Charitable Funds and how these could be used to further develop and improve services in the future.

19/5/8 David Cuckson queried the progress of a Fundraiser which had been discussed previously and whether there was still an opportunity for this at the Trust. Emma Shaheen advised that a proposal for a Fundraiser may be considered in the future and would form part of a review for a sustainable fundraising team but there are no plans currently to employ a Fundraiser.

19/5/9 Suzy Brain England raised her concerns around the use of terminology relating to 'fundraisers' and suggested the focus needs to be on how better to evidence how funds are being used and the effectiveness they have in the day to day work of the Trust. It was felt that 'fundraising' isn't the correct terminology and careful consideration should be made to having a Fundraiser due to the potential costs associated with the employment of a member of staff.

19/5/10 The Committee NOTED the update.

Fred and Ann Green Legacy Advisory Group Proposal

19/5/11 The Committee AGREED to DEFER the discussions on the proposal to merge the Fred and Ann Green Legacy Advisory Group with the Charitable Funds Committee to allow committee members the opportunity to consider and review the paper. A meeting would be arranged with Fred and Ann Green Legacy Advisory Group Members to discuss the proposal before coming back to a future Charitable Funds Committee meeting. **GJ**

Approval of Expenditure

Falls Assistant

19/5/12 The Committee considered a report of the Director of Nursing, Midwifery and Allied Health Professionals which sought approval of the funding request for a Falls Assistant post for a twelve-month period. This proposal had been considered by the Charitable Funds Development Committee however the amount exceeded their approval limit and therefore approval is sought from the Charitable Funds Committee. The cost of this post was £26,300 for the one-year term.

19/5/13 Moira Hardy provided feedback on the work that had taken place with the Falls Prevention Service in recent months, detailed the successes of the falls prevention strategy and policies and noted the impact that had been seen in the reduction of significant harm from falls. The post would be a trial to ascertain whether additional investment would result in improvement and management of patients at risk of a fall. If, after the one-year trial period, the post was still needed, then it would be expected that the usual Trust process of recruitment would be followed to obtain recurrent investment.

19/5/14 The proposal covers care for patients from the Mexborough area therefore it was suggested that the Fred and Ann Green fund is asked to support the bid. However, following discussion, Sheena McDonnell suggested that the bid was considered under Trust Charitable Funds as this paper had not been seen by members of the Fred and Ann Green Committee or debated at the Advisory Group.

19/5/15 Richard Parker sought assurance that the terms of reference for Trust Funds would allow the opportunity to fund a member of staff; Jon Sargent confirmed it was possible.

19/5/16 Pat Drake expressed her support for the bid and the proposal to take from the Trust's Charitable Funds. Suzy Brain England supported the bid and suggested that the Fred and Ann Green Legacy Advisory Group consider the paper at their next committee to utilise the funds of Fred and Ann Green but to take from Trust Funds in the first instance, so that there was no delay to the implementation of the post. The Committee supported the proposal.

19/5/17 The Committee APPROVED the Falls Assistant bid and AGREED to utilise Trust Charitable Funds with a further review of utilising Fred and Ann Green Funds upon the agreement at a future Fred and Ann Green Legacy Advisory Group Meeting. **F&AG Agenda**

Reports for assurance

Charitable Funds Development Committee Update

19/5/18 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 March 2019 to May 2019.

19/5/19 The Committee was informed that the Charitable Funds Development Committee had received 30 funding requests, compared to the 22 received in the previous four months, with a total spend of £232k to date. It was noted that a lot of the requests received had been around improving patient environment which in turn had sent a positive message to staff and helped to improve organisational culture.

19/5/20 Suzy Brain England was pleased to see that the Charitable Funds Development Committee had reviewed the opportunity of using alternative funds first rather than considering charitable funds as their primary option.

19/5/21 Phil Beavers queried the match funding opportunities available that the Committee had considered previously and asked if any further progress had been made in relation to this. Moira Hardy assured the committee that external match funding was regularly considered and utilised where possible. Suzy Brain England supported the concept of match funding and agreed that staff should be able to raise money with a request to Charitable Funds to match it and asked that the Communications Team promote this option further among colleagues. Emma Shaheen also agreed to review the opportunities available externally for match funding and to provide the Committee with an update on of what may be available. **ES**

19/5/22 The Committee NOTED the work undertaken by the Charitable Funds Development Committee to date.

Review of Funds Balances

19/5/23 The Committee considered a report of the Director of Finance that set out the fund balances at the 31 March 2019.

19/5/24 Jon Sargeant advised that work had been ongoing to ensure that dormant funds were closed down where appropriate. When this happened the money was moved to the general fund. Any future requests from the area that held the closed fund were then directed to the general fund. This in effect meant that the fundholder, subject to agreement of the bid had access to a larger sum

that than originally held in their fund. Jon Sargeant was pleased to report that, as a result of this new way of working, the number of funds had almost halved in the last 12 months, with 115 active funds at the 31 March 2019. Of these funds, only six remained that had less than £1,000 within them.

19/5/25 The Director of Finance sought the Committee's view on whether there was an appetite to further consolidate of the future restricted funds. Following a detailed discussion the Committee concluded on a continued requirement to keep track of individual wards and departments funds alongside the general fund but that a reduction in the total number of funds rather than individual funds, should be progressed.

19/5/26 In response to a query raised by Pat Drake around the rules of access to wards and departments to restricted and unrestricted funds Jon Sargeant confirmed that the rules were the same for both categories.

19/5/27 The Committee discussed the grouping and categorisation of funding which, if moved into one general fund, would cause concern for colleagues as they may not feel supportive of raising money for the Trust. It was discussed that a fair approach to a general fund was required and a further review would be required to ensure we were able to work towards maximising unrestricted funding and reducing the numbers of separate funds in place.

19/5/28 The Committee DISCUSSED the fund balances and the potential for a future consolidation and NOTED the update.

Review of ISA 260 Workplans

19/5/29 The Committee considered a report of the Director of Finance that set out the review of the ISA 260 workplans. The Charitable Funds Audit of 2017/18 was concluded in January 2019 and with it came a number of internal control themes and observations. The paper outlined the key audit findings and provided an update on how the internal control themes and observations would be managed going forward. The Committee acknowledged the progress and felt assured that the Trust remained in a strong position in terms of the recommended audit actions.

19/5/30 The Committee NOTED the update.

Reports for information

Fred and Ann Green Legacy Advisory Group Minutes of 08th February 2019

19/5/31 The minutes of the Fred and Ann Green Legacy Advisory Group of 8 February 2019 were NOTED.

Committee Workplan

19/5/32 The Committee NOTED the workplan.

Any Other Business

19/5/33 **Plaque Unveiling** – The committee noted the unveiling of the Fred and Ann Green Plaque on Friday 17 May 2019.

Date and Time of next meeting

19/5/34 The next meeting of the Committee would take place 24 September 2019, in the Fred and Ann Green Boardroom at Montagu Hospital, following the Board of Directors meeting.

Sheena McDonnell **Date**
Chair of the Committee

H5

APPROVED

MB19/9/1 – MB19/9/15

MANAGEMENT BOARD

Minutes of the meeting of the Management Board held in on Monday 12 September 2019 at 2.00pm in the Board Room, Bassetlaw Hospital

Present:
Richard Parker OBE – Chief Executive (Chair)
Ken Anderson – Chief Information Officer
Karen Barnard - Director of People and Organisational Development
Dr Kirsty Edmondson-Jones - Director of Estates and Facilities
Eki Emovon, Divisional Director - Children & Families
Rebecca Joyce – Chief Operating Officer
Jeannette Reay – Head of Corporate Assurance / Company Secretary
Marie Purdue – Director of Strategy and Transformation
David Purdue – Deputy Chief Executive and Director of Nursing
Jon Sargeant – Director of Finance
Sewa Singh – Medical Director

In attendance:
Mandy Espey – for Antonia Durham Hall
Lesley Hammond – For Nick Mallaband
Rosalyn Wilson – Corporate Governance Officer (Minutes)

Apologies:
Nick Mallaband, Divisional Director - Medicine
Antonia Durham- Hall, Divisional Director - Surgery & Cancer
Jochen Seidel, Divisional Director – Clinical Specialities

ACTION

MB19/9/1 **Apologies (Verbal)**

The Management Board:

- ***Noted the apologies for absence.***

MB19/9/2 **Matters Arising (Enclosure A2)**

The Management Board:

- ***Noted the updates on actions from previous meetings:***

MB/19/1/31 - Overpayments Project
Karen Barnard was working with Finance to assign the costs (total value £350,000) per division. This would be completed before the next Management Board Meeting in October 2019 – with an anonymised report provided to the Executive Team meeting beforehand.

There would be a clear plan to show payback options and what that meant for staff. At the moment the cost of the overpayments was balanced out by the vacancies and £150,000 had already been accrued back.

Action – Karen Barnard and Jon Sargeant would put together the full analysis and breakdown and present to the Executive Team before October's Management Board. | **KB / JS**

Administration Review Outcome
Rebecca Joyce was reviewing the progress of the admin review, with a view to completion in time for October's Management Board meeting.

MB19/9/3 **CQC Update – Unannounced and Well Led Visit (Verbal)**

David Purdue provided a comprehensive update on the feedback from the CQC visits to Retford and Mexborough, noting:

- A number of Retford clinical rooms with carpet flooring - Richard Parker queried whether this had been known by Infection Control?
- Out of dates needles in a drawer at Retford.
- Opening days and times not visible at Retford.
- Lack of signage at Mexborough Minor Injuries.

David Purdue advised that Giles Morrison would be undertaking a full QA review of the X-ray departments before the Well Led Visits. It was noted that the current guidelines for Medical Imaging appeared to make compliance difficult.

The majority of data requests from the Unannounced Inspection had been completed and sent to CQC within the three day timescale – with just a few from ED following once they had been signed off by the relevant consultant.

The current RTT was being audited and would document what the issues are, although there were no risks to patient safety.

David Purdue advised the Management Board that if there were updates or further discussions required, Angie Brown (CQC) would get in contact.

Management Board discussed the Maternity team charging a small fee for additional pictures and the funds being donated to charity. Jon Sargeant asked if receipts were being issued and advised that there needed to be a clear process in place for cash handling.

The Management Board:

- ***Noted the update from the CQC unannounced visit.***

Action: David Purdue to review the Signage at Minor Injuries (Mexborough Hospital) to ensure adequate information for signposting patients. | **DP**

Action: David Purdue to ensure there was a cash handling process in place for the additional maternity baby pictures and that receipts were issued. | **DP**

MB19/9/4 **Clinical Strategy Update (Enclosure B2)**

Marie Purdue provided an update on the progress of the Clinical Strategy and advised that strategic updates needed to be a focus of Management Board agendas on a quarterly basis – with a meeting invite extended to General Managers and Divisional Directors. The timing of these meetings would require extending.

Action – Marie Purdue to advise the Trust Board Office of meeting requirements to include Strategy on agendas on a quarterly basis. **MP**

Marie Purdue suggested simplification of the strategies to incorporate strategic, clinical, patient etc.

David Purdue advised that he was leading on the Mental Health Strategy for the Trust which would be provided to the Board of Directors' meeting on 24 September 2019. The document would be provided to the Management Board meeting in October 2019.

The Management Board:

- ***Noted the update on the Trust's Clinical Strategy.***

MB19/9/5 **Corporate Issues (Verbal)**

MB19/9/5(i) ICS Update

Richard Parker discussed in detail the two main updates relating to ICS.

1. The preparations for the long term plan submission for the draft (this month) and the final (October) were underway.

The development of Mexborough and Bassetlaw Hospitals, and a new build hospital for Doncaster were to be included in the plan. Early discussions on a new build hospital for Doncaster had commenced with Doncaster Metropolitan Borough Council.

Marie Purdue advised of a short turnaround on the submission and that her team would be asking colleagues for metrics.

Jon Sargeant advised that, for planning, the Trust had assumed a 2.5% CIP in each year with the final year of the plan having a target to deliver breakeven. This excluded any QIPP from the commissioners that may increase the financial gap. The next submission would require fuller information from all parties.

2. The Acute Federation Team away day had been held in the previous week.

This had been a productive day with lots of different perspectives. Progress was being made with lots of acute providers coming together. There had been a lengthy discussion around the format of the meeting and the chairs had

agreed a way forward which would limit a duplication of matters discussed at each.

Interviews for the Clinical Lead in Gastro had been held on 18 September 2019 but the outcome was unknown. There had been no applicants for the Lead role in Children's so the recruitment process was to be reviewed. The Network Manager's job had attracted a number of quality applicants and Marie Purdue was hopeful to fill this post at interview.

The Management Board:

- ***Noted the update from the ICS.***

MB19/9/6 **Finance Report Verbal**

Financial Performance – Due to reporting the paper to be circulated

Jon Sargeant provided an update on month five, highlighting:

- An adverse variance against plan of £97k;
- The cumulative position against is £78k adverse to plan;
- The month 5 income position is £106k favourable to plan and £1,908k favourable to plan YTD;
- The in-month expenditure position was £265k adverse to plan;
- CIP savings of £1.4m are reported, against a plan of £1.36m, an over achievement of £33k in month.

The Committee noted that it had been agreed at a meeting with NHSi the previous week that DBTH no longer had to provide fortnightly reports and all £13.2m had been identified in the delivery of the CIP plan.

