

**Board of Directors Meeting Held in Public
To be held on Tuesday 26 November 2019 at 9:15am
in the Board Room, Bassetlaw Hospital**

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			9:20
B1	Freedom to Speak Up (20 minutes + 5 minutes for questions) Paula Hill – Freedom to Speak Up Guardian (This item will include the Annual Report on Freedom to Speak Up)	KB	Note/ Discuss	B1
C	STRATEGY			9:45
C1	Freedom to Speak Up – Strategy Paula Hill – Freedom to Speak Up Guardian	KB	Approve	C1
C2	ICS Update	RP	Note	C2
D	QUALITY, PERFORMANCE AND SAFETY			10:00
D1	Quality and Performance Report	RJ	Note	D1

BREAK				10:45
E	CAPACITY AND CAPABILITY			11:00
E1	EU Exit	RJ	Note	E1
F	FINANCE AND CONTRACT MATTERS			11:10
F1	Finance Report – 31 October 2019	JS	Note	F1
G	GOVERNANCE AND RISK			11:40
G1	Chairs Assurance Logs for Board Committees Audit and Risk Committee 19 Nov 2019 Finance and Performance Committee 22 Nov 2019	KS/NR	Note	G1
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 Audit and Risk Committee, 18 July 2019	KS	Note	H3
H4	Minutes of the Management Board, 14 October 2019	RP	Note	H4
H5	Minutes of the Finance and Performance Committee, 22 October 2019	NR	Note	H5
H6	Board Work Plan	JR	Note	H6
H7	Quarterly Report of Safe Working July – September 2019	KB	Note	H7
I	OTHER ITEMS			12:05
I1	Minutes of the meeting held on 29 October 2019	SBE	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 (10 minutes)	SBE	Note	Verbal

I4	Date and time of next meeting: Date: 17 December 2019 Time: 9.15am Venue: Fred and Ann Green Board Room, Montagu Hospital	SBE	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



Action notes prepared by:

Jeannette Reay

Updated:

22/11/2019



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

Action Log

A3

Meeting:	Public Board of Directors	KEY	
Date of latest meeting:	29 October 2019	Completed	On Track
		In progress, some issues	Issues causing progress to stall/stop

No.	Minute No.	Action	Lead	Target Date	Update
1.	P19/7/19	Virtual Meetings - The potential to improve the Trust's systems for streaming and conference calling meetings between the Trust's three sites would be examined.	KA	October 2019 December 2019	Update - The business case has been submitted to be heard at November's CIG meeting and we should be in a position to update further mid-December.
2.	P19/9/C4	Council Motion on Climate and Biodiversity Emergency - 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	December 2019	
3.	P19/10/B1	CQC Use of Resources and Well Led - Data issues would be examined by the Executive Directors and in a Qi process.	Execs / MP	December 2019	
4.	P19/10/B1	CQC Use of Resources and Well Led - A message of thanks from the Board would be circulated throughout the organisation – in recognition of staff preparations and efforts for, and during the CQC visits.	ES	November 2019	Close – Communications have been circulated to staff.

Action notes prepared by: Jeannette Reay
Updated: 22/11/2019

5.	P19/10/D1	Quality and Performance Report - An update on 'perfect week' would be provided to the Board of Directors in November 2019.	DP	November 2019	Update - David to provide an update at the November 2019 Board meeting.
6.	P19/10/D1	Quality and Performance Report - A presentation on the pressure relieving review would be provided to the Quality Effectiveness Committee.	DP / QEC Agenda	November 2019	Close – Included on the Quality Effectiveness Committee work plan.
7.	P19/10/D1	Quality and Performance Report - A deep dive on Sickness Absence would be reported to a future Quality Effectiveness Committee meeting.	KB / QEC Agenda	November 2019	Close – Included on the December 2019 Quality Effectiveness Committee agenda.
8.	P19/10/G2	Corporate Risk Register - Work on the Trust's risk appetite would be scheduled for February or March 2020.	JR / Board work plan	February 2020	Close – Included on the Board Work Plan (Board Timeouts and Development Sessions).
9.	P19/10/G2	Corporate Risk Register - The reporting line for the ligature point risk would be amended – to report to the Quality Effectiveness Committee.	JR / KEJ	November 2019	Close – Corporate Risk Register updated.



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

Title	Freedom to Speak Up Annual Report		
Report to	Board of Directors	Date	November 2019
Author	Paula Hill, Freedom to Speak Up Guardian		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

Executive summary

This paper is for presentation to the Board of Directors to provide assurance on matters relating to Freedom to Speak Up strategic direction and operational practice.

This paper provides an update regarding DBTH activity since the last Annual Report in December 2018 and uses the results of the National Guardian's Office (NGO) data collection, Staff Survey data (Freedom to Speak Up Index) and the results of the revised self-assessment, alongside DBTH information to provide national comparison and overall context.

The paper is presented in a structured format to demonstrate a focus on Strategic context and operational practice. This also ensures compliance with the – *"Guidance for Boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts"* published by the National Freedom to Speak Up Guardians Office and NHS Improvement in May 2018 (appendix 1).

Exploring information in this way enables Board members to understand arrangements by which Trust staff may raise any issues in confidence and allows the Board to be assured that arrangements are in place for the proportionate and independent investigation of such matters and that appropriate follow-up action is taken and learning applied.

It also identifies areas of noncompliance and opportunities for improvement as part of the new FTSU strategy and revised policies and procedures.

FTSU principles are contained within the NHS contract. The NHS contractual requirements in relation to Freedom to Speak Up are monitored by the Care Quality Commission (CQC), who assess the Trusts Freedom to Speak Up Culture during inspections, under the Well Led framework, integral to Key Line of Enquiry 3. Research connects good 'Speak Up' cultures with

improved patient safety, higher staff wellbeing and retention, lower levels of dissatisfaction and higher care quality.

These FTSU concepts underpin the following DBTH Strategic Objectives and Trust Values:

- To be the safest Trust in England, Outstanding in all we do.
- Patient's, people, Performance, Partners, Prevention
- WE CARE

A revised DBTH self-assessment, using the new guidance and self-review tool, showed that overall there is still much work to be done to formalise a strategy and embed FTSU in everyday practice. However it also identified where areas of good practice can be evidenced particularly in relation to senior level engagement and learning into action.

Following the organisations self-assessment in 2018 the following actions were agreed:

- Recruitment of a dedicated Freedom to Speak Up Guardian
- The development of a Freedom to Speak Up strategy to include the introduction of divisional FTSU champions to support the Guardians
- The extension of Freedom to Speak Up to the role of the Trust's Diversity & Inclusion group to ensure that any barriers are removed for those in more vulnerable groups
- A refreshed communications plan to ensure staff are familiar with how to raise concerns on an ongoing basis
- Refresh of the leadership development programme to ensure that all managers and leaders across the Trust are aware of the importance of the culture of speaking up and learning from the concerns raised.

Implementing this action plan has seen the recent employment of a dedicated FTSU Guardian (part time 20 hours per week) to take forward the direction of all of the other above actions. Although independent, the role has robust links to the Head of Leadership and Organisational Development, to enable working together to embed a just culture in which Speaking Up can be seen as business as usual.

From July 2019 there has been much activity across the FTSU agenda which has focused on the remainder of the action plan and any additional requirements identified by revised national guidance and Case Reviews. This has seen all actions completed or embedded in the strategy for further progress to be made.

The development and implementation of a robust Freedom to Speak Up Improvement Strategy that clearly links to the Trust overall strategy and its related vision, aims and objectives will allow us to acknowledge and achieve all of the above strategic requirements.

The attached paper details all concerns raised at DBTH since the commencement of FTSU with low numbers of concerns being raised and also demonstrating a real fluctuation between quarters and years. Although there is a continued trend of increased reporting nationally, there has not been an increase in the rate of concerns reported through FTSU at DBTH in the 2018/19 period. The total number of concerns raised were 9 against a control average of 32. These numbers also fall short of the zone of tolerance ranging from 32% to 35%. This does appear to be improving in quarter 3 this year which could be attributed to the amount of

increased communication and engagement as well as increased capacity to drive forward the agenda.

More recently (October 2019) the NGO published a FTSU Index Report which suggests evidence of a correlation between a Trusts FTSU Index scores and their overall CQC outcome rating. DBTH current FTSU Index score is 76% with scores ranging from 74% to 87%.

Work to improve staff awareness and confidence has taken place as follows:

- Re-Launch of the FTSU information including revised ward level information for staff notice boards and information in the weekly Trust publication (Buzz).
- Further communication was delivered as part of National Speak Up Month in October which saw the use of a different (simpler) language to engage people in Speaking Up, using the simple phrase “Speak Up to Make a difference” and the phrase “ I/We support Speaking Up because.....” To demonstrate commitment from senior leaders.
- Speak Up month was also enhanced by the attendance of the NGO at a local FTSU awareness and sharing success event on 17th October.
- The recruitment of FTSU Champions from each of the divisions/departments has commenced with the development of roles and responsibilities in the form of a Champions Charter. Champion’s recruitment network events are being held across all three sites throughout November. So far a small number of staff have expressed an interest at all three sites.
- The FTSU Forum is considering the best way to embed the role of FSTU champion within the existing Well-being Champions, and the Trusts Diversity and Inclusion Group. This has so far been received very well by both groups.
- Revised FTSU Policy to incorporate the change of focus and language required to deliver cultural change approved in October 2019.
- There has been continual engagement at divisional and department meetings, improving visibility and building relationships.

Further planned work is described in the report. Throughout the above work and the completion of this report, a number of national and DBTH documents have been considered and or produced. These are available on request and are described in appendix 2.

Key questions posed by the report

- How do we deliver an open and responsive “Speak Up” Culture, where staff are empowered and feel confident to raise concerns? How do we evidence our actions and behaviors?
- Governances and reporting mechanisms and timescales
- Delivering learning and development for all staff to increase awareness and enhance our senior workforces confidence and ability in responding to FTSU concerns

How this report contributes to the delivery of the strategic objectives

Improving our FTSU culture, improving our staff voice, speaking up numbers and in turn patient safety will have a direct impact on our ability to achieve our True North Objective: To be the Safest Trust in England, Outstanding in all that we do.

Increasing Board awareness of FTSU and the progress of its implementation across the Trust, giving clear timeframes for implementation of the new strategy and its associated work streams.