Agency Spend
Agency spend has been increasingly steadily in nursing. David Purdue is attending grip and control meetings to address this.

Income
It was noted that income was strong.

The Management Board:

- ***Noted the Finance Report for August 2019.***

MB19/9/7 **EU Exit (C3)**

Rebecca Joyce provided information on the Trust's preparations for EU Exit and advised that the meeting of the next local Health Resilience Partnership (LHRP) would focus on discussions relating to the deadline of 31 October 2019. A number of local network risks had been identified, with specific issues arising from traffic at local ports.

Rebecca Joyce would continue to provide updates to the Executive team and Management Board.

The Management Board:

- ***Noted the update on the Trust's preparations for EU Exit.***

MB19/9/8 **Board Assurance Framework and Corporate Risk Register – Refresh (Verbal)**

Jeanette Reay provided an update on the changes to the management and reporting of risks – advising on the work of the Quality and Governance Team to streamline processes in line with the recommendations of the recent Internal Audit review.

All the risks (including those on the Corporate Risk Register) were being input to Datix, with an updated process for escalation. Executive Directors had been requested to ensure that the items assigned to their portfolio were current and comprehensive.

The Board Assurance Framework duplicated some items from the Corporate Risk Register and was in need of refresh. Jeannette Reay was to provide an update to the Board of Directors' meeting on 24 September 2019 on the plan for refresh – including a Board workshop in November 2019 to agree the Strategic Risks for inclusion.

The latest Corporate Risk Register and Board Assurance Framework documents would be provided to the Finance and Performance Committee meeting on 20 September 2019, with the updates from the previous version clearly identified.

The Management Board:

- ***Noted the update on the Trust's Board Assurance Framework and Corporate Risk Register.***

MB19/9/9 **Divisional Issues**

MB19/9/9(i) CSS - Re-allocation of Outpatient Clinic Areas to Accommodate the Anaesthetic Pre-Assessment Service (Enclosure D1)

This paper had been removed from the Management Board agenda – for presentation to the next meeting.

MB19/9/10 **Information Items – To Note (Enclosure E1 – E6)**

The Management Board:

- ***Noted the Business Intelligence Report* for July 2019;***
- ***Noted the Chief Executive's Report;***
- ***Noted the Minutes of the CIG Meeting – 24 June 2019;***
- ***Noted the Children and Families Board Update - 6 September 2019;***
- ***Noted the Elective Care Steering Group Update – 9 September 2019;***
- ***Noted the Urgent and Emergency Care Update - September 2019***

MB19/9/10(i) Business Intelligence Report - July 2019

Areas for concern for July 2019 related to ED performance of 90% for the month of August and the year. There would be a meeting later in the week to work through the action plan, systems and processes. Colleagues noted that:

- Thresholds for winter monies the performance needed to be at 90%;
- This could be affected by the middle grade staffing issue - a wait for bed issues should not be happening;
- A robust plan for staffing needs would be documented to assist with clarity.

The RTT needed to be clear and waiting lists would be reviewed to ensure that the information available was accurate. The RTT position was subject to a lot of external scrutiny due to contractual agreements. A detailed paper was to be provided to the Finance and Performance Committee meeting later in the month.

The report showed positive activity in diagnostics and cancer where there has been faster diagnosis within 28 days, and in fractures where the Trust was achieving its best scores with no untoward incidents.

The Cdiff and Pressure Ulcers reporting showed increases but remained within trajectory.

Maternity staffing remained an issue but the employment of 20 new staff during October 2019 should improve the position. There was a piece of work being carried out for discharging patients and a continued recruitment drive to fill vacancies.

Richard Parker reminded Divisional Leads of their responsibility to progress recruitment to fill vacancies quickly and that all posts approved at VCF must be advertised without delay.

MB19/9/11 Any Other Business (Verbal)

MB19/9/11(i) Pensions

Karen Barnard advised that guidance had recently been published from HM Government providing options that the Trust could take to advise colleagues affected by changes to the pension scheme. The Trust was currently working through the advice.

This was a serious and complex national issue. Further information would be brought back to the next Management Board meeting in October 2019.

The Management Board:

- ***Noted the position on pensions.***

MB19/9/12 **Items for escalation to the Board of Directors (Verbal)**

There were no items for escalation.

MB19/9/13 **Items for escalation from Sub-Committees (Verbal)**

There were no items for escalation.

MB19/9/14 **Date and Time of Next Meeting (Verbal)**

The Management Board:

- ***Noted the date and time of the next meeting:***

  Monday 14 October 2019
  2:00pm
  The Board Room, Doncaster Royal Infirmary

MB19/9/15 **Close of meeting (Verbal)**

The meeting closed at 4.00pm.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Quality and Effectiveness Committee

Minutes of the meeting of the Quality and Effectiveness Committee
Held on Wednesday 21 August 2019 at 2.00pm
in the Boardroom, Doncaster Royal Infirmary

Present: Pat Drake, Non-Executive Director (Chair)
Karen Barnard, Director of People & Organisational Development
Sheena McDonnell, Non-Executive Director
David Purdue, Deputy Chief Executive
Marie Purdue, Director of Strategy and Transformation
Sewa Singh, Medical Director

In attendance: Emma Adams, Research Unit Research Governance Manager (QEC19/08/C2)
Christine Bosworth, Mammography Superintendent / BSP Manager (QEC19/08/B1)
Petra Bryan, Head of Quality Improvement (QEC19/08/C3)
Fiona Dunn, Acting Deputy Director for Quality & Governance
Karen Humphries, Clinical Governance and Professional Standards Co-ordinator
Jeannette Reay, Head of Corporate Assurance / Company Secretary
Cindy Storer, Acting Deputy Director for Quality and Governance
Dr David Ward, Director of Breast Screening (QEC19/08/B1)
Beccy Vallance, Clinical Lead for Quality Improvement (QEC19/08/C3)
Rosalyn Wilson, Corporate Governance Officer (Minutes)

To Observe: Peter Abell, Public Governor – Bassetlaw
Clive Tattley, Partner Governor

Apologies: None

ACTION

QEC19/08/A1 **Welcome and Apologies for Absence (Verbal)**

Pat Drake welcomed the members and attendees, including Rosalyn Wilson and Karen Humphries who were attending their first meeting of the Committee.

No apologies were noted.

Action – Ros Wilson to add Clive Tattley to the distribution list for this Committee. **RW**

QEC19/08/A2 **Conflict of Interest (Verbal)**

There were no conflicts of interests declared at the meeting.

QEC19/08/A3 **Action Notes from Previous Meeting (Enclosure A3)**

The following updates were provided:

Action 1 – Karen Barnard and Marie Purdue were progressing the strategy. This could be removed from the log.

Action 2 – Karen Barnard and Kirsty Edmondson Jones had a meeting arranged to progress this action.

Action 3 – Sewa Singh would liaise directly with Peter Abell to provide the relevant date.

The Committee:

- ***Noted the updates and agreed which actions would be closed.***

Action - A further action point was requested for addition to the log – for all future Committee papers to be provided with a front sheet, included reference to the Board Assurance Framework risk(s). **All**

QEC19/08/A4 **Terms of Reference (Verbal)**

A meeting had been held on 23 July 2019 to ensure that all risks were correctly reported via meetings to one of the Board's Committees. The amendments arising from that meeting would be captured in the Quality and Effectiveness Committee's Terms of Reference, which would be provided for approval to the December 2019 meeting.

The Committee:

- ***Noted the position on the Terms of Reference.***

QEC19/08/B1 **Breast Screening Accreditation Visit (Presentation – B1)**

Dr David Ward and Christine Bosworth were in attendance to present an introduction and overview of the Breast Screening Service, the results of the Accreditation Visit, and the Action Plan arising from the findings and feedback.

The work of the service, positive KPIs, and the positive Accreditation outcome were noted.

It was acknowledged that local workforce issues arose from National shortages and the work of the ICS to train additional personnel was noted.

Responding to Committee queries on patient feedback, Dr David Ward advised that an annual questionnaire, and 'Your Opinion Counts' were undertaken. More work was planned to self-audit the service (which had been difficult in recent months due to work load pressures).

The Committee:

- ***Thanked colleagues for the presentation;***

- ***Congratulated the team on the excellent outcome with no immediate concerns raised.***

Action: David Purdue to ascertain why the Breast Care Nurses were not attending the assessment clinics. **DP**

Action: Fiona Dunn would provide support to the service for the governance aspects of the recommendations. **FD**

Action: The QII team would support the unit and initiate a quality improvement project. **MP**

Action: Monitoring of compliance would be undertaken by the Clinical Governance Committee (CGC) and a full report of compliance would be provided to CGC and QEC in six-months' time. **KH / RN (Work Plans)**

QEC19/08/B2 **Nursing Workforce Structure - Paediatric Staffing (Presentation – B2)**

A full paper outlining the current staffing position was presented.

David Purdue provided an overview of the E Panda system and the Safer Nursing Care Tool now in use. Capacity was planned for activity, although the tool was not always sufficiently sensitive and some professional judgement had to be used. Further work was to be undertaken to sensitise the tool for the Neonatal Unit.

A business case had been put forward for a Band 6 for the Children's Observation Unit to provide additional senior support. Shift patterns were also being looked at.

The paper provided clear assurance on the current staffing levels in Paediatrics. Sewa Singh confirmed that there were currently no problems with the model at Bassetlaw.

The use of the shift by shift assessment of safety by the Nurse in Charge was acknowledged.

The Committee:

- **Was assured by the information on Nursing Workforce Structure - Paediatric Staffing.**

Action: David Purdue would bring a progress update to the October 2019. **DP**

Action: A deep dive into Neonatal Staffing would be presented to the Committee in March 2020. **DP / RW (Work Plan)**

QEC19/08/C1 **National Patient Safety Strategy (Enclosure C1)**

The Committee received the Trust's response to the national strategy which drew a number of pre-existing initiatives together.

A report had been provided to the Board of Directors meeting on 30 July 2019 and the Committee now wished to track how to progress the work which had been commenced on:

- Initiatives around patient safety;
- Policy refresh;
- Culture, leadership and quality;
- E-Observations.

The actions were currently very broad and members requested that further detail be provided to a future Quality and Effectiveness Committee meeting, with focus on a quick response.

In response to a query on the involvement of service users, Cindy Storer provided that the work on RESPECT and Qi projects were sound examples of how users had been consulted.

The Committee:

- ***Noted the Trust's response to the NHS Patient Safety Strategy.***

Action: David Purdue would provide an update on actions and the involvement of service users to a future Quality Effectiveness Committee meeting. **DP / RW (Work Plan**

QEC19/08/C2 **Research and Development (Enclosure C2)**

Emma Adams provided information on the Trust's research processes and challenges, including clinical research.

The Committee commended the progress in this area – noting the increased amount of research projects in recent years.

The Committee:

- ***Noted the update on Research and Development.***

QEC19/08/C3 **Quality Improvement and Innovation Strategy (Enclosure C3)**

Petra Bryan outlined the refreshed strategy – aimed at culture change and improving patient outcomes - and highlighted key projects which had been successfully undertaken.

The Committee provided comments to aid with the update of the document – including a request for increased reference to the Board, the use of plain English, the addition of KPIs, the Author's name and a review date.

The Committee:

- ***Received and approved the Draft Strategy, subject to the amendments noted above.***

QEC19/08/C4 **People and Organisational Development (Enclosure C4)**

Karen Barnard took the Committee through the report, highlighting:

- Vacancies in key areas;
- The impact of increased activity;

- The use of temporary staff;
- Service changes linked to the Strategy Steering Groups and Clinical Strategy;
- The impact of the ICS on recruitment;
- The engagement of staff groups with protected characteristics;
- The establishment of staff networks;
- Key interdependencies;
- The development of an academic research pathway/portfolio;
- Workforce planning processes linked to service redesign;
- Educational requirements of new recruits;
- Place and ICS collaboration regarding workforce solutions;
- Impact of interim NHS People Plan and funding opportunities;
- Risk associated with Occupational Health and Wellbeing.

The Committee discussed the importance of the alignment of ICS and Place Plan priorities to those of the Trust, and how both should support each other – to avoid a duplication of efforts and competition for staff between organisations.

The Committee:

- **Received and noted the update on People and Organisational Development.**

QEC19/08/D1 **Quality Assurance Report (Enclosure D1)**

Clinical Governance and Quality Report
The Committee noted the five steps to safe surgery and the work being carried out around open incidents and the QEC targets.

Quality Dashboard
The quality dashboard was not available for August 2019 but a discussion at the Executive Team meeting on the morning of the Quality Effectiveness Committee had confirmed that there were no key concerns and had covered the requirement to include a performance matrix.

Nursing Workforce Quality Metrics Assurance Report (Hard Truths)
The paper was discussed with pressures in Maternity during the previous month and issues around skills mix noted.

Quality metrics
Cindy Storer took the meeting through the accreditation paper, highlighting that the patient stay information was fully discussed – with family engagement at an early stage of serious incident investigations noted as crucial.

New Risk Process/Action Plan Update
Sewa Singh provided an update and advised that further information would be provided to the October 2019 meeting.

The Committee noted the efforts undertaken, and progress made, on open incidents and on addressing the Trust's current risks.

Progress to increase Mental Health Act training, Deprivation of Liberties and PREVENT training was noted.

The Committee:

- ***Noted the Quality Assurance Report.***

QEC19/08/D2 **Annual Report – Learning from SIs (Enclosure D2)**

The Committee noted the report, with 54 serious incidents reported during 2018-2019; - five of which were subsequently de logged. Of the 49 investigations which had been completed, six patients fell and fractured their hip and a further 13 patients suffered an avoidable hospital acquired pressure ulcer.

There was one 'never event' (wrong site spinal injection). Mr Singh updated on the quality improvement process which had been launched in November of 2018, which had looked at the serious incident process – with a view to streamlining the process, clarify responsibilities and removing ambiguity.

An action plan had been created on the back of this process, and improvements had been noted. From the serious incident investigations the Trust had now launched falls accreditation for the wards, with skin integrity accreditation expected in the near future. Other learning which would assist in mitigating reoccurrence included a review of guidance and policies - improving Trust wide marking of site for spinal injections to ensure visibility during procedures, training on wound care management and a review of pathways which would allow community midwives to take Serum Bilirubin blood tests.

The Committee:

- ***Received and noted the annual report on Learning from Sis.***

QEC19/08/D3 **Quarterly Report – Learning from Deaths (Enclosure D3)**

The Committee noted an increase in the number of deaths, based on Q4 data from 2018/19.

Sewa Singh advised that figures had been rebased nationally and that work with Trust leaders had shown progress.

The Medical Officer interviews (due September 2019) should improve processes further, and the Trust's intention remained as 85% by the year-end.

The Committee:

- ***Noted the Learning from Deaths Report for Quarter Four.***

QEC19/08/D4 **Annual Appraisal and Revalidation Report for Doctors (Enclosure D4)**

The Committee received this as a good news story.

Sewa Singh had provided 309 (from 358) appraisals to doctors for whom he was Responsible Officer. Of the 94% completed, only one had a referral for revalidation compliance – but that individual was now compliant.

The Committee

- ***Was assured by the appraisal and revalidation information for Doctors.***

QEC19/08/D5 **CQC (Enclosure D5)**

Preparations

The Committee was advised that the CQC had met with the focus groups for:

Bands 1-4
Band 5-6
Band 7
Midwives

The timetable for interviews for Executives and Non Executives (8th – 10th) had been shared and information to support preparations would be provided to colleagues.

Progress on Internal Audit Report

The Committee noted the Internal Audit report on progress against the CQC recommendations in the Emergency Department. David Purdue advised that all actions had been completed.

The Committee:

- ***Noted the update on CQC compliance and preparations.***

Action: David Purdue would circulate the action plan showing full compliance to colleagues. **DP**

QEC19/08/D6 **QPIA Round Five Report (Enclosure D6)**

The Committee received the QPIA paper QPIA and Sewa Singh stated that this was being managed effectively.

The Committee:

Received and noted the QPIA Round Five report.

QEC19/08/E1 **Patient Engagement and Experience (Enclosure D7)**

The Committee noted the report – focusing on a change in staff attitude, communication and diagnosis.

The improvement page was highlighted, in particular the bed side Boards which would aid with information for, and after, discharge. The Committee noted that the boards on the adult wards had been very well received.

Committee members welcomed the positivity from the report, noting that, where necessary, complaints were fully investigated.

The Committee:

- ***Received and noted the Patient Engagement and Experience paper.***

<u>Action:</u> Deep dive on Complaints to Decembers Meeting, to add to work plan. **RW**

QEC19/08/F1 **<u>Workforce and Education Assurance Report (Enclosure F1)</u>**

Karen Barnard highlighted that, as part of the Trust's ambition to become an outstanding organisation, it should be recognised as an employer of choice by attracting, training and retaining a sustainable workforce capable of providing safe, compassionate and effective care.

The following points from the report were highlighted:

- Continued improvement of compliance with SET;
- Higher than average sickness rates;
- Good turnover, retention and vacancy levels (comparative to Trusts with a 'Good' CQC rating);
- An improvement in appraisal rates and positive appraisal feedback;
- A low response rate for staff friends and family, but with an improved score;
- Continued staff shortages for medical and nursing staff groups (although benchmarking well against other Trusts).

The Board had been provided with a detailed workforce/recruitment plan – including a review of policy and staff retention - which would be monitored on a regular basis.

The Committee:

- ***Received and noted the Workforce update.***

QEC19/08/G1 **<u>Corporate Risk Register and Board Assurance Framework Highlights (Enclosure G1)</u>**

The Committee noted the Register and Framework.

The content of Corporate Risk Register had not changed since its approval at the Management Board on 15 July 2019, and its reporting to the Board of Directors on 30 July 2019. (The updates and amendments requested at those meetings were yet to be reflected in the reports).

There was some duplication of risks on the documents which required attention – with Operational Risks to be reflected on the Corporate Risk Register and Risks to the Strategic Objectives to be captured on the Board Assurance Framework. Work to cleanse the data on both reports was ongoing and a refresh of the approach to update was in train.

The Committee noted that the papers considered at today's meeting provided assurance against the Strategic Risks on the Board Assurance Framework.

The Committee:

- ***Noted the content of the Corporate Risk Register and Board Assurance Framework;***
- ***Noted the work in progress to update the format and content of both.***

QEC19/08/H1 **Escalation (Verbal)**

There were no items to escalate from/to the Sub-Committees, to Board Committees or to the Board of Directors.

QEC19/08/I **Governor Issues for Clarification (Verbal)**

Clive Tattley provided positive comments on the afternoon's meeting, highlighting in particular the detailed discussions on reports and member queries to clarify issues. **DP**

In response to a query from Clive Tattley on establishments, David Purdue advised that the Trust was looking to provide 24 hour paediatric nursing cover in ED and that the hosted network with Sheffield Children's Hospital would provide support to paediatrics at Bassetlaw Hospital.

In response to a query from Peter Abell – who highlighted an increased number of HCAs (page 88 of the Nursing Workforce Structure Report), and requested reassurance that the skill mix continued to provide safe care – David Purdue agreed to provide further information in future reports. Cindy Storer referenced data which could be used to triangulate the safe staffing numbers – providing the example that a reduced number of falls would indicate that patients were receiving the right levels of, and safe, care.

Action: David Purdue would add skills mix information to the workforce plan – to include the different roles now available. **DP**

The Committee:

- ***Noted the Governor queries and comments.***

QEC19/08/J **Sub Committee Minutes and Reports (Enclosures J1 – J3)**

The Committee:

- ***Noted the Clinical Governance Committee Minutes for 17 May 2019 and 21 June 2019;***
- ***Noted the WERC Minutes for 18 March 2019;***
- ***Noted the Risk Management Report on Incidents;***
- ***Noted the Quarter 4 Safeguarding Report Summary of Updates and Exceptions.***

QEC19/08/K1 **Minutes of the Meeting held on 17 June 2019 (Enclosure K1)**

The Committee:

- ***Received and Approved the Minutes of the Quality and Effectiveness Meeting held on 17 June 2019.***

QEC19/08/K2 **Committee Work Plan**

The Committee:

- ***Noted the Annual Work Programme;***

- ***Approved the new style for use going forward.***

QEC19/08/K3 **Date and Time of Next meeting (Verbal)**

The Committee:

- ***Noted the date and time of the next meeting:***

  Wednesday 23 October 2019
  2:00pm
  The Board Room, Doncaster Royal Infirmary

QEC/19/08/L **Close of meeting (Verbal)**

The meeting closed at 5.30pm.

APPROVED

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

FINANCE AND PERFORMANCE COMMITTEE

Minutes of the meeting of the Finance and Performance Committee
Held on Friday 20 September 2019 in the Board Room, Doncaster Royal Infirmary

Present: Neil Rhodes, Non-Executive Director (Chair)
Karen Barnard, Director of People & Organisational Development
Pat Drake, Non-Executive Director
Kath Smart, Non-Executive Director
Jon Sargeant, Director of Finance
Rebecca Joyce, Chief Operating Officer

In attendance: Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)
Jeannette Reay, Head of Corporate Assurance/Company Secretary (Part FP19/09/F1)
Alex Crickmar, Deputy Director of Finance
Kirsty Edmondson-Jones, Director of Estates and Facilities (Part FP19/09/C4)
Matthew Handley, Project Manager (Part FP19/09/B2)
Dr Nick Mallaband, Divisional Director –Medicine (Part FP19/09/D2)
Richard Somerset, Head of Procurement (Part FP19/09/F2)
Claire Jenkinson, Deputy Chief Operating Officer (Part FP19/09/B2)
Andrew Thomas, Project Manager (Part FP19/09/E4)

To Observe: Duncan Carratt, Information Manager

Apologies: Bev Marshall, Governor

ACTION

FP19/09/A1 Welcome and Apologies for Absence (Verbal)

Neil Rhodes welcomed the Members and attendees including Duncan Carratt to observe the meeting both in his capacity as a Staff Governor and as Information Services Manager. The apologies for absence were noted.

FP19/09/A2 Action Notes from Previous Meeting (Enclosure A2)

The following updates were provided;

Actions 1, 2, 3, 11, 13, 14 and 20 - On the basis that these items had been added to the Finance and Performance Committee work plan, they would be closed;

Action 4 – The deep dive on patient transport had been deferred to the October meeting. On the basis that this item had been added to the Finance and Performance Committee work plan it would be closed;

Action 5 – It was requested that Marie Purdue provide an update on this action prior to the next meeting;

Action 6 and 25 – An update on the Corporate Risk Register and Board Assurance Framework was included on the agenda for this meeting.

Action 7 – The template had not yet been provided.

Actions 8, 9, 10 and 15 – On the basis that these deep dives were included on the agenda, they would be closed;

Action 12 – On the basis that BRAG rating was evident on the action log, this action would be closed;

Action 13 – On the basis that this item had been added to the Finance and Performance Committee work plan this action would be closed;

Action 16 – This item was complete and would be closed;

Action 17 – On the basis that this was part of routine process, this action would be closed;

Actions 18, 19, 21, 22, 23 and 24 – These items were included on the agenda and would be closed;

Neil Rhodes provided the Committee with the timings for items at the meetings going forward:

- Deep dives – 25 minutes (15-minute presentation followed by 10-minute for questions);
- Main reports (Workforce, Finance and Performance – 25 minutes each;
- Complex items – 20 minutes;
- Simple items – 10 minutes;
- Minor matters – 5 minutes.

The Committee:

- ***Noted the updates and agreed, as above, which actions should be closed.***

Action: Katie Shepherd would update the Action Log. **KAS**

FP19/09/A3 **Request for Any Other Business (Verbal)**

Jon Sargeant requested to update the Committee on the Use of Resources and NHSi visit.

FP19/09/B1 **Deep Dive – Workforce (Enclosure B1)**

Karen Barnard presented to the Committee the Workforce Planning and Grip and Control process.

The presentation highlighted:

- The process and the approach that DBTH was going to take;
- The annual business plan in place and the Oversight Framework that it was based on would be reviewed;

- The ICS plan and national processes would feed into the long-term plan which superseded some of the workforce plan;
- Inadequate time to plan what workforce changes would be required in the future and a difficulty in understanding the shape of the workforce in five years' time;
- The NHSi tool that would be used for capacity planning;
- The number of current workforce requirements requiring a narrative around issues with staff groups;
- Work in place to ensure that the data in eRoster was accurate;
- A project which had been undertaken to identify gaps in recruitment, and how difficult it would be to recruit those posts;
- The expectation that all adult nursing posts would be filled by the intake of newly-qualified nurses commencing in September and October 2019 - with gaps in ED and AMU remaining;
- The review of career pathways leading into band five nursing posts;
- That the Trust was entering into an arrangement to recruit adult nurses from the Philippines, which has been a successful approach taken by Hull and Derby NHS Trusts;
- Recruitment to take place in October 2019 to recruit Consultants in ENT and Ophthalmology which would involve Qi based recruitment;
- An increase in the nurse agency spend but still within the agreed cap - Divisions were to be asked to review their vacancies and to project what their expectations and timelines were for recruiting to posts;
- Some administrative and clerical areas were finding it difficult to recruit, therefore a cohort recruitment would take place to assist with the recruitment to those posts;
- The Trust was working with the ICS on where recruitment collaboration could take place. DBTH would lead on Advanced Clinical Practitioners and Sheffield Teaching Hospitals would lead on International Recruitment;
- The grip and control standard operating procedure for vacancy control had been in place for eighteen-months, it had been reviewed as part of the CIP process and changes would now be implemented by the Divisions,
- The golden key process had been reintroduced by David Purdue to ensure that agency nurses would only being booked when absolutely essential.

The Committee discussed that the workforce data disseminated to Divisions (which included establishment, bank and agency spend) should also include the timeframes for recruiting to vacancies.

The Committee felt that the costs of employing temporary staff versus recruiting to permanent posts (eg the three consultant posts in ED) ought to be identified.

<u>Action:</u> Karen Barnard would provide data of the cost of using temporary staff versus the cost of employing permanent staff on a one-off basis. **KB**

Pat Drake commented that Divisional vacancy information contributed to the Trust's Clinical Strategy and observed that there should be no new posts created without progression routes.

Pat Drake advised that the Quality and Effectiveness Committee had queried whether organisations with CQC ratings of 'outstanding' tended to have a larger workforce – but that there was no evidence to support this.

The Trust's ratio of trained to untrained nurses was lower than the national average, and David Purdue was currently reviewing the nursing establishment. Should a requirement for further staff be found, the balance between additional costs and patient safety would require detailed analysis.