How this report impacts on current risks or highlights new risks
<p>This report identifies the continued low levels of “Speaking Up” across the Trust and as part of the strategy will work to explore the reasons behind this. It also highlights new risks in relation to understanding and triangulating data.</p> <p>In addition the report positively identifies areas where progress has been made against previous risks associated with the lack of a specific strategy and also identifies the increased uptake in engagement and learning and development opportunities facilitated by the leadership and development team.</p>
Recommendation(s) and next steps
<p>Board members are asked to acknowledge and approve this format of reporting to the Board, in line with national Guidance.</p> <p>Board members are asked to consider the information in this report and use it to inform their ability to support the chosen FTSU direction, through the ratification of the DBTH FTSU Strategy.</p> <p>Board members are asked to commit to driving forward a positive FTSU Culture at DBTH through the demonstration of open “Speak Up” behaviors.</p>

Introduction

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is committed to providing the highest standard of care and governance. For this standard to be maintained the Trust actively acknowledges the need for an open and responsive “Speak Up” Culture, where staff feel confident to raise concerns. It also acknowledges that this is one of the key elements of ensuring outstanding patient safety and a safe and effective workforce.

The Trust already supports the implementation of Sir Robert Francis’s recommendations following the Mid Staffordshire enquiry and has therefore had a Freedom to Speak Up Guardian in place since October 2016. However, in November 2018 the Board agreed to recruit to a specific FTSUG role allowing greater resource and capacity to focus on developing and embedding its principles into everyday practice.

In 2018 NHS Improvement and the National Guardian’s Office published a guide setting out expectations of boards in relation to Freedom to Speak Up (FTSU) to help boards create a culture that is responsive to feedback and focused on learning and continual improvement. Given the growth and evolution of the FTSU concept over the past three years and responding to Freedom to Speak Up Guardians feedback, a revised guidance and self-review tool was published in July 2019. These documents acknowledge how Speaking Up should be, interwoven into organisational cultures and behaviours

The revised guidance aligns the responsibility with Executive Directors for creating an open, safe, fair and restorative culture where staff are empowered and enabled to speak up. Ensuring that everyone feels they have a voice, control and influence over their work practices, environment and ultimately patient care. The guidance then discusses behaviours and commitment, focussing on how FTSU is strategically placed within the organisation.

Strategic Context

FTSU principles are contained within the NHS contract. The NHS contractual requirements in relation to Freedom to Speak Up are monitored by the Care Quality Commission (CQC), who assess the Trusts Freedom to Speak Up Culture during inspections, under the Well Led framework, integral to Key Line of Enquiry 3. Research connects good ‘Speak Up’ cultures with improved patient safety, higher staff wellbeing and retention, lower levels of dissatisfaction and higher care quality.

These FTSU concepts underpin the following DBTH Strategic Objectives and Trust Values:

- To be the safest Trust in England, Outstanding in all we do.
- Patient’s, people, Performance, Partners, Prevention
- WE CARE

A revised DBTH self-assessment, using the new guidance and self-review tool, showed that overall there is still much work to be done to formalise a strategy and embed FTSU in everyday practice. However it also identified where areas of good practice can be evidenced particularly in relation to senior level engagement and learning into action.

The key revised areas for Board consideration are:

- Providing evidence of positive behaviours of Executives and Non-Executives including feedback and evidence of challenge in Board reports
- Inclusion of FTSU and wider cultural aspects in the Board Development Program
- Attendance of those who have spoken up at Board level discussions
- Evidence of FTSU discussions at the Public Board
- Minimum of 6 monthly reporting/presenting to Board with additional reports through the Executive Lead for FTSU
- Evidence that the Freedom to Speak Up Strategy has been developed/revised with all key stakeholders
- Evidence of investment in leadership and development across all staff
- Evidence that all aspects of Speaking Up are encouraged and captured, including discussions held or concerns raised with Governance, Quality Improvement and Human Resources
- The triangulation of all data to identify areas where Speaking Up is having a positive effect and where staff are not Speaking Up is being investigated
- A sustained , creative and engaging communication strategy in relation to Speaking Up, including sharing stories about positive experiences and the support that is available
- Information provided to relevant oversight authorities

Following the organisations self-assessment in 2018 the following actions were agreed:

- Recruitment of a dedicated Freedom to Speak Up Guardian
- The development of a Freedom to Speak Up strategy to include the introduction of divisional FTSU champions to support the Guardians
- The extension of Freedom to Speak Up to the role of the Trust's Diversity & Inclusion group to ensure that any barriers are removed for those in more vulnerable groups
- A refreshed communications plan to ensure staff are familiar with how to raise concerns on an ongoing basis
- Refresh of the leadership development programme to ensure that all managers and leaders across the Trust are aware of the importance of the culture of speaking up and learning from the concerns raised.

Implementing this action plan has seen the recent employment of a dedicated FTSU Guardian (part time 20 hours per week) to take forward the direction of all of the other above actions. Although independent, the role has robust links to the Leadership and Organisational Development Lead, to enable working together to embed a just culture in which Speaking Up can be seen as business as usual.

From July 2019 there has been much activity across the FTSU agenda which has focused on the remainder of the action plan and any additional requirements identified by revised national guidance and Case Reviews. This has seen all actions completed or embedded in the strategy for further progress to be made.

The development and implementation of a robust Freedom to Speak Up Improvement Strategy that clearly links to the Trust overall strategy and its related vision, aims and objectives will allow us to acknowledge and achieve all of the above strategic requirements.

The strategy presented for ratification, aims to address these strategic requirements through a clear understanding of the required FTSU journey at DBTH. It also looks to support this journey through a collaborative working approach and the development of a suite of systems and processes to support integrated and equitable practice that can be evidenced to provide appropriate assurance and identify ongoing areas for improvement.

In order to deliver all elements of the FTSU strategy a number of key actions are identified (please refer to pages 14 and 15 of the proposed strategy).

The Assessment of FTSU Issues

Summary of FTSU concerns to date:

All concerns raised at DBTH since the commencement of FTSU are provided in the tables below. The previous year's concerns are highlighted to enable year on year comparisons in the sections below:

DBTH Concerns data				
	2016/17	2017/18	2018/19	2019/20
Quarter 1		2	1	2
Quarter 2		0	0	3
Quarter 3	4	1	1	7
Quarter 4	1 (+20)	1	5	
Annual Total	5(+20)	4	7	12 to date

The table above shows low numbers of concerns being raised and also demonstrates a real fluctuation between quarters and years. Repeated low numbers of concerns make it difficult robustly understand recurring themes and trends.

Comparative data

The number of concerns raised within DBTH is also not comparable with neighbouring or comparative Trusts.

Concern Rates:

DBTH concern rates are monitored on an individual basis. Although concern rates fluctuate month by month, they are monitored in regards to both trends and number. Using full year comparison data presented by the NGO in 2019 it makes it easier to monitor whether concerns raised lie within an expected 'zone of tolerance'. What this means is that concern rates are comparable with ranges from other Trusts of comparable type, size and function.

What this means at DBTH - The data presented in September 2018 by the National Guardians office shows two things which are important for DBTH – firstly it provided control averages for

comparison, and secondly it showed an overall increase in the number of concerns that are raised through FTSU processes across Trusts.

Although there is a continued trend of increased reporting nationally, there has not been an increase in the rate of concerns reported through FTSU at DBTH in the 2018/19 period. The total number of concerns raised were 9 against a control average of 32. These numbers also fall short of the zone of tolerance ranging from 32% to 35%

This does appear to be improving in quarter 3 this year which could be attributed to the amount of increased communication and engagement as well as increased capacity to drive forward the agenda.

Potential patient safety or workers experience issues

In addition to low concern rates, DBTH also shows a variance in the type of reporting. This is evidenced using 2017/18 data submissions (2018/19 NGO report awaited)

National Trend 2017/18	DBTH Trend 2017/18	National Trend 2018/19	DBTH Trend 2018/19
7087 cases were raised to Freedom to Speak Up (FTSU) Guardians in trusts and Foundation trusts. Showing a direct increase quarter by quarter.	Not the case for DBTH with some quarters showing no cases were raised.	11,958 cases were raised to Freedom to Speak Up (FTSU) Guardians in trusts and Foundation trusts. Showing a direct increase quarter by quarter.	Not the case for DBTH with some quarters showing no cases were raised.
More cases (2,223, 31% of the total) were raised by nurses than any other professionals	Largest staff group to raise concerns were Allied Health Professionals with 57.1% Nurses = 28.6%	Data not yet available	44% (4 people) of concerns raised by medical staff
18% of cases were raised anonymously	No cases were raised anonymously at DBTH	18% of cases were raised anonymously	No cases were raised anonymously at DBTH
32% of cases included an element of patient safety / quality	86% of cases included an element of patient safety / quality	29% of cases included an element of patient safety / quality	55% of cases included an element of patient safety / quality
45% of cases included an element of bullying / harassment	71% of cases included an element of bullying / harassment	41% of cases included an element of bullying / harassment	No cases included an element of bullying / harassment
5% of cases indicated that detriment as a result of speaking up	No cases reported detriment as a result of speaking up	5% of cases indicated that detriment as a result of speaking up	1 case (11%) reported detriment as a result of speaking up

Total average cases aggregated average of 32 for comparative trusts	DBTH had 7 cases in total	Total average cases aggregated average of 32 for comparative trusts	DBTH had 9 cases in total
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It is important for DBTH to understand these variances further in order to identify any barriers to reporting. This work will therefore be considered by the FTSU Forum as part of its data triangulation work. The findings of this work will be presented at future board via the appropriate governance groups.

Action taken to improve FTSU culture

Although the NGO found that there was no obvious correlation between the CQC rating of a trust and the number of cases that a Freedom to Speak Up Guardian might be expected to handle, the 2018 Guardian Survey suggests a correlation between a Trusts overall CQC rating and guardian perceptions of speaking up culture. This indicates the powerful role leadership has to play in supporting the development of Freedom to Speak Up.

More recently (October 2019) the NGO published a FTSU Index Report which suggests evidence of a correlation between a Trusts FTSU Index scores and their overall CQC outcome rating.

The FTSU Index score is derived from NHS Staff Survey data using the following questions:

- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

DBTH current FTSU Index score is 76% with scores ranging from 74% to 87%. Most Trusts scoring highly have ratings of good or outstanding (across most areas) or Outstanding ratings overall.

This score may indicate a culture where staff do not know how to or feel that they cannot Speak Up.

Work to improve staff awareness and confidence has taken place as follows:

- Re-Launch of the FTSU information including revised ward level information for staff notice boards and information in the weekly Trust publication (Buzz).
- Further communication was delivered as part of National Speak Up Month in October which saw the use of a different (simpler) language to engage people in Speaking Up, using the simple phrase "Speak Up to Make a difference" and the phrase "I/We support Speaking Up because....." To demonstrate commitment from senior leaders.
- Speak Up month was also enhanced by the attendance of the NGO at a local FTSU awareness and sharing success event on 17th October.