In response to a Committee query, Karen Barnard confirmed that plans were being progressed on the national actions and priorities which had been outlined in the Workforce Plan for 2019-2021 (provided to the Board of Directors' meeting on 30 July 2019).

<u>Action:</u> Karen Barnard to add a summary of priority areas and timescales for recruitment, to the Workforce Report **KB**

Karen Barnard confirmed that workforce issues and solutions were discussed in great detail at the Divisional accountability meetings and Jon Sargeant added that the meetings focused on issues and challenges that the Executive Team challenged on.

In response to a Committee query on the level of newly-qualified professionals provided to the Trust via universities, Karen Barnard provided that it may take up to three years to ensure that there were sufficent newly-qualified professionals in post.

The Committee:

- ***Noted the information from the Workforce Deep Dive.***

FP19/09/B2 **<u>Deep Dive – Outpatients CIP (Enclosure B2)</u>**

Matthew Handley and Claire Jenkinson arrived at the meeting.

Rebecca Joyce, Claire Jenkinson and Matthew Handley gave the Committee an overview on the Outpatient Cost Improvement Plan workstream including:

- The financial and quality benefits;
- Key challenges and risks;
- More patients seen in Outpatients than in ED requiring a service redesign in line with expected growth;
- The CIP's two main strands:
    - Year 1 would take a focus on improving the efficiency of basics in out-patients,
    - Year 2 would take a focus on the transformational basis across the organisation;
- Opportunities to increase clinical utilisation;
- Opportunities to decrease DNA rates;

- Data quality issues and how they would be addressed via the standard operating procedure;
- The plan to fully utilise Dr Doctor – for patients to manage their appointments.

In response to a query from Neil Rhodes, Matthew Handley confirmed that the Trust was working in partnership with Dr Doctor to manage the recent contract issues.

Alex Crickmar arrived at the meeting.

The risk of reconciliation issues leading to lost income was discussed, with a requirement for clinical staff training on the recording of outcomes noted.

Neil Rhodes advised that the CIP should be clear on the deliverables to align with Strategy and some reassurance on business benefits.

Kath Smart queried whether there was sufficient resource to train all staff in the reconciliation process. Claire Jenkinson confirmed that this was a large task but that a training programme was in place and funding had been set aside for a dedicated person to oversee - support would also be sought from Training and Education Department.

Claire Jenkinson reported on the work of Sarah Levers to reduce unnecessary follow-up appointments in the Clinical Specialities Division. Clinicians were engaged with this project and delivery plans - to put the actions into practice – were in place.

The Committee was advised that there was caution about cancer patients and their follow-up appointments.

The Committee noted that the target date for the delivery plan had passed. It had been confirmed at an external meeting with the Doncaster CCG that actions were in being progressed. Jon Sargeant requested that it be made clear that this work was not finished.

Members commented that better management of DNA's would generate income and that the full utilisation of Dr Doctor would require patient details to be correct and checked at every contact point.

Concerns about the number of check in methods for outpatients – noted at a CQC inspection – were raised and it was suggested that these be standardised for patient ease.

The word 'unoutcomed' - which had been used throughout the paper – would be removed in future iterations and reports.

The Committee:

- ***Noted the information from the Outpatient CIP Deep Dive.***

Matthew Handley and Claire Jenkinson the meeting.

FP19/09/C1 **Integrated Performance Report (Enclosure C1)**

Rebecca Joyce highlighted the key points from the Integrated Performance Report:

- The ED four-hour access performance for August 2019 was 88.1%. Rebecca Joyce and David Purdue were meeting with the Emergency Department that afternoon to discuss short and long-term plans to action this;
- RTT performance for August 2019 was 85.7% which was 1% lower than in July 2019;
- The six-week diagnostic target had been narrowly missed at 98.7% for August 2019;
- Cancer performance had been strong across all indicators except 62 day wait for first treatment from consultant screening service referral at a performance of 75%, against a 90% target;

- Elective activity, both day case and inpatient, was above plan for the year. This reflected previous actions to improve the position for 2019/20;
- Outpatient activity was, overall, above plan for the year, particularly for follow up activity;
- A number of stroke indicators were not reaching the national standards, and it was noted that the main issue off getting patients to the stroke unit was a late presentation of symptoms and delays in ED.

Pat Drake advised that it should be made clear in the narrative when cancer patients were referred by a third party.

A logistical issue with the trauma kit being at DRI which required transportation if required at Bassetlaw was discussed. Kath Smart confirmed that Kirsty Edmondson-Jones had advised that the *fastest turnaround times for the kit transportation from Steris were not being achieved and KEJ was managing this via the contract mechanism*

Pat Drake queried whether an outreach service could be set up as there was no IV service in the community – leading to an increased the length of stay. Dr Nick Mallaband advised that there was currently an IV service provided to patients with cellulitis but this was only productive when the patient was mobile enough to return to site. Rebecca Joyce confirmed that this was being looked into.

The Committee requested that information on the quality of data – which had previously been included in the IPR – be reported.

<u>Action:</u> Assurance of data quality to be included in future Integrated Performance Reports. **RJ**

The Committee:

- ***Noted the Integrated Quality Report for August 2019.***

FP19/09/C2 **<u>Faster Diagnosis Standard (Enclosure C2)</u>**

Rebecca Joyce provided an update on the Faster Diagnosis Standard which was a trial that DBTH had taken part in since 1 September 2019. This was a good opportunity for the Trust which would lead to quicker cancer diagnosis.

A condition of this arrangement was that data should not be publicly reported.

The Committee:

- ***Noted the Faster Diagnosis paper and provided assurance that it would not be reported publicly.***

FP19/09/C3 **<u>Referral to Treatment (RTT) (Enclosure C3)</u>**

Rebecca Joyce provided a detailed account of the Referral to Treatment which was split into the following sections:

1. Current performance in context;
2. A summary of the North East Commissioning Support (NECS) Validation;

3. The approach to recovering the 92% standard in Q4 of 2019/20;
4. The action plan trajectory to achieve 92%;
5. The approach to developing improved 18 weeks systems and processes;
6. Risks to delivery;
7. Planned external and internal governance;
8. Conclusions and next steps.

The Committee expressed that the RTT performance was disappointing and the effect of the changes to job roles during the admin review and changes to CaMIS were discussed as possible contributors.

Investigations to date found that 750 patients had not had an outcome recorded and the Committee agreed that these would need to be contacted individually. The project was currently within the second line of validation and would be finished by the beginning of October 2019. Some patients had no evidence of an appointment taking place – investigations on this were subject to a validation process within Divisions and a decision on the action to take was required.

Claire Jenkinson confirmed that a learning log had been written so there was evidence of mistakes and issues which could be used as learning in a training environment.

In response to a Committee query, confirmation that no patient safety issues had been identified during the validation process was provided. Whilst there had been concerns about prisoners waiting for appointments in the past, the current issue was about validation in general, rather than for any particular patient group.

Members commended Claire Jenkinson and Tracy Crookes on the validation work that had been undertaken. Updates would continue to be provided to the Committee (within performance metrics).

It was discussed that the ICS was under scrutiny because it now not meeting the 92% RTT target, however the Trust had been consistently under 92%.

The Committee:

- ***Noted the update on RTT.***

<u>Action:</u> Rebecca Joyce to add RTT and Validation to the Corporate Risk Register. **RJ**

<u>Action:</u> RTT monthly review to be included within the Integrated Performance Report. **RJ / KAS (Work Plan)**

Kirsty Edmondson-Jones arrived at the meeting.

FP19/09/C4 **<u>Sodexo Catering (Enclosure C4)</u>**

Kirsty Edmondson-Jones presented an update on the Sodexo Catering contract including some recent issues:

- Inedible pizza served to a paediatric patient and included in local press;
- Inedible baked potato provided to an adult patient.

The Committee was advised that, what had appeared to be mould on the pizza, was in fact herbs.

The performance metrics showed that of 75,000 patients' meals served each month and 1,000 feedback forms (August 2019), 96% had positive feedback.

The Datix Report didn't differentiate between the seriousness of the incidents – from a missing spoon on a tray to something more serious. The timeliness of reporting by staff was queried as it appeared that some issues were not captured on the day of incident.

Neil Rhodes requested that performance indicators be shared with the Governors to allow for realistic expectations on Sodexo Catering.

Observations / Comments from Meeting Attendees

Duncan Carratt made an observation that the Datix reporting process was a lengthy process and asked for clarification that separate incidents could be grouped together – this was confirmed.

Duncan Carratt suggested that it may be useful to liaise with wards to ensure that they were reporting issues and that had sufficient time to do so.

Action: Kirsty Edmondson-Jones was to attend Matrons meetings to reaffirm the process of reporting catering incidents – to ensure that any issues were resolved in a timely manner. **KEJ**

The Committee:

- ***Noted the update on Sodexho Catering, Performance and Incident Reporting.***

Kirsty Edmondson-Jones left the meeting.

FP19/09/D1 **Workforce Report (Enclosure D1)**

The Committee:

- ***Noted the Workforce Report.***

No queries were raised on the content.

FP19/09/D2 **Business Case for Emergency Department Staffing (Enclosure D2)**

Dr Nick Mallaband arrived at the meeting.

The Business case was provided to the Committee for sign off, prior to the value being signed off by the Board of Directors' at its meeting on 24 September 2019.

Dr Nick Mallaband presented the case for additional staffing in the Emergency Department (ED) including medical paediatric nursing and general nursing staff. A year-on-year increase in ED attendances was causing difficulties in meeting both local and national four-hour wait targets. Dr Nick Mallaband advised that work had been undertaken in-house to make the service as efficient as possible but that the service was now utilising its establishment fully.

The Executive Team was supportive of the business case on the basis that the budget would be released only as people were recruited (to avoid cost pressures in filling the posts) – with moneys released over two or three years as appropriate.

It was confirmed that David Purdue and Sewa Singh had both reviewed the business case from a clinical perspective and Rebecca Joyce confirmed that she was happy from an operational point of view.

Jon Sargeant confirmed that he would monitor locum spend throughout the implementation of the business case.

The Committee:

- ***Noted and agreed to support the Emergency Department Business Case.***

Dr Nick Mallaband left the meeting.

FP19/09/E1 **Financial Performance – August 2019 (Enclosure E1)**

Jon Sargeant provided an update on month five, highlighting:

- An adverse variance against plan of £97k;
- The cumulative position was £78k adverse to plan;
- The month 5 income position was £106k favourable to plan and £1,908k favourable to plan YTD;
- The in-month expenditure position was £265k adverse to plan;
- CIP savings of £1.4m were reported, against a plan of £1.36m - an over achievement of £33k in month;
- Income was strong.

The Committee noted that NHSi had stood down the requirement for fortnightly reporting and that delivery plans for all £13.2m worth of CIPs had now been identified.

Agency Spend
Agency spend had been increasingly steadily in nursing. David Purdue was attending grip and control meetings to address this.

In response to an observation that increased ED activity had not led to increased income, the Committee noted that this was due to an increase in short stay activity.

Rebecca Joyce highlighted that the early draft of the Winter Plan included a requirement for an increase to income.

The Committee noted that 'Plan B' on areas of concern with the CIP: GIRFT, Dementia and Allocate, was for monies to be taken from growth reserves and income.

Kath Smart informed the Committee that she was meeting Alex Crickmar the following week to go through income detail and with regard to the new DBR rules.

Neil Rhodes advised that, for the remainder of the financial year, that there would be a focus on Financial Performance at the Finance and Performance Committee meetings.

FP19/09/E2 **Reference Costs Update (Enclosure E2)**

The Committee:

- ***Noted the Reference Cost Update.***

FP19/09/E3 **Use of Resources Assessment – 19 September 2019 (Verbal)**

Jon Sargeant provided an update on the Use of Resources visit that took place on 19 September 2019, including that the meeting was similar to the CQC process undertaken by NHSi – to provide the Trust with a view on value for money on its resources in areas such as workforce, finance, clinical areas and corporate areas.

Jon Sargeant confirmed that the Trust had been well prepared for the assessment and that he was confident that colleagues had responded well to the interview.

A response would be received requesting further information within two-to-three weeks. The report on Use of Resources would be provided with the full CQC later in 2019.

The Committee:

- ***Noted the update on the Use of Resources Assessment.***

FP19/09/E4 **Doncaster and Bassetlaw Healthcare Services (E4)**

Neil Rhodes informed the Committee that he had been provided with the Doncaster and Bassetlaw Healthcare Services Memorandum of Information, Draft SLA, Standard Finance Instruction and Scheme of Delegation – which he had shared with Pat Drake and Kath Smart.

It was noted by the Committee that a member of Finance and Performance Committee could be a Director of the Wholly Owned Subsidiary and that conflicts of interest would be declared at the appropriate times. A discussion took place on the scalability of Doncaster and Bassetlaw Healthcare Services and that, in the future - if it was required - it would be scalable, however the structure would then require review.

It was noted that all of the TUPE contracts had been organised and that the Senior Pharmacist from the Well Pharmacy was moving over to the Wholly Owned Subsidiary. The final go live date would be decided by the Board of Directors and the contract would be managed by Andrew Thomas.

The Committee noted that Andrew Thomas would be the Interim Managing Director until the post was permanently recruited to. Jon Sargeant would be a non-executive director on the board of Doncaster and Bassetlaw Healthcare Services.

In response to a Committee query on union matters, it was advised that initial queries on any impact on current Trust Pharmacy staff, had been responded to – there was no impact.