- The recruitment of FTSU Champions from each of the divisions/departments has commenced with the development of roles and responsibilities in the form of a Champions Charter. Champion's recruitment network events are being held across all three sites throughout November. So far a small number of staff have expressed an interest at all three sites.
- The FTSU Forum is considering the best way to embed the role of FSTU champion within the existing Well-being Champions, and the Trusts Diversity and Inclusion Group. This has so far been received very well by both groups.
- Revised FTSU Policy to incorporate the change of focus and language required to deliver cultural change approved in October 2019.
- There has been continual engagement at divisional and department meetings, improving visibility and building relationships.

Learning and Improvement

The key focus of the FTSU Strategy is to enhance the Speak Up culture of the organisation in order to ensure an equal emphasis is placed on accountability and learning. In order to improve our services we want to learn from situations where care or service delivery went well and not so well. Where it has not gone well, we need to focus on "What was responsible" and not necessarily "Who was responsible". For this to happen we need all staff to engage in learning opportunities, including Speaking Up. We therefore want all leaders at DBTH to work to demonstrate a positive interest in the Trust's Speak Up Culture and be proactive in developing ideas and initiatives to support and encourage Speaking Up across all staff.

In order to achieve this we have:

- Delivered FTSU awareness level training to all new staff at induction, on preceptorship or apprenticeship programs and as part of specific education programs for different cohorts of staff.
- Encouraged learning from all cases raised, working with staff and managers to explore possible solutions and apply the learning into practice.
- Explored the use of staff who have spoken up to share their stories to allow a wider learning across the organisation. Some staff have agreed to this and a video compilation has been discussed.
- Conducted a Learning Needs Analysis (LNA) leading to a revised FTSU L&D plan (in line with 2018 action plan and the 2019 revised guidance).this has enabled us to understand the varying education and learning needs of staff depending on their FTSU role.

Further work is also planned to:

- Develop a revised communication plan that uses easy to understand, visual information disseminated through a variety of sources including the DBTH Buzz, staff engagement forums, ward and departmental based visual resources, video and social media messages. This will also ensure all staff know what to speak about and when and how to speak up.
- Improve accessibility for harder to reach staff groups and in turn improve the understanding and accessibility for minority staff groups. We will do this by embedding the Freedom to Speak Up champion role into the role of the Trust's Diversity & Inclusion group.

- Refresh our leadership and development program to ensure that all managers and leaders across the Trust are aware of the importance of a positive Speaking Up culture and the essential learning from any concerns that are raised. In order to achieve this we will provide the appropriate training and supervision to support managers to receive and respond to concerns, in a restorative manner, with skill and confidence.
- Consideration is also required for delivering FTSU information and learning as part of the Board Development Program.
- Further work to increase feedback returns from those who Speak Up needs to be considered.
- Learn from other comparative Trusts where Freedom to Speak Up cultures have been recognised as “Best Practice”.

Throughout the above work and the completion of this report, a number of national and DBTH documents have been considered and or produced. These are available on request. Please see appendix 2.

Appendix 1

“Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts”

Page 11&12 – Guardian Board Reports

Reports are submitted frequently enough to enable the board to maintain a good oversight of FTSU matters and issues, and no less than every six months. Reports are presented by the FTSU Guardian or a member of the Trust’s local Guardian network in person.

Reports include both quantitative and qualitative information and case studies or other information that will enable the board to fully engage with FTSU in their organisation and to understand the issues being identified, areas for improvement, and take informed decisions about action.

Data and other intelligence are presented in a way that maintains the confidentiality of individuals who speak up.

Board reports on FTSU could include:

Assessment of issues

- information on what the trust has learnt and what improvements have been made as a result of Trust workers speaking up
- information on the number and types of cases being dealt with by the FTSU Guardian and their local network
- an analysis of trends, including whether the number of cases is increasing or decreasing; any themes in the issues being raised (such as types of concern, particular groups of workers who speak up, areas in the organisation where issues are being raised more or less frequently than might be expected); and information on the characteristics of people speaking up (professional background, protected characteristics)

Potential patient safety or workers experience issues

- information on how FTSU matters relate to patient safety and the experience of workers, triangulating data as appropriate, so that a broader picture of FTSU culture, barriers to speaking up, potential patient safety risks, and opportunities to learn and improve can be built

Action taken to improve FTSU culture

- details of actions taken to increase the visibility of the FTSU Guardian and promote the speaking up processes
- details of action taken to identify and support any workers who are unaware of the speaking up process or who find it difficult to speak up
- details of any assessment of the effectiveness of the speaking up process and the handling of individual cases
- information on any instances where people who have spoken up may have suffered detriment and recommendations for improvement
- information on actions taken to improve the skills, knowledge and capability of workers to speak up and to support others to speak up and respond to the issues they raise effectively

Learning and improvement

- feedback received by FTSU Guardians from people speaking up and action that will be taken in response
- updates on any broader developments in FTSU, learning from case reviews, guidance and best practice

Recommendations - suggestions of any priority action needed.

Appendix 2

Throughout the delivery of the reported FTSU work and the completion of this report, a number of national and DBTH documents have been considered and or produced as follows:

National documents considered:

Guidance for boards on Freedom to Speak Up in NHS Trusts and NHS Foundation Trusts
NHSE/I NGO Revised July 2019

Supplementary Information for boards on Freedom to Speak Up in NHS Trusts and NHS Foundation Trusts - NHSE/I NGO Revised July 2019

National guidelines on Freedom to Speak Up training in the health sector in England – NGO – August 2019

Freedom to Speak Up Index Report – NGO – October 2019

DBTH documents created or revised:

DBTH Freedom to Speak Up Strategy – “Speak Up to make a difference” – November 2019

CORP COMM 1 v 7 - FTSU Policy – October 2019

FTSU Board Self-assessment review – October 2019

FTSU Forum Terms of Reference – October 2019

FTSU Learning Needs Analysis 2019 – September – ongoing considerations

FTSU Champions Roles and Responsibilities – October 2019

FTSU Champions Charter – November 2019



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

Title	Freedom to Speak Up: Strategy		
Report to	Board of Directors	Date	November 2019
Author	Paula Hill, Freedom to Speak Up Guardian		
Purpose		Tick one as appropriate	
	Decision	X	
	Assurance		
	Information		

Executive summary containing key messages and issues
<p>This paper is for presentation to the Board of Directors for ratification.</p> <p>The strategy considers all aspects of FTSU agenda including both strategic direction and its impact on operational practice.</p> <p>Further details and an overview of this strategy are provided in paper B1</p>
Key questions posed by the report
Does this strategy work to deliver an open and responsive “Speak Up” Culture, where staff are empowered and feel confident to raise concerns? How do we evidence our actions and behaviors?
How this report contributes to the delivery of the strategic objectives
<p>Improving our FTSU culture, improving our staff voice, speaking up numbers and in turn patient safety will have a direct impact on our ability to achieve our True North Objective: To be the Safest Trust in England, Outstanding in all we do.</p> <p>Increasing Board awareness of FTSU and the progress of its implementation across the Trust, giving clear timeframes for implementation of the new strategy and its associated work streams.</p>
How this report impacts on current risks or highlights new risks
This report identifies the vision for FTSU over the next three years and suggests mechanisms for achieving this vision both strategically and operationally.
Recommendation(s) and next steps
The Board are asked to consider this strategy for ratification.

Freedom to Speak Up Strategy 2019-2022

5 P's Image to be inserted
(People)



Executive Summary

In 2015 Sir Robert Francis conducted a “*Freedom to Speak Up Review*” which led to a range of recommendations and principles to guide NHS practice in relation to the development of Speaking Up Cultures. The report highlighted the importance of cultures that embrace transparency and support raising concerns in order to improve patient safety and staff experience. This report led to the implementation of the National Guardians Office (NGO) who in turn, provide guidance and support to NHS Trusts in relation to Freedom to Speak Up practices.

These recommendations also called for all NHS Trusts to appoint a Freedom to Speak Up Guardian (FTSUG) to enhance the way that their organisation deals with any concerns raised, as part of fostering an open and transparent culture, where staff feel safe and confident to talk about things that worry them. The report also acknowledges that this is one of the key elements of ensuring outstanding patient safety and a safe and effective workforce as through FTSUGs, staff can raise concerns in a supportive environment in which they feel they can contribute to, and provide outstanding care.

The NHS contractual requirements in relation to Freedom to Speak Up are monitored by the Care Quality Commission (CQC), who assess the Trusts Freedom to Speak Up Culture during inspections, under the Well Led framework, integral to Key Line of Enquiry 3.

Since its implementation in 2016, Freedom to Speak Up requirements have evolved as the relationship between speaking up, quality improvement and just and learning cultures has become better understood. This has seen the development of revised, and in some cases additional guidance to further enhance practice. These documents acknowledge how Speaking Up should be, interwoven into organisational cultures and behaviors and therefore asks all trusts to have and work to, a robust Freedom to Speak Up Improvement Strategy that clearly links to the Trust overall strategy and its related vision, aims and objectives.

The development and implementation of this strategy aims to acknowledge and achieve all of the above.

Insert photos



Where are we now?

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is committed to providing the highest standard of care and governance. For this standard to be maintained the Trust actively acknowledges the need for an open and responsive “Speak Up” Culture, where staff feel confident to raise concerns. It also acknowledges that this is one of the key elements of ensuring outstanding patient safety and a safe and effective workforce.

The Trust already supports the implementation of Sir Robert Francis’s recommendations following the Mid Staffordshire enquiry and has therefore had a Freedom to Speak Up Guardian in place since October 2016. However, in November 2018 the Board agreed to recruit to a specific FTSUG role allowing greater resource and capacity to focus on developing and embedding its principles into everyday practice.

Prior to the appointment of this role, the structure for FTSU was supported by Staff and Public governors working as FTSU Guardians in addition to their working or voluntary roles. Although this structure has been successful in delivering the trusts contractual requirements in relation to FTSU, capacity has prevented work to embrace and embed a positive proactive FTSU culture.

Alongside the Lead FTSU Guardian role the Board approved a revised FTSU structure that also included the introduction of a FTSU Champion role. Recruitment to this role is still in its infancy.

In addition to the above changes, revised national guidance now asks trusts to further consider the appointment to some FTSU roles, seeking assurance against any potential conflict of interest for those who hold more than one position, particularly where those positions are one of assurance and not delivery.

Previous Self-assessment of the trusts FTSU practices in 2018 identified many areas of best practice in relation to responding to any concerns raised. However it also identified some key areas for improvement in relation to strategic vision, communication, engagement and the number of cases raised.