Andy Thomas was congratulated on the work he had contributed to the Wholly Owned Subsidiary.

The Committee:

- ***Noted the subsidiary governance and contractual arrangements for the Wholly Owned Subsidiary.***

FP19/09/F1 **Corporate Risk Register and Board Assurance Framework (Enclosure F1 - Tabled)**

Jeannette Reay arrived at the meeting and the Corporate Risk Register and Board Assurance Framework Reports were tabled.

Corporate Risk Register

The Committee noted that a large piece of work to review the risk management processes within the Trust was being undertaken. This included the cleansing of risks and the recording and management of risks at source (on Datix), the management of risks by those with accountability, the escalation of risks to the Corporate Risk Register and the reporting of risks to groups, committees and the Board. The review was addressing the actions arising from the recent Internal Audit review on risk management.

An update on the plan for the refresh of the Corporate Risk Register was to be provided to the Board of Directors' meeting on 24 September 2019. Whilst the review of processes and reporting was being undertaken, the current format and content would continue to be updated and reported to Board Committees.

The Corporate Risk Register was approved by the Management Board at its meeting on 12 August 2019. All Trust Executive Directors have reviewed the risks assigned to them during August and September 2019 and the Corporate Risk Register tabled at the meeting captured the updates provided.

Jeannette Reay advised that the main changes / additions were to controls in place. All changes were highlighted for colleagues to note.

Changes to individual risks to highlight to this committee were:

- *F&P13 (Finance) – Current risk lowered from 20 to 21 – remove from Corporate Risk Register;*
- *F&P11 (CIO) – Target impact score corrected (from 4) to 5;*
- *New risks added (per Management Board on 12 August 2019) – 2232 and 2246 (on final sheet).*

The updated information had been provided to the Trust's Risk Team for capture on Datix and the future updating of risks would be managed by accountable officers.

BAF

The Board Assurance Framework was currently being refreshed – including the alignment to the Trust's objectives, strategic risks and to formalise Board ownership.

An update on the plan for the refresh of the Board Assurance Framework was to be provided to the Board of Directors' meeting on 24 September 2019. Whilst the review of processes and reporting was being undertaken, the current format and content would continue to be updated and reported to Board Committees.

Jeannette Reay advised that the Trust's Executive Directors had been asked to review the risks assigned to them and the Board Assurance Framework tabled at the meeting captured the updates provided (included in column Y).

<u>Action:</u> Members were requested to contact Jeannette Reay with any specific observations on the content of the reports and/or with any queries on the Corporate Risk Register and Board Assurance Framework. **All**

The Committee:

- ***Received the Corporate Risk Register and BAF Highlights;***
- ***Agreed to provide any comments on the content to Jeannette Reay.***

Jeannette Reay left the meeting.

FP19/09/F2 **<u>Procurement Strategy (Enclosure F2)</u>**

The Committee received the Procurement Strategy and was content with the update.

Kath Smart advised that she had taken a lead on Procurement as a Non-Executive and that she would explore the Strategy further with Richard Somerset.

The Committee:

- ***Noted and agreed to support the Procurement Strategy.***

FP19/09/G1 **<u>Sub-Committee Meetings (Enclosure G1):</u>**

The Committee noted the minutes of the:

- ***Effectiveness and Efficiency Committee – 2 September 2019 (the meeting on the 19 August 2019 had been cancelled);***
- ***Capital Monitoring Group – 27 June 2019;***
- ***WERC – 22 July 2019;***
- ***Cash Committee 14 June 2019 and 12 July 2019.***

FP19/09/G2 **<u>Minutes of the meeting held on 23 July 2019 (Enclosure G2)</u>**

The Committee:

- ***Noted and approved the minutes from the meeting held on 23 July 2019.***

FP19/09/G3 **<u>Committee Work Plan (Enclosure G3)</u>**

The Committee Terms of Reference were not due for review until March 2020 but the update would be sooner to capture the routing of all risks – as agreed at a meeting with the Board Committee Chairs on 23 July 2019.

The Committee:

- ***Noted the work plan.***
- ***Noted that the Committee Terms of Reference would be updated at the November 2019 meeting.***

<u>Action:</u> The Terms of Reference for Board Committees would be refreshed and reported to meetings during 2019. **JR**

FP19/09/G4 **<u>Date and time of next meeting (Verbal)</u>**

Date:	Tuesday 22 October 2019
Time:	09:00 – 13:00
Venue:	The Board Room, Doncaster Royal Infirmary

H8

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST
ANNUAL BOARD CYCLE OF BUSINESS
PUBLIC SESSION

AGENDA ITEM	LEAD	FREQUENCY	NEXT DUE	MEETING DATES										
				29-Jan-19	26-Feb-19	26-Mar-19	30-Apr-19	21-May-19	25-Jun-19	30-Jul-19	24-Sep-19	29-Oct-19	26-Nov-19	17-Dec-19
COMMITTEE BUSINESS														
Chair's Welcome and Apologies for Absence	Suzy Brain England	Each Meeting	Next Meeting											
Declaration of Interests	Jeannette Reay	Each Meeting	Next Meeting											
Conflict of Interests Register	Jeannette Reay	Annually	May-20											
Action Log - Update on Actions from Previous Meetings	Jeannette Reay	Each Meeting	Next Meeting											
PRESENTATIONS														
Various - As Agreed by Chair	Various	Each Meeting	Next Meeting											
STRATEGY														
Executive Team Objectives - Setting	Richard Parker	Annually	Jun-20											
Executive Team Objectives - Quartely Updates	Richard Parker	Quarterly	Jan-20		Q3		Q4					Q1 / Q2		
NHS Long Term Plan	Richard Parker	As Required	Consider Nxt Mtg											
CQC	David Purdue	As Required	Consider Nxt Mtg	Update	Update	Update								
Budget Setting/Business Planning/Annual Plan	Jon Sargeant/Marie Purdue	Annually	Mar-20	AP Priorities		Final								
NHSI Plan	Jon Sargeant/Marie Purdue	Annually	Mar-20											
Mental Health Strategy	David Purdue	Annually	Sep-20											
Committees in Common	Jeannette Reay	As Required	Consider Nxt Mtg							TOR				
Hospital Services Programme - Final Report	Richard Parker	One Off	N/A											
Council Motion on Cllimate and Biodiversity Emergency	Richard Parker	One Off	N/A											
SY&B Pathology Programme	Richard Parker	As Required	Consider Nxt Mtg											
QUALITY PERFORMANCE AND SAFETY														
Quality and Performance Report	Becky Joyce	Each Meeting	Next Meeting	Dec	Jan	Feb	Mar	Apr	May	Jun	Aug			
Report from Guardian for Safe Working	Jayuant Dugar	Quarterly	Feb-20			Ann Rpt								
Maternity CNST	David Purdue (Lois Mellor)	Annually	Jul-20											
The NHS Patient Strategy	Sewa Singh (Cindy Storer)	Annually	Jul-20											
Winter Plan	Becky Joyce	Annually	Oct-20											
New Case Assignment Definitions - Cdiff	Moira Hardy	One Off	N/A											
Pressure Ulcers - Revised Definition and Measurement	Moira Hardy	One Off	N/A											
Electronic Patient Records Business Case	Simon Marsh	One Off	N/A											
Winter Plan	Becky Joyce	Annually	October 20XX											
CAPACITY AND CAPABILITY														
Workforce and Recruitment Plan	Karen Barnard	Annually	Jul-20											
Thematic P&OD Report	Karen Barnard	Each Meeting	Next Meeting											
Workforce Race Equality Standards	Karen Barnard	Annually	Jul-20											
Workforce Disability Equality Standards	Karen Barnard	Annually	Jul-20											
Estates and Facilities Report	Kirsty Edmondson-Jones	Annually	Apr-20	Q4				Ann Rpt		Q1				
ERIC Return	Kirsty Edmondson-Jones	Annually	Jun-20											
Staff Survey Improvement Plan	Karen Barnard	Annually	Feb-20											
Staff Survey Results	Karen Barnard	Annually	Feb/Mar-20		Draft	Final								
Staff Survey Action Plan	Karen Barnard	Annually	Apr-20											
Mixed Sex Accommodation	Kirsty Edmondson-Jones	Annually	Private?											
EU Exit	Becky Joyce	As Required	Nov-20											
Pensions - NHS Employers Guidance and Update on Consultation Proposals	Karen Barnard	One Off	N/A											
Business Case for Emergency Department Staffing	Becky Joyce	One Off	N/A								4 Approval			
FINANCE AND CONTRACT MATTERS														
Finance Report	Jon Sargeant	Each Meeting	Next Meeting	Dec	Jan	Feb	Mar	Apr	May	Jun	Aug			
Control Total	Jon Sargeant	Annually	Jan 2020											
Use of Trust Seal	Richard Parker/Jeannette Reay	As Required	Consider Nxt Mtg											
CCG Contracts	Jon Sargeant	Annually	Private?											
Reference Costs	Jon Sargeant	Annually	Private?											
Car Park and Security Contract	Kirsty Edmondson-Jones	Annually	Feb-20											

GOVERNANCE AND RISK														
NHS Providers Licence Self-Assessment / Certification	Jeannette Reay	Annually	May-20											
SO's SFIs, Standards of Business Conduct, Board Powers	Jon Sargeant/Jeannette Reay	Annually	Mar-20											
Board Assurance Framework	Jeannette Reay	Each Meeting	Nov-19	Q3			Q4			Q1	Progress	Report		Workshop
Corporate Risk Register	Jeannette Reay	Quarterly	Jan-20	Q3			Q4			Q1	Progress	Report		
Chair's Assurance Log for Finance and Performance Cttee	Neil Rhodes	Each Meeting	Next Meeting	Jan	Feb	Mar	Apr	May	Jun	Jul	Sept	Oct	Nov	Dec
Chair's Assurance Log for Quality Effectiveness Cttee	Pat Drake	Bi-Monthly	Dec-19		Feb		Apr		Jun		Aug	Oct		Dec
Chair's Assurance Log for Audit and Risk Cttee	Kath Smart	Quarterly	Nov-19			Mar			May	Jul			Nov	
Chair's Assurance Log for Charitable Funds Cttee	Sheena McDonnell	Quarterly	Dec-19						May			Sept		
Terms of Reference for Finance and Performance Cttee	Neil Rhodes	Annually	Oct-20											
Terms of Reference for Quality and Effectiveness Cttee	Pat Drake	Annually	Oct-20											
Terms of Reference for Audit and Risk Cttee	Kath Smart	Annually	Oct-20	+ Work Plan										
Terms of Reference for Charitable Funds Cttee	Sheena McDonnell	Annually	Oct-20											
Board Effectivess Review	Jeannette Reay	Annually	TBC											
Annual Report of the Finance and Performance Cttee (inc Effectiveness Review)	Neil Rhodes	Annually	TBC											
Annual Report of the Quality Effectiveness Cttee (inc Effectiveness Review)	Pat Drake	Annually	TBC											
Annual Report of the Audit and Risk Cttee (inc Effectiveness Review)	Kath Smart	Annually	TBC											
Annual Report of the Chaitable Funds Cttee (inc Effectiveness Review)	Sheena McDonnell	Annually	TBC											
Board Cycle of Business (inc Meeting Dates)	Jeannette Reay	Each Meeting	Next Meeting											
ITEMS FOR INFORMATION														
Chair and NEDs' Report	Angela O'Mara	Each Meeting	Next Meeting											
Chief Executive's Report	Jeannette Reay	Each Meeting	Next Meeting											
Minutes of the Finance and Performance Committee	Jeannette Reay	Each Meeting	Next Meeting	Nov, Dec	Jan	Feb	Mar	Apr	May	Jun	Jun, Jul	Sept	Oct	Nov
Minutes of the Quality and Effectiveness Committee	Jeannette Reay	Bi-Monthly	Jan-20		Dec		Feb			Apr	Jun		Sept	
Minutes of the Audit and Risk Committee	Jeannette Reay	Quarterly	Jan-20			Nov			March			Jul		
Minutes of the Charitable Funds Committee	Jeannette Reay	Quarterly	Dec-20		Sept	Jan			Feb			May		Sept
Minutes of the Fred and Ann Green Advisory Group	Jeannette Reay	Quarterly	Dec-20		Nov									Aug
Minutes of the Management Board	Jeannette Reay	Each Meeting	Next Meeting	Dec	Jan	Feb	Mar	Apr	May	Jun	July, Aug	Sept	Oct	Nov
Minutes of the Council of Governors	Jeannette Reay	Each Meeting	Next Meeting							Apr			Jul	
ICS Update	Richard Parker	Each Meeting	Next Meeting											
Bassetlaw Integrated Care Partnership Bulletin	Jeannette Reay	As Required	Consider Nxt Mtg		Bulletin				Bulletin					
OTHER ITEMS														
Minutes of the Previous Meeting	Jeannette Reay	Each Meeting	Next Meeting	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Sept	Oct	Nov
Any Other Business	Suzy Brain England	Each Meeting	Next Meeting											
Governor Questions	Suzy Brain England	Each Meeting	Next Meeting											
Date and Time of Next Meeting	Jeannette Reay	Each Meeting	Next Meeting	Feb	Mar	Apr	May	Jun	July	Sept	Oct	Nov	Dec	Jan
Withdrawal of Press and Public	Suzy Brain England	Each Meeting	Next Meeting											