Low case numbers is evidenced Using 2017/18 data submissions (2018/19 NGO report awaited)

Description	DBTH Trend 2017/18	DBTH Trend 2018/19
7087 cases were raised to Freedom to Speak Up (FTSU) Guardians in trusts and Foundation trusts.	Not the case for DBTH with some quarters showing no cases were raised	Not the case for DBTH with some quarters showing no cases were raised
More cases (2,223, 31% of the total) were raised by nurses than any other professionals	Largest staff group to raise concerns were Allied Health Professionals with 57.1% Nurses = 28.6%	44% (4 people) of concerns raised by medical staff

18% of cases were raised anonymously	No cases were raised anonymously at DBTH	No cases were raised anonymously at DBTH
32% of cases included an element of patient safety / quality	86% of cases included an element of patient safety / quality	55% of cases included an element of patient safety / quality
45% of cases included an element of bullying / harassment	71% of cases included an element of bullying / harassment	No cases included an element of bullying / harassment
5% of cases indicated that detriment as a result of speaking up	No cases reported detriment as a result of speaking up	No cases reported detriment as a result of speaking up
Total average cases aggregated average of 32	DBTH had 7 cases in total	DBTH had 9 cases in total

Although the NGO found that there was no obvious correlation between the CQC rating of a trust and the number of cases that a Freedom to Speak Up Guardian might be expected to handle, the 2018 Guardian Survey suggests a correlation between a trusts overall CQC rating and guardian perceptions of speaking up culture. This indicates the powerful role leadership has to play in supporting the development of Freedom to Speak Up.

More recently (October 2019) the NGO published a FTSU Index Report which suggests evidence of a correlation between a Trusts FTSU Index scores and their overall CQC outcome rating.

The FTSU Index score is derived from NHS Staff Survey data using the following questions:

- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

DBTH current FTSU Index score is 76% with scores ranging from 74% to 87%. Most trust scoring highly have ratings of good or outstanding (across most areas) or Outstanding ratings overall.

Strengths

Appropriate Board structure for overseeing FTSU contractual requirements and driving forward change

Compliant with contractual requirements and national guidance (prior to revision in 2019)

Staff and Board members have strong links with governors (currently working as FTSUG)

Robust process for responding to concerns and supporting those who Speak Up

Strong links with Training and Education for awareness level training, which is embedded in induction and preceptorship programs

Strong links with Guardian for Safe working and student LEM's

Weaknesses

Absence of an overall FTSU strategy

Low number of champions and role in its infancy

Potential conflict of interest in governor roles

Low numbers of cases received and reported and the organisation is uncertain of the reason for this

Low FTSU Index score suggesting staff do not know how to or are reluctant to Speak Up

Processes for triangulating quantitative and qualitative data to support FTSU are fragmented

No forum for oversight of FTSU operational delivery

No mechanisms in place for volunteers

Lack of education and training to support those who people Speak Up to.

Opportunities

Development of individual FTSU strategy, directly linked to the P&OD, Patient Safety and QII strategy and leadership and organisational development plan.

Increase number of Champions and strengthen the roles and responsibilities through the provision of a Champions Charter

Improved collaboration with FTSU partners across the organization via the FTSU Forum

Improved processes for analysing and understanding FTSU data in order to improve learning opportunities

Strengthen Governance processes, including the development of Key Performance Indicators

Improved DBTH Leadership offer and Board Development Program

Threats

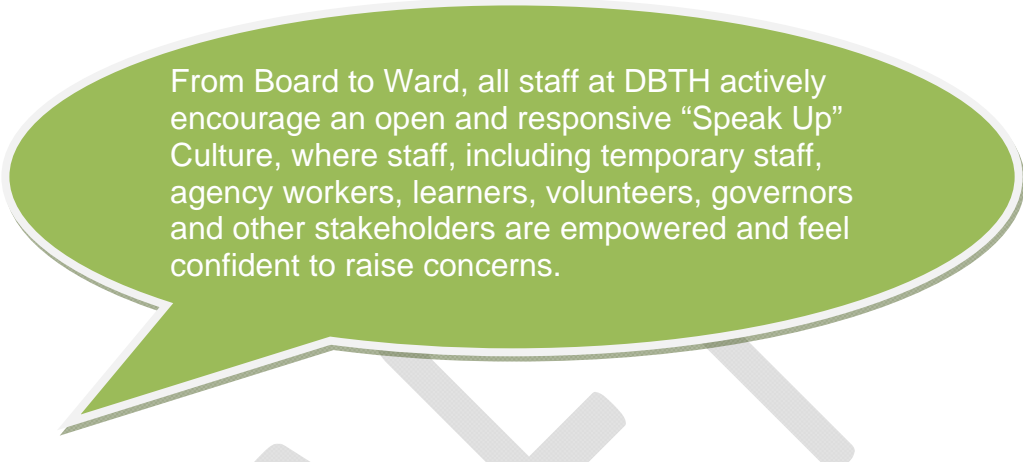
Inability to effect cultural change due to resistant behaviors

Failure to respond to the opportunities identified, preventing growth and development

Inability to recruit to Champions role

Where do we want to be?

Our Freedom to Speak Up Vision



From Board to Ward, all staff at DBTH actively encourage an open and responsive “Speak Up” Culture, where staff, including temporary staff, agency workers, learners, volunteers, governors and other stakeholders are empowered and feel confident to raise concerns.

In order to achieve this vision we will work to key objectives across the trusts strategic themes.

Patients – We will work to provide a culture where feedback from staff is focused on learning and improving the safety of our services and the quality of our care

People – We will work to ensure all staff at DBTH understand and support a “Speak Up Culture”. We will ensure they know how to raise any concerns and feel safe to do so. We will also work to support those staff who receive concerns and ensure they feel equipped and supported to provide an appropriate and restorative response, focused on learning, improvement and staff health and well being

Performance – We will work to understand our Speak Up Culture by developing and monitoring Key Performance Indicators that are influenced by all FTSU partners.

Partners – We will work in a coordinated and collaborative approach with FTSU Partners across the trust to allow wider support structures, visibility and engagement, triangulation of data and dissemination of learning.

Prevention – We will work to encourage staff to engage in early conversations to embed Speaking Up in everyday practice.

Use 5 P's images to present the above

In line with all the above, we will employ one simple message:

“Speak Up to Make a Difference”

(Insert Speech Bubble)

Our key focus is to enhance the Speak Up culture of the organisation in order to ensure an equal emphasis is placed on accountability and learning. In order to improve our services we want to learn from situations where care or service delivery went well and not so well. Where it has not gone well, we need to focus on “What was responsible” and not necessarily “Who was responsible”. For this to happen we need all staff to engage in learning opportunities, including Speaking Up.

Therefore all leaders at DBTH work to demonstrate a positive interest in the Trust’s Speak Up Culture and be proactive in developing ideas and initiatives to support and encourage Speaking Up.

Leaders will evidence, analyse and robustly challenge themselves to improve patient safety and staff health and wellbeing through the development of a culture of learning and improvement, openness, honesty and fairness, in line with the trusts P&OD Strategy, Leadership and Development Plan and Patient Safety Strategy.



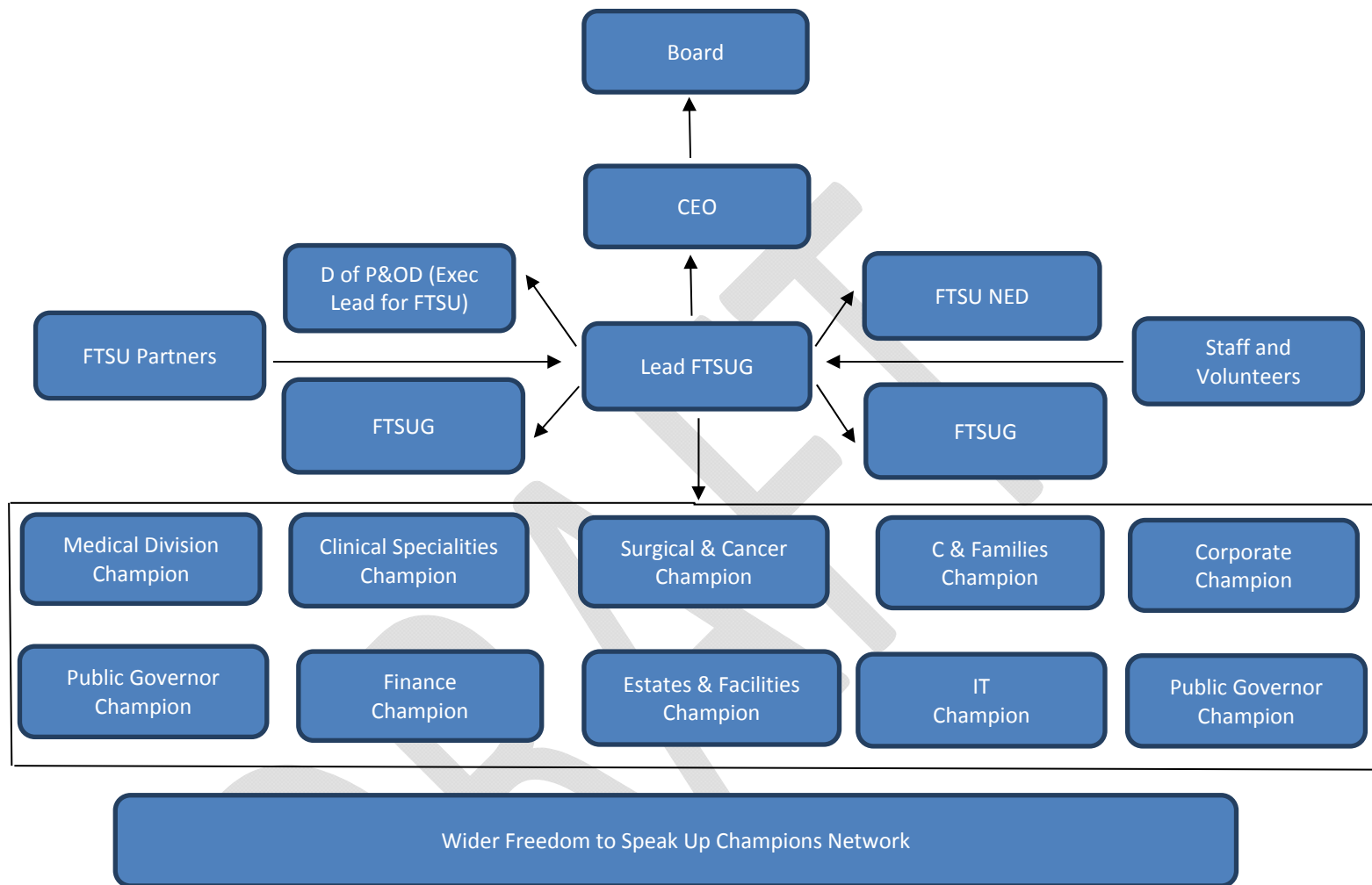
If it's about Culture in the NHS,
It's about Leadership.

Kings Fund, 2017

Staff who are enabled to work in a culture that supports Speaking Up will demonstrate the Trusts values through their aligned behaviors.

Insert Trust Values

To deliver on the vision, aims and objectives of this strategy, it is acknowledged that a wider, more collaborative workforce is required to take forward the FTSU agenda.



By establishing the above structure, the trust will demonstrate that it holds the appropriate individuals, with the appropriate skills in specific FTSU roles, identified through contractual requirements and evidence of Best Practice. The specific responsibilities of these roles are as follows.

Chief Executive and Chair of the Board

The Chief Executive and the Chair are responsible for the appointment of the FTSU Lead Guardian and accountable for ensuring that all FTSU arrangements meet the needs of the workforce and the organisation. Their roles model a high standard of conduct and behavior, demonstrating a culture that upholds all FTSU principles in practice.

They also have a responsibility to ensure that the trust is appropriately engaged with both the Regional FTSU Forum and the National Guardians Office and that the Annual Report contains

information about FTSU at DBTH

Finally both roles should be a key source of advice and support to the Lead FTSU Guardian, making themselves available to meet regularly and provide oversight of any HR processes that relate to FTSU principles and practice

Insert CEO and Chair “We support Speaking Up because statements

FTSU Executive Lead

The FTSU executive lead should:

- Role model a high standard of conduct and behavior, demonstrating a culture that upholds all FTSU principles in practice.
- Demonstrate an understanding of up to date FTSU guidance and recommendations from the National Guardians Office and other key FTSU National Partners
- Ensuring that all aspects of the FTSU Guardian role are implemented effectively, including, fair recruitment, appropriate time allocation and wider support
- Overseeing the creation and delivery of the FTSU Strategy
- Conducting a biennial review of, and providing board assurance on, the DBTH FTSU strategy, Policy and associated processes
- Ensuring all FTSU processes are conducted fairly and without detriment to any individual

Insert KB “We support Speaking Up because statement

FTSU Non-executive Lead


The FTSU Non-executive lead should:

- Role model a high standard of conduct and behavior, demonstrating a culture that upholds all FTSU principles in practice
- Demonstrate an understanding of up to date FTSU guidance and recommendations from the National Guardians Office and other key FTSU National Partners
- Challenging senior leaders and the board to determine if there is more that can be done to create a healthy FTSU culture
- Be an alternative key source of advice and support to the Lead FTSU Guardian as required
- Overseeing FTSU matters relating to board members

Senior Leaders

All leaders at DBTH have a responsibility to work to demonstrate a positive interest in the Trust's Speak Up Culture and be proactive in developing ideas and initiatives to support and encourage Speaking Up.

Leaders also have a responsibility to evidence, analyse and robustly challenge themselves to improve patient safety and staff health and wellbeing through the development of a culture of learning and improvement, openness, honesty and fairness, in line with the trusts P&OD Strategy, Leadership and Development Plan and Patient Safety Strategy.



Where leaders model a commitment to high-quality and compassionate care, this impacts everything from clinical effectiveness and patient safety to staff health, wellbeing and engagement.

Kings Fund 2019

FTSU Lead Guardian

All Freedom to Speak Up Guardians first and foremost work to protect patient safety and the quality of care and improve staff experience. They are there to provide an alternative route to normal channels that people will use for speaking up.

The FTSU Lead Guardian also has a remit to work within the trust to identify and tackle barriers to speaking up, such as issues of bullying culture, poor levels of awareness, processes that place an undue burden on individuals when they raise issues and other issues that may be identified.

Although independent, the role has a responsibility to establish robust links with the Leadership and organisational development team, to enable working together to embed a just and learning culture in which Speaking Up can be seen as business as usual. This includes supporting leaders to understand and embed FTSU principles in practice, ensuring that the most vulnerable groups of staff are acknowledged and supported.

The FTSU Lead Guardian has a role to ensure that FTSU messages are appropriately and creatively disseminated to everyone. This includes the responsibility to for the development of structure to support this. This work includes the responsibility for ensuring all FTSU education and learning requirements are identified and embedded in the trusts L&D program.

The role is also responsible for strong partnership development including the leadership of the

FTSU forum (DRI Based) and FTSU Champions Networks at each of three main sites.

The FTSU Lead Guardian role is responsible for the biannual presentation of information to the board and for ensuring all FTSU governance processes provide ongoing board assurance.

FTSU Guardians

The FTSU Guardians role works to support the Lead Guardian in their role to protect patient safety and the quality of care and improve staff experience. They are there to provide an alternative route to normal channels that people will use for speaking up. They also have a role to support the timely dissemination of FTSU messages, including supporting training and development programs.

Additionally they provide immediate support and signposting to staff to enable them to raise their concerns effectively, through the most appropriate channel. Champions will also support eh Guardians to establish and share learning across the trust.

FTSU Champions

The FTSU Champion role will provide immediate support and signposting to staff to enable them to raise their concerns effectively, through the most appropriate channel. Champions will also support eh Guardians to establish and share learning across the trust.

FTSU champions have a direct responsibility to ensure they work within the boundaries of FTSU Champions charter, therefore upholding all of the key FTSU principles explained in this policy and national guidance.

FTSU Champions will be representative of all divisions and directorates and be diverse in their professional background and seniority.

FTSU Partners

FTSU partners have a responsibility to work in a coordinated and collaborative manner with the FTSU Lead Guardian to provide a wider support structure, visibility and engagement, triangulation of data and dissemination of learning. Key FTSU partners also commit to being an integral member of the FTSU Forum, supporting continual monitoring and review of Freedom to Speak Up practices.

Across DBTH key FTSU partners will work together to support all aspects of this work. These include:

- Human Resources
- Leadership and Organisational Development Team
- Equality and Diversity Leads
- Staff Health and Well-being Services

- Patient Safety Team
- Communications Team
- Quality Improvement and Innovation Team
- Clinical Leads and Divisional Managers
- Staff Governors
- Staff Side Representatives
- Guardian for Safe Working Hours
- Training and Education Department
- Counter Fraud Team

Insert CA, and DP “We support Speaking Up because statements

To enable us to deliver our vision and strategic aims we will work across the trust with key FTSU partners who will act as key enablers for the delivery and implementation of this FTSU strategy. To ensure the success of this model of working a collaborative working group has been established, known as the Freedom to Speak Up Forum. This group will have responsibility for the delivery of this strategy and the provision of assurance information to enable appropriate Executive and Board oversight.

All of the above roles and structures will work together collaboratively to deliver this strategy through the delivery of key priorities across the following themes.

People and Organisational Development

In line with the trusts P&OD Strategy and Leadership and Development Plan, we will support the leadership and OD team to ensure all staff are supported to achieve their true potential by ensuring they have the enablers to be happy, confident and successful at work. In terms of FTSU, this means supporting staff to have a voice when feel most vulnerable.

We commit to supporting leadership development through direct engagement and the delivery of specific training and education programs that will increase understanding and performance in relation to FTSU practices.

Education and Training

DBTH acknowledges that learning is an essential ingredient of Freedom to Speak Up and that by nurturing staff curiosity, and being proactive to learn, we can help break down barriers to speaking up. We also understand that by welcoming the giving and receiving of information and feedback we can enhance our opportunity to improve.

We have therefore committed to developing a training and education program that goes beyond the national requirements in order to respond to the direct requests of senior staff and leaders for additional support to enable them to be confident and successful in their FTSU work. This work is also in line with the strategic plans for leadership and organisational development.

Rising the profile of FTSU through visibility and engagement

In line with our vision and aims to improve early reporting and risk prevention, we will work to make sure all staff understand:

Speaking up is about anything that gets in the way of providing good care.

When things go wrong, we need to make sure that lessons are learnt and things are improved. If we think something might go wrong, it's important that we all feel able to speak up so that potential harm is prevented. Even when things are good, but could be even better, we should feel able to say something and should expect that our suggestion is listened to and used as an opportunity for improvement.

Increasing understanding and awareness of FTSU

While increasing understanding and awareness of FTSU it is therefore important to ensure all staff understand the collaborative working structure and see all members of the FTSU Framework as equitable partners in this work.

This method of working not only allows greater reach across the trust but also provides specific focus within divisions and departments, supporting staff on the ground.

This method also allows staff to be able to Speak Up to any FTSU partner allowing us to consolidate speaking up and learning opportunities across all areas, including, patient, safety, Quality Improvement, Human Resources, Managers and Leaders, Tutors and Educational Leads and Health and Well-being Teams.

Key communication tools to support this work have been developed and will be disseminated to all areas and staff groups.

Insert new FTSU communication images

Priorities and Timescales

In order to deliver our FTSU strategy we will priorities the following actions:

1. Ensure that all staff, from board to ward, are aware of their responsibilities to support the FTSU agenda and therefore their ability to strengthen the FTSU culture at DBTH.
2. We will do this through the development of a revised communication plan that uses easy to understand, visual information disseminated through a variety of sources including the DBTH Buzz, staff engagement forums, ward and departmental based visual resources, video and social media messages. This will also ensure all staff know what to speak about and when and how to speak up.
3. We will improve accessibility for harder to reach staff groups and in turn improve the understanding and accessibility for minority staff groups. We will do this by extending the Freedom to Speak Up champion role to the role of the Trust's Diversity & Inclusion group.
4. Refresh our leadership and development program to ensure that all managers and leaders across the Trust are aware of the importance of a positive Speaking Up culture and the essential learning from any concerns that are raised.
5. Work with the Quality Improvement Team to develop a robust tool for supporting staff to identify and embed learning
6. In order to achieve this we will provide the appropriate training and supervision to support managers to receive and respond to concerns, in a restorative manner, with skill and confidence.
7. Conduct a Learning Needs Analysis leading to a revised FTSU L&D plan (in line with 2018 action plan and the 2019 revised guidance).
8. Use the above LNA to develop a revised FTSU training program, working to establish 4 levels of training, supporting learning across all groups by delivering varying programs, suitable to specific job roles and responsibilities.
9. Embed the above training program in the wider DBTH learning and education and leadership and development offer.
10. Embed the work of the FTSU Forum in existing governance structures and processes to ensure it informs actions to promote improved patient safety and staff experience.
11. Embed the revised FTSU structure including the recruitment of champions, identification of Fairness Champions from each of the divisions, Well-being Services, and the Trusts Diversity and Inclusion Group.
12. Conduct a trust-wide survey to gather information on the understanding of FTSU practices including:

What to speak up about, when to speak up, how to speak up and what support is available. This will be undertaken as a Staff FFT survey.