Planned for Future Meeting(s)	Presented as Planned
Items Added to Individual Meetings as Required	Not Considered as Planned

H9

Proposed Board of Director Meeting Dates 2020

Board of Directors Meetings 2020 - PUBLIC			
Day & Date:	**Start Time:**	**Finish Time:**	**Venue:**
Tuesday 14 January 2020	09:15	13:00	Boardroom, Doncaster Royal Infirmary
Tuesday 11 February 2020	09:15	13:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 10 March 2020	09:15	13:00	Boardroom, Montagu Hospital
Tuesday 14 April 2020	09:15	13:00	Boardroom, Doncaster Royal Infirmary
Tuesday 12 May 2020	09:15	13:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 9 June 2020	09:15	13:00	Boardroom, Montagu Hospital
Tuesday 14 July 2020	09:15	13:00	Boardroom, Doncaster Royal Infirmary
Tuesday 8 September 2020	09:15	13:00	Boardroom, Montagu Hospital
Tuesday 13 October 2020	09:15	13:00	Boardroom, Doncaster Royal Infirmary
Tuesday 10 November 2020	09:15	13:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 8 December 2020	09:15	13:00	Boardroom, Montagu Hospital

Board of Directors Meetings 2020 - CONFIDENTIAL			
Day & Date:	**Start Time:**	**Finish Time:**	**Venue:**
Tuesday 14 January 2020	13:15	14:00	Boardroom, Doncaster Royal Infirmary
Tuesday 11 February 2020	13:15	14:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 10 March 2020	13:15	14:00	Boardroom, Montagu Hospital
Tuesday 14 April 2020	13:15	14:00	Boardroom, Doncaster Royal Infirmary
Tuesday 12 May 2020	13:15	14:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 9 June 2020	13:15	14:00	Boardroom, Montagu Hospital
Tuesday 14 July 2020	13:15	14:00	Boardroom, Doncaster Royal Infirmary

Tuesday 8 September 2020	13:15	14:00	Boardroom, Montagu Hospital
Tuesday 13 October 2020	13:15	14:00	Boardroom, Doncaster Royal Infirmary
Tuesday 10 November 2020	13:15	14:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 8 December 2020	13:15	14:00	Boardroom, Montagu Hospital

H10

NHS

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

Executive summary containing key messages and issues
The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours, during negotiations on the junior doctor contract agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours. The 2016 contract continues to be implemented with 137 junior doctors employed by this Trust on the 2016 contract as at the time of this report. This contract changes how safe working is delivered compared to previous contract. This relies on exception reporting by junior doctors and proactive changes by the Trust to avoid unsafe working. For this quarter, exception reports have been submitted by individuals across Paediatrics, Surgical and Medicine. A total of 10 exception reports have been raised within this quarter none of which has been related to Education. There was 1 report classed as an 'Immediate' safety concern by the trainee, however this was not deemed so by Clinical supervisor and Guardian. The Guardian is required to provide the Board of Directors with quarterly reports including an annual report. No gross safety issues have been raised with the Guardian by any trainee. The Guardian for Safe Working advises that that the trainees have safe working practice as designed by the 2016 contract.
Key questions posed by the report
Is the Board assured that the Trust has safe working in place for doctors in training?
How this report contributes to the delivery of the strategic objectives
As a Teaching Hospital we are committed to continuously develop the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.

Junior doctors will have improved support and education through the implementation of the new junior doctor's contract which is designed to ensure doctors are working safely and receiving the appropriate training. By having appropriately trained doctors patients will receive a good experience whilst receiving care.
How this report impacts on current risks or highlights new risks
Workforce - By having a safe workforce we remain an attractive employer to current trainees and to help future recruitment.
Recommendation(s) and next steps
The Board of Directors are asked to note the quarterly update and be assured that trainee doctors have a safe working practice as envisaged by the 2016 contract.

QUARTERLY REPORT ON SAFE WORKING HOURS April 2019 – June 2019: DOCTORS AND DENTISTS IN TRAINING

Introduction

This report sets outs the information from the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors to assure the board of safe working for junior doctors. This report is for the period April to June 2019

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

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

High level data

Number of posts contracted by DBH (inc. 125 LU doctors*)	204
Number of posts contracted by other Organisations	163
Number of doctors / dentists in training on 2016 TCS	137

Lead Unit Doctors*	125
No of doctors in Doncaster GP Training Scheme	49
No of doctors in North Notts GP Training Scheme	17
Ophthalmology Training	13
ENT Training	12
General Surgery Training	34

Amount of time available in job plan for guardian to do the role:	2 PAs
Admin support provided to the guardian (if any):	None, recent recruitment undertaken
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

QUARTERLY REPORT ON SAFE WORKING HOURS April 2019 – June 2019: DOCTORS AND DENTISTS IN TRAINING

Exception Reports

Exception reports (with regard to working hours)

For this quarter, exception reports have only been submitted by trainees in the Medicine, Paediatrics and Surgical specialties. A total of 10 exception reports have been raised within this quarter all of which have been related to hours or service support.

The number of exception reports are low.

There was 1 report classed as an 'Immediate' safety concern by trainee, however this was not deemed so by Clinical supervisor and Guardian.

Month	No. exceptions raised	No. exceptions outstanding	No. exceptions resolved	No. exceptions unresolved
January	2	0	1	1
February	12	6	6	
March	10	2	8	
April	9	4	5	
May	0	0	0	
June	1	0	1	
Total	34	12	21	1

Exception reports by Care Group				
Department	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General Medicine	0	1	0	1
General Surgery	0	3	3	0
Obstetrics and gynaecology	0	4	4	0
Paediatrics	0	2	2	0

With regards to doctors still on the 2002 contracts hours monitoring was carried out in April 19, but the number of responses were not adequate to make this exercise valid. The individual responses are fed back to departments.

Work schedule reviews

There are no work schedule reviews required for this quarter.

QUARTERLY REPORT ON SAFE WORKING HOURS April 2019 – June 2019: DOCTORS AND DENTISTS IN TRAINING

Locum and bank usage

Reason for Shifts	Apr-19	May-19	Jun-19
Additional Session (Clinical)	16	7	15
Annual Leave	19	12	13
Compassionate/Special leave	9	8	3
Extra Cover	10	21	13
Induction	10		
Maternity/Pregnancy leave/Paternity	1	4	13
Restricted Duties	12		3
None given	4		
Seasonal Pressures	7		
Sick	23	44	17
Study Leave	1	6	11
Vacancy	1170	1213	1089
Grand Total	**1282**	**1315**	**1177**

Internal - Shifts	Apr-19	May-19	Jun-19
Acute Medicine	59	63	16
Anaesthesia Obs	1		
Anaesthetics	58	60	39
Anaesthetics and Critical Care		8	6
Anaesthetics and Theatres	1	2	3
Anaesthetics Maternity	1	2	1
Care of the Elderly	24	25	
Dermatology	24	29	23
Emergency Medicine	105	103	115
Endocrinology and Diabetes	74	78	72
Endoscopy - Surgical	2	10	5
ENT	1		
General Medicine	1	2	
General Surgery	13	10	5
Genitourinary Medicine	3	1	1
Obstetrics and Gynaecology	26	40	55
Ophthalmology	15	5	6
Orthopaedic and Trauma Surgery	23	19	10
Paediatrics			
Paediatrics and Neonates	6	6	18
Paediatrics-Community	2	1	1
Renal Medicine			1
Respiratory Medicine	5	5	
Rheumatology			
Stroke Medicine			
Urology	4	4	1
Vascular Surgery			
Grand Total	**448**	**473**	**378**

QUARTERLY REPORT ON SAFE WORKING HOURS April 2019 – June 2019: DOCTORS AND DENTISTS IN TRAINING

Internal - Costs	Apr-19	May-19	Jun-19
Acute Medicine	£30,329	£28,804	£6,579
Anaesthesia Obs	£260		
Anaesthetics	£51,996	£47,529	£32,415
Anaesthetics and Critical Care		£910	
Anaesthetics and Theatres			£413
Anaesthetics Maternity		£2,568	£975
Care of the Elderly	£9,589	£9,506	
Dermatology	£11,160	£14,133	£11,180
Emergency Medicine	£60,061	£59,657	£54,680
Endocrinology and Diabetes	£225	£195	£520
Endoscopy - Surgical	£520	£2,700	
ENT	£330		
General Surgery	£3,295	£4,172	£1,790
Genitourinary Medicine	£260	£260	£196
Obstetrics and Gynaecology	£10,378	£15,589	£18,140
Ophthalmology	£3,835	£1,300	£1,528
Orthopaedic and Trauma Surgery	£13,845	£12,830	£2,475
Paediatrics-Community	£333	£250	£222
Paediatrics and Neonates	£2,969	£4,173	£6,347
Renal Medicine			£450
Respiratory Medicine	£1,000	£1,000	
Urology	£600	£840	£240
Grand Total	**£200,985**	**£206,415**	**£138,148**

Agency – Shifts	Apr-19	May-19	Jun-19
Acute Medicine	22	19	21
Anaesthetics and Critical Care	9	2	7
Anaesthetics and Theatres	1	4	2
Anaesthetics and Maternity		8	5
Care of the Elderly	118	90	86
Dermatology			
Emergency Medicine	255	239	241
Endocrinology and Diabetes	90	91	90
ENT/ENT Theatre	22	25	21
Gastroenterology	2		
General Medicine		1	2
General Surgery	18	39	39
Obstetrics and Gynaecology	55	74	76
Orthopaedic and Trauma Surgery	149	155	140
Paediatrics and Neonates	88	74	55
Respiratory Medicine	2		
Stroke Medicine	2	17	14
Urology	1	4	
Breast Surgery			
Grand Total	**834**	**842**	**799**

QUARTERLY REPORT ON SAFE WORKING HOURS April 2019 – June 2019: DOCTORS AND DENTISTS IN TRAINING

Agency - Costs	Apr-19	May-19	Jun-19
Acute Medicine	£15,876	£15,325	£15,985
Anaesthetics and Critical Care	£8,723	£1,916	£6,321
Anaesthetics and Theatres	£442	£1,806	£1,106
Anaesthetics and Maternity		£10,990	£4,585
Care of the Elderly	£51,396	£40,150	£38,313
Emergency Medicine	£190,827	£181,214	£180,614
Endocrinology and Diabetes	£39,697	£39,897	£39,298
ENT/ENT Theatre	£9,680	£11,550	£10,065
Gastroenterology	£880		
General Medicine		£914	£880
General Surgery	£14,204	£30,913	£33,665
Obstetrics and Gynaecology	£42,967	£56,707	£53,613
Ophthalmology			
Orthopaedic and Trauma Surgery	£71,354	£73,784	£64,322
Paediatrics and Neonates	£75,600	£61,747	£46,920
Respiratory Medicine	£880		
Stroke Medicine	£864	£7,948	£9,075
Urology	£495	£1,760	
Grand Total	**£523,885**	**£536,621**	**£504,762**

VACANCIES	January	February	March	April	May	June
Medicine (all sub-specialties)	11	9	6	4	4	4
Anaesthetics	4.4	0.4	0.4	0	1	1
Emergency medicine	2	2.4	2.4	1	1	1
Obstetrics & Gynaecology	10.4	10.6	9	2.2	2.2	2.2
Paediatrics	1	2.1	1.6	2.7	2.7	2.7
GU Medicine	0	0	0	0	0	0
Elderly Medicine	4	4	1	1	1	1
Radiology						
General Surgery	1	1	1	0	0	0
Trauma & Orthopaedics	0.2	2.2	1	2	2	2
ENT	1	1	1	1	1	1
ICT						
Total	**35**	**32.7**	**23.4**	**13.9**	**14.9**	**14.9**

Fines

No fines have been levied in this quarter.

QUARTERLY REPORT ON SAFE WORKING HOURS April 2019 – June 2019: DOCTORS AND DENTISTS IN TRAINING

Qualitative information

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

This level of exception reporting is low and may indicate under reporting. No informal contacts from individuals to indicate that there are any technical problems in this respect.

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

The vacancy position is improved in this quarter.It has improved in Obstetrics and Gynaecology.

Engagement

I have attended the trainee forums and inductions in the trust.

The junior doctor forum in April was not quorate.

The next junior doctors forum is planned in July .This will be an important meeting to discuss the improvement of rest facilities and Junior doctors Mess as central funding has been made available.

Issues arising & Actions

1. The number of exception reports are low. Trainees are being encouraged to report by myself and the Director of education.
2. There is central funding to improve the rest facilities and Junior Doctors mess which needs to be utilized to achieve improvement in these facilities.

Recommendation

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

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on Tuesday 24 September 2019 at 9.15am in the Fred ad Ann Green Board Room, Montagu Hospital

Present:
Suzy Brain England OBE - Chair of the Board
Karen Barnard - Director of People and Organisational Development
Pat Drake - Non-Executive Director
Moira Hardy – Director of Nursing, Midwifery and Allied Health Professionals
Becky Joyce – Chief Operating Officer
Sheena McDonnell – Non-Executive Director
Richard Parker OBE – Chief Executive
David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals
Neil Rhodes – Non-Executive Director
Jon Sargeant – Director of Finance
Sewa Singh - Medical Director
Kath Smart – Non-Executive Director

In attendance:
Peter Abell – Public Governor
Suzanne Bolam – Head of Therapies, Clinical Specialist Services (P19/9/B1)
Julie Bury - Research Fellow (P19/9/B1)
Nicole Chavaudra - Programme Manager from Bassetlaw CCG (P19/9/C3)
Sam Debbage - Deputy Director of Education (P19/9/B1)
Georgina Holmes – Staff Side Chair
David Northwood – Public Governor
Marie Purdue – Director of Strategy and Transformation
Jeannette Reay – Head of Corporate Assurance / Company Secretary
Clive Tattley – Partner Governor
Adam Tingle – Senior Communications and Engagement Manager
Doug Wright – Public Governor

Apologies: None

ACTION

P19/9/A2 Declaration of Interests (Verbal)

No new declarations were noted.