13. Utilise the annual staff survey to understand our FTSU index scores and acknowledge and implement any improvements required.
14. Develop robust data collection, collation and analysis methods and ensure the timely evaluation of any themes and trends that are identified.
15. Ensure that learning from any concerns raised is disseminated in an appropriate and transparent manner. This information will be disseminated to all staff through the relevant management groups and via staff engagement sessions. It will also be included in the governance information provided to WERC, QEC and the board.
16. Collect Feedback regarding the FTSU experience of staff who raise concerns and use this information to celebrate success and or improve future practice
17. Review the FTSU policies and Strategy in line with any changes to national guidance.
18. Monitor the performance of all FTSU roles bi-annually to ensure all contractual and best practice elements are being met.
19. Annually monitor DBTH performance against the NGO Self review tool to establish any variations that may emerge and use this self-assessment to inform changes in strategic development and operational practice.

A detailed version of these priorities will be presented as a detailed action plan, including lead responsibilities and timescales. This will work as the enabler for monitoring and review through the identified governance groups.

Insert photos

Evaluation and Monitoring

Performance against this strategy will be continually monitored and reviewed by the Freedom to Speak Up Forum, with additional oversight by the Workforce, Education, Research Committee (WERC), reporting through to the Quality and Effectiveness Committee (QEC), thereby providing assurance to the Board of Directors.

Board

QEC

WERC

FTSU Forum

Responsibility for the delivery of this strategy will rest with the Director of P&OD in their role as FTSU executive lead.

Responsibility for the robust delivery, monitoring and evaluation of all aspect of FTSU work will rest with the FTSU Lead Guardian. However in order to assess the performance of the FTSU strategy the trust will have a responsibility to ensure that there is timely access to transparent, robust data relating to work across of the FTSU partner areas. It will also have a responsibility to ensure that learning from the triangulation and analysis of this data is disseminated appropriately in order to ensure improvements are made to patient safety and staff experience.

Data will be collected and analysed from Human Resources, Staff Side, Education and learning, Leadership and Development, Patient Safety, Quality Improvement, FTSU Guardians and the Guardian for Safe Working Hours.

In addition to providing evidence of the understanding and learning from concerns it is also important as part of evaluating and monitoring this strategy that the FTSU Forum and in turn the Board also provide or receive assurance in relation to:

- Evidence of positive behaviors of senior leaders including feedback
- Evidence that all aspects of Speaking Up are encouraged and captured, including discussions held or concerns raised with Governance, Quality Improvement and Human Resources
- The triangulation of all data to support areas where Speaking Up is having a positive effect and where not, Speaking Up is being investigated.

Communication and Engagement

This strategy has been developed through direct consultation with Senior Leaders, P&OD Senior Leadership Team, Patient Safety and Quality Improvement Teams, senior leads for Education and Development and the Leadership and Development Team.

In addition, its content has been informed by discussions with Divisional Directors, Senior Clinical Staff, and engagement with the wider workforce through cross site engagement sessions, training events and feedback processes.

Engagement with Staff side representative, Equality and Diversity leads and Health and Wellbeing colleague's has also taken place to ensure fairness and inclusion throughout the process.

The Freedom to Speak Up Forum will hold responsibility for monitoring and communicating the performance against this strategy, including participating in ongoing engagement to inform future reviews.



References and Bibliography

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- NHS Interim People Plan (2019)



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

Title	ICS Update – November 2019		
Report to	Board of Directors	Date	November 2019
Author	Richard Parker, Chief Executive		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues
This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of October 2019.
Key questions posed by the report
The information is to note.
How this report contributes to the delivery of the strategic objectives
Information in support of partnership working.
How this report impacts on current risks or highlights new risks
Performance metrics – highlighting areas of risk - are included in the dashboards at the end of the report.
Recommendation(s) and next steps
The Board is asked to note the update from the ICS.

South Yorkshire and Bassetlaw Integrated Care System CEO Report

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

12 November 2019

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of October 2019.

2. Summary update for activity during October 2019

2.1 Collaborative Partnership Board

The October Collaborative Partnership Board received updates on the priorities of joint working for the local authorities (physical activity and complex lives) and the ICS Five Year Plan. In addition, the Board was joined by the Sheffield City Region team to provide an update on Working Win, the Health Led Employment Trial. The Trial has been hugely successful with 4306 participants, 273 having found employment and 317 staying in work (August 2019 data).

Members also discussed the importance of developing our relationship with the voluntary and community sector and agreed a series of next steps including establishing an exploratory task group to bring together VCS and ICS stakeholders and lead a programme of work specifically to embed the VCS in the ICS at every level of the system.

2.2 ICS Guiding Coalition and Five Year Plan

Our Guiding Coalition met on Tuesday 8th October at the Keep Moat Stadium in Doncaster to discuss and feed back on the draft refreshed vision of our Five Year Plan. We had some very helpful and informative discussions at the event, the themes from which have been added to the final version which will be submitted to NHS England and Improvement on November 15th 2019.

At the Health Executive Group on Tuesday 12th November, members will receive a near final strategic narrative, along with the finance and workforce data and metrics trajectory. Boards and Governing Bodies meeting before the 15th November submission should use the draft version and those meeting after the submission should use the final version.

Publication of the final Plan is now subject to Purdah during the General Election campaign period. While we await guidance on when we can publish, the draft version will remain on our website. Alongside the final version, we will publish a Plain English version, an easy read version and a version that uses audio/subtitles.

2.3 Focus meeting with NHS England and Improvement

Our quarterly focus meeting with NHS England and Improvement took place on 31 October. The review concentrated on operational and financial performance, progress with our Five Year Plan and its alignment and how the ICS partners are working together. Good progress was noted on our performance and the development of our Plan.

In respect of ICS governance, we described how in 2020/21 we will take account of the work coming out of the Establishing ICSs programme, led by Amanda Prichard, to focus our system at Place and whole system to deliver the LTP. As with previous focus meetings, when I receive a formal letter from Regional Director Richard Barker in due course I will forward on to colleagues.

2.4 National ICS Leaders Update

The next national STP/ICS Leaders Development event, which I have been asked to chair, takes place on 7 November. The agenda includes a panel discussion with Simon Stevens and discussions on the role of STPs and ICSs in supporting development of Primary Care Networks and also system-wide quality improvement. There will also be the opportunity to join breakout discussions on tackling race inequalities in the workforce, quality engagement and communications to support system working, local government and the NHS working together as 'anchor institutions', population health approaches and system-wide metrics.

I will update colleagues on the session at the Health Executive Group meeting.

2.5 Allocate Awards

I am pleased to report that we won a national industry award in recognition of our joined-up work on the e-rostering workforce project. The Allocate Awards 2019 ceremony took place on Wednesday, October 16th in Manchester and was collected by attending members of the eRoster group within the ICS.

This award was particularly impressive as it recognised our achievement of 'working inclusively across boundaries'. The partnership has been coming together regularly and has successfully developed a shared approach to eRostering (an electronic way of efficiently managing when staff are needed to work).

This is an excellent example of the innovative project work taking place within the ICS at the moment. I have said previously that we need to ensure continuity of improvement if we want to be the best delivery System in the country.

2.6 Performance Scorecard

The attached scorecards show our collective position at October 2019 (using predominantly August and September 2019 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

You will see we are green across the board for six week diagnostics, two week cancer waits, two week cancer breast waits and 31 day cancer waits. Our A and E performance as a System, while still below the constitutional standard, has also improved.

This is important progress as we head into winter and we obviously need to try and keep up the improvement if we want to be the best delivery System in the country. The amount of work and leadership taking place at the moment to make and then sustain these improvements is hugely appreciated.

At month 6 all organisations are on plan and are forecasting to achieve plan; although there remain some risks to full year delivery.

2.7 Establishing ICSs

As part of the commitment in the NHS Long Term Plan for ICSs to be formed and covering the country by April 2021, there have been a number of discussions with stakeholders to hear their feedback on supporting systems. ICSs are not statutory entities, nor is there any specific legislation governing how they operate and therefore it is important for local systems to work together with regional teams to establish a new way of working.

There have been a number of key themes emerging which focus on the role of the ICS and its collective model of accountability. Stakeholders are keen to see greater clarity and we can expect to learn more about the themes and next steps when more details are published shortly.

2.8 General Election and Purdah

We are now under six weeks before a general election, and are therefore in 'purdah' or the pre-election period of sensitivity. Purdah continues until a new government is in place – if the election results are close, this could continue for some time.

This is a time of sensitivity, and specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants and local government officials. The ICS will consider both the guidance and impact on other organisations and colleagues and ensure that we remain politically impartial.

Andrew Cash

Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 5 November 2019

How are we doing? An overview

Key performance report: October 2019 (using predominantly August/September data)



	A&E (95%) September data	RTT (92%) August data	Diagnostics 6 weeks August data	2ww (93%) August data	2ww breast (93%) August data	31 day (96%) August data	62 day (85%) August data	ELP (50%) July data	IAPT Access 4.75% July data	IAPT Recovery (50%) July data
South Yorkshire and Bassetlaw	89.8	90.9	0.7	94.6	93.3	96.8	79.1	83.1	4.7	51.9
Greater Manchester										
Bucks, Oxfordshire and Berkshire West										
Frimley Health										
Dorset										
Nottinghamshire										
Blackpool & Fyde - Lancashire and S.Cumbria										
Milton Keynes, Bedfordshire & Luton										
Gloucestershire										

At month 6 all organisations are on plan and are forecasting to achieve plan; although there remain some risks to full year delivery.

How are we doing? An overview

Key performance report: October 2019 (using predominantly August/September data)

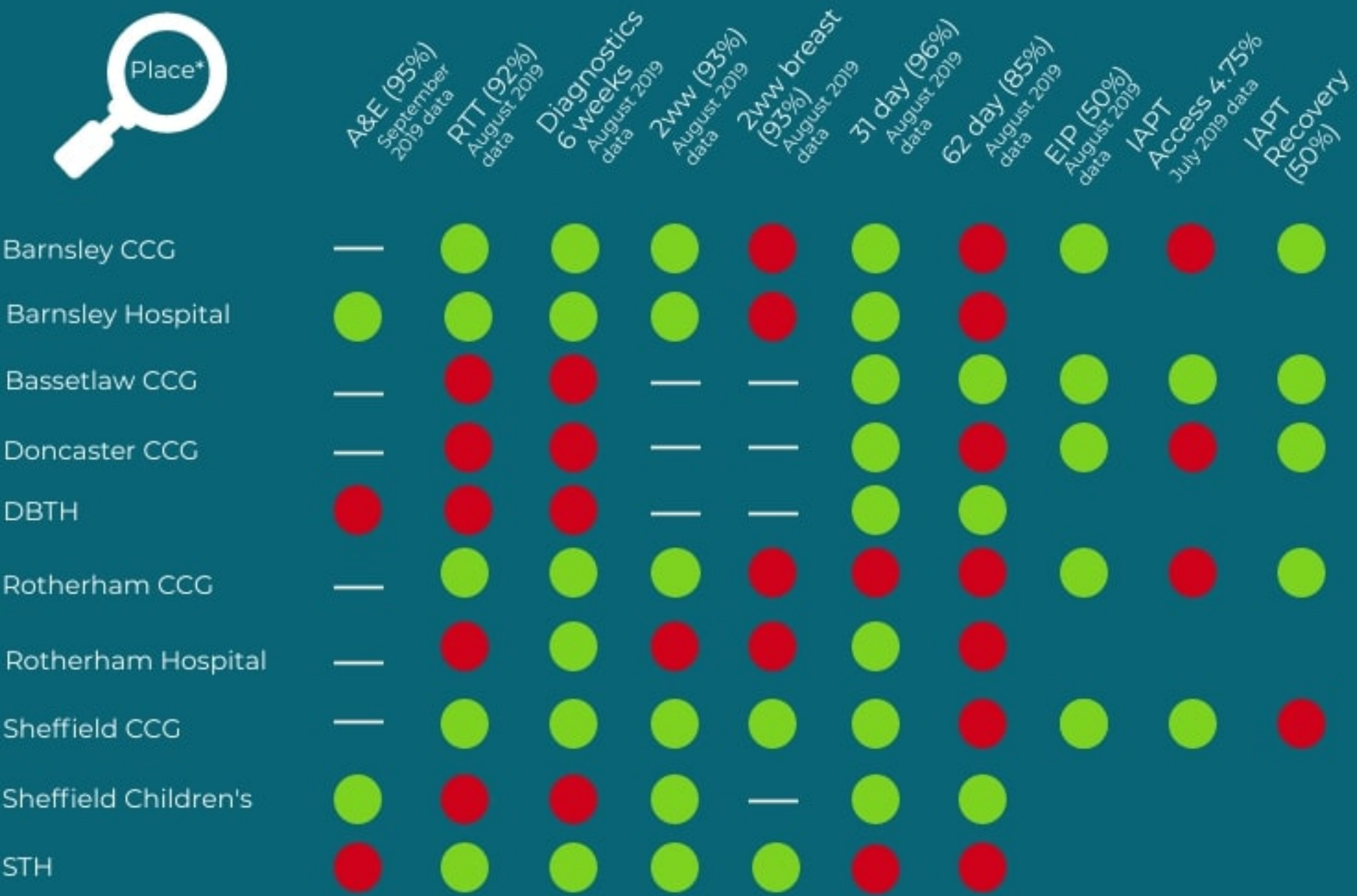


	A&E (95%) September data	RTT (92%) August data	Diagnostics 6 weeks August data	2ww (93%) August data	2ww breast (93%) August data	31 day (96%) August data	62 day (85%) August data	EIP (50%) August data	IAPT July data Access 4.75%	IAPT July data Recovery (50%)
South Yorkshire and Bassetlaw	89.8	90.9	0.7	94.6	93.3	96.8	79.1	83.1	4.7	51.9
Greater Manchester										
Cheshire and Merseyside										
Cumbria and North East										
Humber, Coast and Vale										
Lancashire and South Cumbria										
West Yorkshire										

At month 6 all organisations are on plan and are forecasting to achieve plan; although there remain some risks to full year delivery.

How are we doing? An overview

Key performance report: October 2019 (using predominantly August/September data)



*Data based on CCG and Acute Trust performance



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

Title	Integrated Performance Report		
Report to	Trust Board	Date	26th November 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










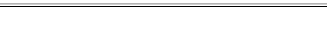
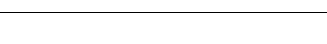
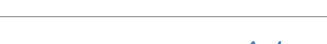

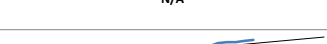



The Quality report highlights the ongoing work with Care Groups and external partners to improve patient outcomes and a focus on mortality rates.

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
<p>Key Questions for the Board are:</p> <ul style="list-style-type: none"> • 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
<p>This report supports all elements of the strategic direction by identifying areas of good practice and areas where the Trust requires improvements to meet our expectations.</p>
How this report impacts on current risks or highlights new risks
<p>F&P6 Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards</p> <p>F&P15 Commissioner plans do not come to fruition and do not achieve the required levels of acute service reduction</p> <p>F&P5 Failing to address the effects of the agency cap</p>
Recommendation(s) and next steps
<p>The Board is asked to consider the report.</p>





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	Oct 19	95%	83.6%	83.6%	92.8%	90.3%	-2.5%	92.0%	90.27%	-1.7%	95.0%	89.2%	-5.8%			
	Max time of 18 weeks from point of referral to treatment- incomplete pathway	Oct-19	92%	74.3%	84.8%	87.1%	87.1%	0.0%	92.0%	87.1%	-4.9%						
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -incomplete Pathways	Oct-19	.N/A	.N/A	.N/A	32,205	32,277	72	31,199	32,277	1078						
	% waiting less than 6 weeks from referral for a diagnostics test	Oct-19	99%	94.9%	96.2%	99.0%	99.3%	0.3%	99.0%	99.3%	0.3%	99.0%	98.8%	-0.2%			
Cancer	31 day wait for diagnosis to first treatment- all cancers	Sep-19	96.0%	96.3%	95.5%	96.0%	100.0%	4.0%	96.0%	99.5%	3.5%	96.0%	99.5%	3.5%			
	31 day wait for second or subsequent treatment: surgery	Sep-19	94.0%	94.5%	90.2%	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	Sep-19	98.0%	99.8%	99.1%	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	Sep-19	85.0%	75.0%	76.9%	84.8%	94.8%	10.0%	85.0%	83.9%	-1.1%	85.0%	84.2%	-0.8%			
	62 day wait for first treatment from consultant screening service referral	Sep-19	90.0%	83.5%	86.9%	90.0%	77.3%	-12.7%	90.0%	84.8%	-5.2%	90.0%	83.4%	-6.6%			
Activity	ED Attendances	Oct-19	N/A	N/A	N/A		13401			98743							
	Daycase Activity - Discharges	Oct-19	.N/A	.N/A	.N/A	4,441	4,393	(48)	29,310	29,210	(100)						
	Other Elective Activity - Discharges	Oct-19	.N/A	.N/A	.N/A	1,018	828	(190)	4,900	5,340	440						
	Outpatient new activity (Contracted levels achieved)	Oct-19	.N/A	.N/A	.N/A	12,832	12,941	109	81,454	80,974	(480)						
	Outpatient Follow Up activity (Contracted levels achieved)	Oct-19	.N/A	.N/A	.N/A	25,928	25,845	(83)	164,639	166,859	2,220						
Ambulance Handover Times	Ambulance Handovers Breaches -Number waited <= 15 Minutes	Oct-19	.N/A	.N/A	.N/A	77.5%	66.0%	-11.5%		68.66%							
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	Oct-19	.N/A	.N/A	.N/A	21.9%	33.6%	11.7%		30.56%							
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	Oct-19	.N/A	.N/A	.N/A	0.6%	0.3%	-0.3%		0.70%							
	Ambulance Handovers Breaches -Number waited >60 Minutes	Oct-19	.N/A	.N/A	.N/A	0.0%	0.1%	0.1%		0.07%							
Stroke	Proportion of patients scanned within 1 hour of clock start (Trust)	Aug-19	48.0%	.N/A	.N/A	48.0%	56.9%	8.9%	48.0%	47.5%	-0.5%	48.0%	46.8%	-1.2%			
	Proportion directly admitted to a stroke unit within 4 hours of clock start	Jun-19	90.0%	.N/A	.N/A	90.0%	54.9%	-35.1%	75.0%	55.1%	-19.9%	75.0%	52.7%	-22.3%			
	Percentage of eligible (according to RCP Guideline minimum threshold) given Thrombolysis (Trust)	Aug-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	Aug-19	40.0%	.N/A	.N/A	40.0%	73.2%	33.2%	24.0%	80.5%	56.5%	24.0%	81.8%	57.8%			
	Percentage discharged given a named person to contact after discharge	Aug-19	95.0%	.N/A	.N/A	95.0%	100.0%	5.0%	80.0%	96.3%	16.3%	80.0%	99.0%	19.0%			
Theatres & Outpatients	Cancelled Operations (For non-medical reasons)	Oct-19		N/A	1.0%	0.8%	1.7%	0.9%	0.8%	1.1%	0.3%	0.8%	1.2%	0.4%			
	Cancelled Operations-28 Day Standard	Oct-19		.N/A	.N/A	0	0	0	0	6	6						
	Out Patients: DNA Rate	Oct-19	7.5%	6.89%	.N/A	7.6%	9.6%	2.0%	7.6%	10.1%	2.5%	7.6%	10.1%	2.5%			
	Out Patients: Hospital Cancellation Rate	Oct-19		.N/A	.N/A	4.5%	13.8%	9.3%	4.5%	13.6%	9.1%	4.5%	15.4%	10.9%			
	Theatre Utilisation	Oct-19		.N/A	.N/A	87.0%	82.8%	-4.2%	87.0%	84.0%		87.0%					
	Clinic Utilisation	Oct-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)	Sep-19		.N/A	.N/A		3.0%			6.1%							
	Length of Stay (21 Days) - Number of Patients	Oct-19		N/A	N/A	71	51	-20		51							
	Length of Stay (21 Days) - Number of days	Oct-19		N/A	N/A		1808			1808							
Safe	Infection Control C.Diff	Oct-19		.N/A	.N/A	3	6	3	6	26	20						
	Infection Control MRSA	Oct-19		.N/A	.N/A	0	0	0	0	1	1				N/A		
	HSMR (rolling 12 Months)	Jul-19	100			100.0	93.6	-2.1	100.0	97.9	-2.1						
	HSMR : Non-Elective (rolling 12 Months)	Jul-19	100						100.0	97.8	-2.3						
	HSMR : Elective (rolling 12 Months)	Jul-19	100						100.0	106.2	6.2						
	Never Events	Oct-19				0	0	0	0	2	2						
	Sis	Oct-19					0			29							
	Avoidable Pressure Ulcers Cat 3&4	Oct-19					3			27					N/A		
	Unavoidable Pressure Ulcers Cat 3&4	Oct-19					9			13					N/A		
	Falls that result in a serious Fracture	Oct-19					0			3					N/A		

SPECIFIC THEMES :