The Board:

- ***Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.***

P19/9/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided;

Actions 2, 3, 7 and 7 – These matters were complete or had been added to relevant future work plans – close.

Actions 1, 5 and 8 – These actions were on target for completion by their stated target dates.

Action 4 – An update on this matter would be provided to the meeting at G1.

The Board:

- ***Noted the updates and agreed which actions would be closed.***

P19/9/B1 **DBTH Teaching Hospital Phase II – Research (Presentation)**

Suzanne Bolam, Sam Debbage and Julie Bury, along with colleagues from Clinical Therapies, were in attendance to share some of the work they had been doing to increase research activity in the Trust as part of Phase II of the Teaching Hospital.

Work to build research capacity and capability, and to engage the wider workforce was being undertaken. Positive outcomes were improving patient care in terms of quality outcomes and financials. The benefits of research in improving lives, and saving lives, were evidenced and the value for staff in terms of reduced sickness, retention and partnership working were noted.

Board members welcomed the enthusiasm and professionalism of the wider team, and commented that they were inspired by the way it had brought to life the Trust's Teaching Hospital potential.

The work would be showcased more widely and cascaded through the organisation, commencing with a stand at the forthcoming Annual Members meeting. The team was asked to bring a presentation to a future Council of Governors' meeting.

David Purdue advised that a Research Strategy was in development which should assist with the challenge to release of time and resources. The money applied to research projects did allow for the backfill of staff.

The Board noted that Trevor Rogers – the Trust's current Director of Research – was about to retire and that the opportunity to reshape services, developing closer collaboration between the education and research agendas would be explored.

The Board:

- ***Received and noted the presentation on DBTH Teaching Hospital Phase II - Research.***
- ***Presentation to a future Council of Governors meeting***

P19/9/C1 **Mental Health Strategy (Enclosure C1)**

David Purdue presented a draft Mental Health Strategy to identify actions in respect of the focus on mental health within the NHS Long Term Plan, highlighting

the work being undertaken on crisis management, increasing staff needs and increased ED attendances.

The Strategy pulled together, into a strategy, lots of work that was already being undertaken. The Trust had a strong background in working with our two mental health providers and would continue to develop pathways for patients in partnership, including the development of a Mental Health Decisions Unit.

Updates on the Trust's work to the strategy, including 'smart' outcomes would be provided to the Quality and Effectiveness Committee.

Board members discussed improvements to communications to promote a positive culture for both physical and mental health – including prevention and self-care - and how the mental health liaison service and 24/7 crisis team could support this.

The Board:

- ***Supported the implementation of the Mental Health Strategy.***

P19/9/C2 **Hospital Services Programme – Final Report (Enclosure C2)**

The final report had been circulated to CCGs to inform commissioning decisions and was being provided to provider Boards to advise of the reviews outcomes. The paper had recently been provided to the CCG Public meeting, at which some queries had arisen for further iteration.

The report provided information on the current position and movements in the next couple of years. The content did not change anything that had previously been described, and nor did it affect the Trust's Strategic Direction. Current local and national challenges, including workforce and innovation, were to be addressed by reconfiguration not transformation – the latter being the preferred option to manage less acute situations into the future. This would include ICS maternity and paediatric services. It was noted that the Trust had already responded to acute staffing concerns in paediatrics and undertaken some reconfiguration.

Members would have liked to see more clarity on the changes that would be required going forward and the Trust would continue to examine this. Jon Sargeant highlighted that a new Build Hospital for Doncaster would enable much of the future vision.

Colleagues had been invited to a meeting on 7 October 2019 which would focus primarily on the Long Term Plan, but members noted that this would provide an opportunity to pose questions on the Hospital Services Programme.

The Board:

- ***Noted the Final Report from the Hospital Services Programme.***

P19/9/C3 **Bassetlaw Place Plan – Update (Enclosure C3 / Presentation)**

Nicole Chavaudra (Programme Manager) from Bassetlaw CCG was in attendance to provide an update on the Bassetlaw Integrated Care Partnership and Place Plan.

The Board had last been updated at its meeting in January 2019 and was reminded of the perspective taken in Bassetlaw – that the determinants of health were multiple with social, economic and physical environment and lifestyle considered higher factors than clinical care in determining health outcomes.

Several key points were highlighted:

- Consultation with young people/schools on health and wellbeing – including the 'choose well' poster that had been created;
- An achievement of 100% by the IAP team – this was congratulated by the Board;
- A well-received outcomes framework.

The Board requested case studies in future presentations on staff and patient experiences, to help illuminate the data.

Nicole Chavaudra agreed to provide members with the link into the primary care network event.

The Board:

- ***Received and noted the presentation on Bassetlaw Integrated Care Partnership and Place Plan;***
- ***Confirmed its commitment to working in partnership, including PLACE.***

P19/9/C4 **Council Motion on Climate and Biodiversity Emergency (Enclosure C4)**

Board agreed with the statement provided in the paper, recognising the Trust's moral and social responsibility for future generations.

Richard Parker highlighted the challenges facing the Trust to meet the carbon footprint reduction, given its aged infrastructure. Positive action was being taken where possible, including the appointment of a waste minimisation officer in the near future. The Trust already recycled 90 tonnes of waste per month but it would need to do more to support the strategy.

Partners had been made aware of the restrictions that the Trust faced and its intention to pursue a capital scheme for a new campus which would make a significant contribution to this agenda.

Marie Purdue highlighted that Corporate and Social Responsibility Strategy was being refreshed and that time had been set aside on 11 October 2019 for the Executive Team to focus on this.

The Non-Executive directors expressed their support for the motion and statement confirming that, as an anchor organisation, the Trust had a responsibility to send out positive signals and to work with partners to ensure that social infrastructures were in place to enable its achievement.

Some of the current issues would be solved by a new building but, in the meantime, there was much that could be done to minimise waste and an action plan – outlining the interim steps, and providing tangible targets - was required.

<u>ACTION</u> – The Waste Minimisation Officer would be requested to provide an action plan and Communications to staff would be developed to share how all could contribute. **KEJ / ES**

The Board:

- ***Supported the Council's motion on Climate and Biodiversity Emergency;***
- ***Supported the signing of the pledge for Doncaster to combat climate change, supporting the Borough by doing more for the environment and working together to achieve net-zero carbon emissions.***

P19/9/D1 **<u>Quality and Performance Report (Enclosure D1)</u>**

The report had been considered in detail at the Finance and Performance Committee meeting held on 20 September 2019. The following points were highlighted to the Board:

<u>Performance</u>

- Continued challenge on ED performance at 88.12%;
- Improving RTT from last years contracted position was proving difficult, compounded by the impact of pension issues on the availability of senior clinicians;
- Challenges continued with the 62 day cancer wait position;
- Diagnostics had narrowly missed its target at 98.7%;
- 2 of 5 stroke indicators achieved;
- Cancer performance was good;
- The Trust was to participate in a trial of the new 28 day cancer target which would require a change to reporting.

Work was ongoing to improve the ED position and it was hoped that strengthening of the clinical leadership team would have a positive impact.

The Trust had made a commitment to meet the national standard 92% for RTT in quarter three. Rebecca Joyce confirmed that capacity and demand issues meant that this was now unrealistic and that revised delivery plans for quarter four were being developed. The Board noted that the Trust was meeting with the ICS to discuss the plan for achieving the national target and to ensure that any unintended adverse impacts on RTT performance from the impact of pension changes, the NECs validation and outpatient improvement work would be managed. For similar reasons RTT performance was also being addressed nationally.

The Finance and Performance Committee had been provided with a deep dive, and action plan on RTT, from which it had taken assurance.

ED activity continued to rise year-on-year and the Trust was seeking higher standards from the same workforce – the Business Case for additional staffing to be considered at P19/9/E2 sought to address this. The Trust was working with

Commissioners on communications to highlight the increases to ED attendances to the public and on planning for seasonal spikes (August).

A lot of work was being undertaken to address the issues with stroke.

It was noted that some theatre cancellations were caused by patients being unfit on the day of the planned procedure. Expected improvements from the introduction of Dr Doctor on DNA rates had been noted.

In response to a request for further information on delayed discharges, David Purdue advised that work was being undertaken to determine if an outreach service would improve the position (patients were often brought back to ambulatory care or B5).

Quality and Safety

- HSMR was at 97 and following the national rebasing appeared to have levelled and Sewa had confirmed that there was an expectation that HSMR would improve in the coming months. The Quality and Performance Committee had noted that many of the patients that had died were complex cancer patients (expected to die) but that they had not been coded as such;

- Fall in the achievement of FNOF Best Practice Tariff at Bassetlaw (small numbers);
- Appointments to be made to Medical Examiner posts (Examiner and assistants);
- 17 cases of C. diff year to date – this is higher than last year but related to a revised baseline. Focus on Bassetlaw Community);
- 696 MRSA Bacteraemia free days.

David Purdue reported on an improved approach to fluid balance, with the launch of a single chart at the World Patient Safety Day. Work to include this on the eObservations system would now take place.

David Purdue advised of the plan for improved recruitment in maternity services – with specific (rather than rotational) roles being advertised.

Catering

Neil Rhodes highlighted discussions from the Finance and Performance Committee meeting on 20 September 2019 on the quality of patient food.

An examination of Sodexo performance had ascertained that 20,000 patient meals were served each week in the Trust and that the Datix numbers on adverse experiences were very small. The Sodexo contract included KPIs which were being achieved but it was accepted that, with human procedures, errors would occasionally occur. The relationship with Sodexo was one of contract and the Finance and Performance Committee would continue to be kept abreast of any failures and actions to mitigate them.

On the whole it was considered that the food service had improved since the Sodexo contract had commenced. Confirmation on improvement actions taken

on the recent high profile incidents had been provided and Neil Rhodes highlighted his intention to share information with Governors as part of his presentation to the Council of Governors on 30 October 2019.

Workforce

- Set training over 87% (on target to achieve 90%);
- Improvement in appraisal rates from prior years (some extension to the appraisal season in areas with service pressures);
- Revalidation data for Medical and Dental staff at 94.8%;
- 67 nurses to start at the end of September 2019;
- 18 midwives to start at the end of September 2019.

Board members welcomed the improvement in appraisal rates and the positive impact this was having on the retention of staff, but noted pockets of areas with low rates. There was a need to identify support that could be provided to colleagues in these areas to improve performance. Karen Barnard advised that an action plan was already in place and that the new pay progression structure should have a positive impact. It was further noted that the quality of appraisals (as well as the numbers) were measured and that information had been provided to the CQC in this respect in the past.

The Board:

- ***Received and noted the Quality Performance Report.***

P19/9/E1 **People and Organisational Development Update – Leadership Development, Staff Experience, Freedom to Speak Up (Enclosure E1)**

Information was provided on leadership development, FFP, the staff survey action plan and Freedom to Speak Up.

Leadership - The range of leadership programmes in place was noted, which supported the Trust's ambition to be outstanding in compassionate and caring leadership. Plans for future programmes were in development.

Staff Survey - In quarter two, the nine questions which made up the staff engagement score were all improved – it was hoped that this would move the Trust's score to 'above average'. Work was also in place to improve the environment for staff.

The Board welcomed the report and was pleased to see the links between measures and hitting targets. All were keen to see whether the work which had been undertaken would make a difference in the results obtained in the next national staff survey. Some things appeared to have been well received by staff. The commitment and enthusiasm of staff, and a feeling of pride at the recent Stars Awards was noted and the 'What Are We Proud Of' campaign welcomed.

Freedom to Speak Up – The Trust had a new lead in post which, along with recently revised guidance, would lead to a refreshed approach. Work to improve the diversity of the Trust's ambassadors would take place.

The Board:

- ***Noted and took assurance from the P&OD Update Report.***

P19/9/E2 **Business Case for Emergency Staffing Department (Enclosure E2)**

The case looked at nursing roles, providing innovative and new workforce models which would address the concerns previously raised by the CQC about paediatric nursing and attendances for both majors and minors.

The case had been through the correct governance channels, including the Finance and Performance Committee, which had considered the detail and had received assurance of Executive support. David Purdue and Sewa Singh confirmed that they supported the case and the Finance and Performance Committee had commended the case for approval by the Board of Directors.

Jon Sargeant advised that the financials would be phased over three years (rather than two as stated in the case) and he confirmed that monies would not be released for staff until vacancies were filled.

Richard Parker commented that the case would provide staffing in line with the national benchmarking tool. This was the model expected by regulators and should therefore provide a solid base for future external assessments.

The Board noted that Professor Stephen Singleton was supporting the work of the ED leadership team which would support the improvements in ED by the provision of good leadership.

The Board:

- ***Approved the additional funding requested in the Business Case for Emergency Department Staff.***

P19/9/E3 **Pensions – NHS Employers Guidance and Update on Consultation Proposals (Enclosure E3)**

The Board was reminded of previous discussions on the adverse effects on staff arising from the changes to the NHS Pensions policy.

The Trust wished to look at providing options to staff to mitigate issues – including whether it was possible to pay a proportion of pension contributions outside of salary. This work had been paused awaiting National guidance, which had now been received from NHS Employers.

The Board paper asked the Board to allow for Executive Team examination of the options available, and to seek the views of the workforce - with a view to responding to the consultation at the beginning of November 2019.

The matter was debated by the Board which recognised the complexity of pensions in general, and the impact of recent changes, in particular. The adverse effect that this was having on the workforce and, as a result, on the Trust's performance was of great concern and it was agreed that the Trust should take legal advice on the matter. Karen Barnard confirmed that DAB Beachcrofts would be consulted in this respect and that KPMG would be asked to undertake some work.

This was a critical risk (multifactorial) and it was agreed that Executive and Non-Executive Directors should be involved in briefings providing advice – such that the Unitary Board understood and confirmed the final decisions.

Neil Rhodes expressed that the Trust needed to move to a position where:

- Consultants could work without penalty;
- Lower paid staff should not feel that they had to, or should opt out of the pension scheme;
- The Trust was not exposed to legal action from senior staff;
- Actions could be publically scrutinised;
- Overcompensation did not occur.

The Board noted that none of the available options address the annual allowance tapering effect. Opting out would be an individual choice but individuals would currently lose the Employers contribution to their pension which is now 20.3% – in effect a 20% reduction in the remuneration package.

NHS Employers had made it clear that individual Trusts must act as they saw fit but, as a National issue it was also important to recognise National movements, and to provide consistency across the ICS. Work was taking place with the HRD network with a view to confirming the choices for Consultants – on which they would have to decide themselves.

Sewa Singh expressed his disappointed on the NHS Employers position which would allow for inconsistency. There was a high risk that Medics would choose to go where remuneration is best. There was a hope that the Government would recognise the issues that the current pension scheme was creating and that it would move to revise the arrangements as soon as possible.

ACTION – Dates would be sought for briefings on the Pensions issue and options available to the Trust. **KB**

The Board considered whether the Trust should implement any of the flexibilities within NHS Employers' guidance, noting that the recommendation from the Executive Team (18 September 2019) was that the maximum level of flexibilities should be developed in order to ensure we can minimise the impact on service delivery.

The Board:

- ***Agreed that the maximum level of flexibilities should be developed in order to ensure that the Trust could minimise the impact of the pension changes on service delivery;***
- ***Agreed to provide feedback on the consultation questions to the Director of P&OD in order that a Trust wide response could be formulated.***

P19/9/F1 **Finance Report – 31 August 2019 (Enclosure F1)**

The report had been considered in detail at the Finance and Performance Committee meeting held on 20 August 2019. The following points were highlighted to the Board:

- A favourable monthly variance of £189k;
- A favourable year to date variance of £12k;
- An underperformance in clinical income of £412k (being investigated for any root causes, and winter plan being produced);
- An expenditure position of £77k favourable to plan;
- Capital expenditure behind plan (with an Estates action plan in place);
- A strong cash position (PSF paid earlier than expected);
- Trust taken off fortnightly reporting to NHSI;
- Continued risk on CIP delivery, achievement of RTT;
- Emerging risks from CCG audit on procedures of limited value.

The position was improved from 2018/19, and the Trust was on plan, but finances continued to be a challenge. The Trust would have to confirm its position at the end of quarter two for PSF funding.

Jon Sargeant advised of a positive visit from NHSi on 19 September 2019 to examine the Trust's Use of Resources and how it provided good value for money for patients. The initial feedback had been positive and the Trust was providing further information which had been requested. Formal feedback would be included in the final report from the CQC following the Well Led Visit (feedback anticipated at the calendar year end).

Neil Rhodes confirmed that the financial position had been considered in detail by the Finance and Performance Committee at its meeting on 20 September 2019, and that members had been assured by the data and action plans in place.

Cost Improvement Programme

The profiling of the cost improvement plans to obtain the most savings in later quarters held inherent risks. As of the start of month three the Trust had delivered £477k of saving versus the plan submitted to NHSI of £311k.

NHSI representatives had visited during the second week of July and had been complimentary about the Trust's processes.

Whilst the gap to deliver the planned £13.2m CIPs had reduced, there was still a gap of £1.3m which required identification and robust plans for all schemes required. This would be clinically led with accountability firmly placed in the Divisions.

The Board:

- ***Received and noted the Finance Report and Cost Improvement position for August 2019.***

P19/9/F2 **Use of Trust Seal (Enclosure F2)**

The Trust seal had been applied once on 29 September 2019:

- For the sale of 15 Shaw Lane, Industrial Estate, Ogden Road.

Confirmation of staff engagement about the movement of services out of the building was provided. The move was to better quality estate, with parking and was within close proximity of the current provision.

The Board:

- ***Approved the use of the Trust seal – 113.***

P19/9/F3 **Chairs Assurance Logs for Board Committees (Enclosure F3)**

P19/9/F3(i) Quality Effectiveness Committee – 21 August 2019

Pat Drake highlighted the external accreditation of the Trust's Breast Screening service. An action plan was in place, including Qi on the service.

A deep dive had been provided on Paediatric Staffing and a business case to increase staff numbers was to be taken to CIG.

A lot of work by divisions on actions to close serious incidents and issues was in place – with a high number in Estates and Facilities.

The Board:

- ***Noted the update from the Quality Effectiveness Committee meeting held on 21 August 2019.***

P19/9/F3 (ii) Finance and Performance Committee – 20 September 2019

Neil Rhodes confirmed, as reported during the BOD meeting, that detailed reviews of the Quality and Performance Report (P19/9/8) and Finance Report (P19/9/12) had been undertaken at the meeting.

The following points were highlighted:

- A focus on RTT would be provided to the next Finance and Performance Committee meeting in September 2019;
- Action to recruit to known vacancies and to reduce agency spending had been discussed.
- Key questions on budgets and CIPs had been raised, with members confirming that they were looking for a good level of achievement;
- £1m worth of CIPs required identification;
- The detailed plans for identified schemes which had not yet progressed were required.

The Finance and Performance Committee members had concluded that issues of focus were correctly identified and that the Committee had been assured on action plans in place for redress.

The Board:

- ***Noted the update from the Finance and Performance Committee meeting held on 20 September 2019.***

P19/9/F4 **Pharmacy Subsidiary – Governance (Enclosure F4)**

The paper was provided to confirm the development of a Wholly Owned Subsidiary to respond to changed circumstances relating to Outpatient Pharmacy services. The WOS would be called 'Doncaster and Bassetlaw Healthcare Services'.

The Board had agreed in May 2019 to go ahead with this project following approval from NHSI as the current provider 'Well' no longer wished to continue – which could have led to a closing of the service and loss of employment for its staff. The Trust had decided to take the service into the NHS Family with an intention to continue and improve community pharmacy services going forward.

The Board noted the plan for the company to commence at the beginning of October 2019 following a rebranding exercise. The staff employed by 'Well' were to be TUPED across to the Trust (there would be no effect on current Pharmacist or Pharmacy staff).

The Clinical head for the service, financial systems, standard operating procedures and governance arrangements were in place. Neil Rhodes confirmed that the Finance and Performance Committee had looked at the detail at its meeting on 20 September 2019 and had found all to be in order.

The Board:

- ***Noted the Update and Supported the progress on Doncaster and Bassetlaw Healthcare Services.***

P19/9/G1 **Board Assurance Framework and Corporate Risk Register Quarterly Update – Q1 (Verbal)**

Jeannette Reay provided information on the Trust's update of risk processes, including the Corporate Risk Register and Board Assurance Framework.

A piece of work to review the risk management processes within the Trusts was being undertaken. This included the cleansing of risks and the recording and management of risks at source (on Datix), the management of risks by those with accountability, the escalation of risks to the Corporate Risk Register and the reporting of risks to groups, committees and the Board.

The review was addressing the actions arising from a recent Internal Audit review on risk management and progress was in line with the agreed Internal Audit action plan which was being reported through the Clinical Governance Committee. The Board noted that a positive impact had already been noted from actions taken.

As part of the review the Trust's Risk Management Policy would be updated (although the current version was valid until 31 July 2020) – to reflect the improvements made to the risk management processes and systems and to ensure that the data flows were correctly represented.

The work on risk management processes was to include a refresh of the Corporate Risk Register and Board Assurance Framework. The Trust's BAF and CRR appeared to have become combined and required an update to ensure that

they were distinct documents and fully served their different purposes – high scoring operational risks on the Corporate Risk Register and risks to the achievement of the Trust's strategic objectives on the Board Assurance Framework.

A lot of work on the Trust's risk registers at all levels, and the processes for the escalation of risk was being undertaken and, from October 2019, the updating of risks would be undertaken on the Datix system – with risk registers (including the Corporate Risk Register) being created directly from the system.

Jeannette Reay advised that she had commenced with a process to ensure that the Board Assurance Framework continued to align to the Trust's Strategic Risks and this would lead to a Board workshop in November 2019 where the Board would be requested to approve the format and content of the Framework – specifically the Strategic Risks contained within it.

Work was already in train to align the Board and Committee agendas to the Trust's objectives and, once the Board Assurance Framework had been structured in the same way, this would provide a direct link between assurance items on the agenda and the Board Assurance Framework.

Kath Smart advised that she had attended the Trust's Health and Safety Committee where she had been pleased to hear about the positive work to update risk management processes.

The Board:

- ***Noted the update and plan for the refresh of the Board Assurance Framework, Risk Processes and the Corporate Risk Register.***

<u>Action:</u> The timeline for the update of the Corporate Risk Register and Board Assurance Framework would be provided to the October 2019 Board meeting. **JR**

P19/9/H1-H6 **<u>Information Items (Enclosures H1 – H6)</u>**

The Board:

- ***Noted the Chair and NED's Report;***
- ***Noted the Chief Executive's Report;***
- ***Noted the Minutes of the Management Board, 15 July 2019 and 12 August 2019;***
- ***Noted the Minutes of the Quality Effectiveness Committee, 17 June 2019;***
- ***Noted the Minutes of the Finance and Performance Committee, 21 June 2019 and 23 July 2019;***
- ***Noted the Board Work Plan.***

Positive information highlighted from the reports included:

- The Trust's excellent results from the National Cancer Patient Survey the best in South Yorkshire and comparatively good nationally;
- The implementation of e-observations at Bassetlaw Hospital:

- The movement towards PLACE based Palliative care which should improve focus across all divisions.

P19/9/I1 **Minutes of the Meeting held on 30 July 2019 (Enclosure I1)**

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 30 July 2019.***

P19/9/I2 **Any Other Business (Verbal)**

No other items of business were raised.

P19/9/I3 **Governor Questions Regarding the Business of the Meeting (Verbal)**

P19/9/I3(i) Pharmacy Subsidiary

Peter Abell queried whether Governors should have been involved in the creation of Doncaster and Bassetlaw Healthcare Services.

The test applied by NHSI had confirmed that this did not constitute a substantial, nor material change. With a low level of risk and as a result Governor involvement was not required.

The Trust had however reported - throughout the process – to the Finance and Performance Committee and Bev Marshall (who attended as a Governor observer) had provided information to the Governor Forums, the move was a positive one by bringing staff into the NHS family.

Staff groups which would be affected by the changes had been consulted.

The inclusion of the information at today's Board meeting had been to bring information into the public domain.

P19/9/I3(ii) Pensions

Governors commented on the thorough discussion of the Board on this critical issue but queried how concerns – on the Trust's workforce and reputation – would be reported (including to Governors).

Richard Parker confirmed that the risks were included on the Trust's risk register, and that they would thus be managed and reported via regular risk management processes.

P19/9/I3 (iii) System Working / ICS

Doug Wright commented on the reconfiguration, querying the likelihood of a move to a single CCG for the area and raising concerns about changing patterns to paediatric and maternity services and the closure of EDs.

Richard Parker confirmed that the Long Term Plan examined the future of commissioning and that the National direction of travel was to reduce costs and inefficiencies in the public interest. This could include the merging of organisations, and the provision of services from one place if this would improve

safety. The ICS had been clear that the Strategic Direction would be to provide specialist services at specialist sites.

P19/9/I3 (iv) HSMR

Clive Tattley identified that he was fairly satisfied from the review work, that coding issues had impacted on the Trust's results. He queried whether the Board of Directors was content with the quality of the work in the coding department.

Sewa Singh highlighted a national shortage of coders and the Trust's work to increase its cohort by the employment of trainees – although this project was in its infancy.

Richard Parker advised that external audits on coding provided assurance on accuracy but that the issue was complex as codes were used for different purposes.

P19/9/I3(v) Theatre Cancellations

David Northwood queried the gap between pre-operative assessment and operation, noting that patients could become too ill for their operations during the time between.

Richard Parker advised that the work was in hand to actively improve the pre-operative services at Doncaster in line with the improvements which had been made at BDGH.

The Board:

- ***Noted the Governor queries raised, and information provided in response.***

P19/9/J1 **Date and Time of Next meeting (Verbal)**

The Board:

- ***Noted the date and time of the next meeting:***

  Tuesday 29 October 2019
  9:15am
  The Board Room, Doncaster Royal Infirmary

P19/9/K **Close of meeting (Verbal)**

The meeting closed at 1.00pm.