NHS England NHFD Benchmarking

% of patients achieving Best Practice Tariff Criteria	Oct-19		63.50%		52.0%			49.2%			48.7%				
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Fractured Neck of Femur	36 hours to surgery Performance	Oct-19			52.0%		56.4%		56.2%		
	72 hours to geriatrician assessment Performance	Oct-19			92.0%		90.3%		90.4%		
	% of patients who underwent a falls assessment	Oct-19	95.70%		96.0%		95.9%		96.5%		
	% of patients receiving a bone protection medication assessment	Oct-19	93.70%		96.0%		96.9%		97.1%		
	% who underwent a pre-operative AMTS Assessment (Delirium Assessment)	Oct-19	94.60%		100.0%		95.9%		94.5%		
	Mortality-Deaths within 30 days of procedure	Oct-19			4.0%		7.2%		6.9%		

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

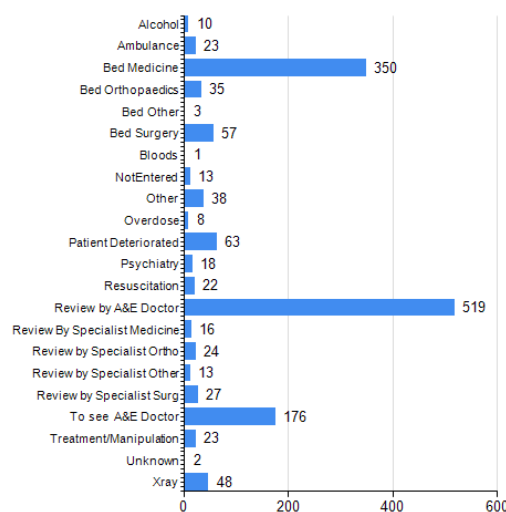
PERFORMANCE EXCEPTION REPORT – October 2019

(A) 4hr Access Target

Trust

The 4 hour access target was not met in October 2019 with 90.30% achievement against a target of 95% - in comparison to 92.21% in October 2018. Performance has improved for the last 3 consecutive months. Performance remains below the locally agreed CCG trajectory for October 2019 of 92.8%. The Trust managed 15303 ED attendances across sites and streams, during October 2019. This is 697 more patients than in October 2018, a 4.56% increase. 1485 patients were not treated within 4 hours – this is 347 more than in October 2018. Breach reasons are outlined below with the main two categories remaining “Review by A&E doctor” and “Medical beds”

Breach Reasons : Trust : Month



The team has developed a full recovery plan to support the department to get back on track with performance. The key performance issues remain at DRI with better performance at Bassetlaw and Mexborough.

The full 4 hour action plan was agreed in September, and key updates for October include

- Implementation of streaming on both sites (1.10.19, Nottingham Health Care to provide streaming at Bassetlaw from 09:00 – 23:00 7 days a week, this will be further extended)
- Appointment of a new substantive Clinical Director for EDs starting 4th November 2019
- Organisational development - awaiting report to discuss next steps of leadership development
- Audit on CDU usage, medium term solutions identified which may support reduction of breaches,
- Qi stakeholder event completed at Bassetlaw during October 19, focussing on patient flow – pilots agreed include navigation nurse, Early Senior Assessment, fit to sit & diagnostic tracker
- Additional ED Staffing – Band 6s and ANPs now advertised
- Development of Mexborough Urgent Treatment Centre in partnership with FCMS - go live planned for 2nd December 2019
- Estates plan on hold. Updated business case & risks to go to CIG for potential work in 2020.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – October 2019

Doncaster Royal Infirmary

The 4 hour access target was not met in October 2019 with 87.80% achievement against a target of 95% - in comparison to 90.44% in October 2018. DRI managed 9477 ED attendances across streams, during October 2019. This is 452 more patients than in October 2018 seeing an increase of 5.0%.

In October 2019 16.70% of attendances were streamed from FDASS compared to 11.05% streamed in October 2018

Bassetlaw District General Hospital

The 4 hour access target was not met in October 2019 with 92.59% achievement against a target of 95% - in comparison to 93.20% in October 2018

BDGH managed 4439 ED attendances across streams during October 2019. This is 395 more patients than in October 2018 seeing an increase of 9.76%.

In October 2019 8.94 % of attendances were streamed from FDASS compared to 9.35% streamed in October 2018.

Ambulance Breaches

A total of 4 patients at DRI and 7 patients at Bassetlaw didn't achieve the standard of number of patients waiting over 30 minutes for handover. 2 of those patients were over 60 minutes and a root cause analysis has been completed to ensure there was no harm to those patients.

Work continues with YAS and EMAS to improve handover times, recent challenges with progress have been escalated to the appropriate external senior teams by the General Manager requesting support on site at both Emergency Departments.

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
Oct-19	Doncaster Royal Infirmary	2427	1734	71.45%	689	28.39%	3	0.12%	1	0.04%	01:26	0.16%
	Bassetlaw Hospital	962	503	52.29%	451	46.88%	7	0.73%	1	0.10%	01:09	0.83%
	Trust	3389	2237	66.01%	1140	33.64%	10	0.30%	2	0.06%	N/A	0.35%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – October 2019

(B) Referral to Treatment (RTT)

The Trust has implemented a recovery plan to get back to the national 92% standard by the end of the financial year. In October the working figure for performance was 87.1% against a recovery plan trajectory of 87.1% (position to be finally confirmed & externally reported by 22.11.2019). This is an improvement on September 2019. The main drivers of the position were:

- Commencement of additional activity as per the additional activity RTT action plan
- Increase in outsourcing in Ophthalmology and Trauma and Orthopaedics
- Increase in service level validation – more timely management of patient pathways
- Reduction of typing backlog in some areas

Key areas of focus for November include:

- Intensive support to Trauma & Orthopaedics, Ophthalmology, ENT, General Medicine & Cardiology to ensure robust plans are put in place to close the gap between current position & trajectory
- Mitigate emergent risks in Cardiology and Ophthalmology caused by consultant staffing gaps – review of further opportunities to outsource work
- Administrative action plan in progress to ensure trained A&C teams support all Divisions and validation is returned to trained Divisional teams (plan underway, to be completed by 31.12.19). This is part of our full administrative and elective improvement plan
- Delivery of the Urodynamics diagnostic pathway recovery plan (planned for November and December)
- Implementing strengthened weekly activity monitoring arrangements at specialty and Trust wide level

The following table summarises the position by specialty compared to national target of 92%:

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – October 2019

Speciality	Under 18 Weeks	18 Weeks and over	Total	Percentage
BREAST SURGERY	320	2	322	99.40%
CARDIOLOGY	1801	255	2056	87.60%
CLINICAL HAEMATOLOGY	169	6	175	96.60%
COMMUNITY PAEDIATRICS	31	3	34	91.20%
DERMATOLOGY	2131	153	2284	93.30%
DIABETIC MEDICINE	619	86	705	87.80%
ENDOCRINOLOGY	2		2	100.00%
ENT	2534	485	3019	83.90%
GENERAL MEDICINE	1712	456	2168	79.00%
GENERAL SURGERY	2399	323	2722	88.10%
GERIATRIC MEDICINE	210	25	235	89.40%
GYNAECOLOGY	1527	72	1599	95.50%
MEDICAL OPHTHALMOLOGY	191	21	212	90.10%
NEPHROLOGY	128	6	134	95.50%
OPHTHALMOLOGY	2572	427	2999	85.80%
ORAL SURGERY	1611	169	1780	90.50%
ORTHODONTICS	62	5	67	92.50%
PAEDIATRIC CARDIOLOGY	112	13	125	89.60%
PAEDIATRIC DIABETIC MEDICINE	1		1	100.00%
PAEDIATRIC ENDOCRINOLOGY	43	3	46	93.50%
PAEDIATRIC EPILEPSY	22	1	23	95.70%
PAEDIATRIC RESPIRATORY MEDICINE	3		3	100.00%
PAEDIATRICS	527	16	543	97.10%
PAIN MANAGEMENT	273	11	284	96.10%
PODIATRIC SURGERY	11	6	17	64.70%
PODIATRY	194	14	208	93.30%
RESPIRATORY MEDICINE	866	101	967	89.60%
RESPIRATORY PHYSIOLOGY	1		1	100.00%
RHEUMATOLOGY	762	177	939	81.20%
TRAUMA & ORTHOPAEDICS	5250	976	6226	84.30%
UPPER GASTROINTESTINAL SURGERY	65	18	83	78.30%
UROLOGY	1472	283	1755	83.90%
VASCULAR SURGERY	504	38	542	93.00%
Grand Total	28125	4152	32277	87.10%

Work is continuing across the Trust to address this position and recover 92% in year:

A fuller analysis of the position against recovery plan is included in Appendix 1 which covers:

- RTT Performance by specialty against trajectory
- Waiting List size by specialty against trajectory
- 40+ week waiters – 2019/20
- 52 week breaches – 2019/20
- Service level commentary highlighting areas of risk / focus

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – October 2019

52 Week Breaches

During October 2019, the Trust reported 1 x 52 week breach for:-

- Ophthalmology – Bassetlaw CCG

A full breach report has been completed. The patient was not visible on the PTL and was identified via validation due to incorrect clock stop being administered. A further two patients are currently being investigated as potential breaches with a conclusion to be reached by 22/11/2019 in line with externally agreed submission date.

RTT training 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. This is part of the wider “Improving Processes” Action Plan alluded to above.

(C) Diagnostics

The Diagnostic target was met for October 2019 with 99.26% achievement against a target of 99%

Exam Type	<6W	>=6W	Total	Performance	Longest Breach (weeks)
MRI	1913	12	1925	99.38%	8
CT	2309	2	2311	99.91%	9
Non-Obstetric Ultrasound	2939	1	2940	99.97%	9
Barium Enema	0	0	0		-
DEXA	237	0	237	100.00%	-
Audiology	226	13	239	94.56%	10
Echo	161	1	162	99.38%	8
Nerve Conduction	158	0	158	100.00%	-
Sleep Study	29	0	29	100.00%	-
Urodynamic	69	34	103	66.99%	22 (appt 20.11.19)
Colonoscopy	320	0	320	100.00%	-
Flexible Sigmoidoscopy	106	0	106	100.00%	-
Cystoscopy	397	6	403	98.51%	
Gastroscopy	360	0	360	100.00%	-
Total	9224	69	9293	99.28%	22

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

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	9223	69	9292	99.26%
NHS Doncaster	5974	40	6014	99.35%
NHS Bassetlaw	2364	24	2388	98.99%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – October 2019

Missed Targets:

- Urodynamic – 66.99% -34 breaches out of 103 waiters. The urodynamic machine has been intermittently out of order throughout October and into November causing delays with the diagnostic pathway. Due to the continuation of Urodynamic breaches, a full recovery plan has been requested from the service, this was received on 15.11.19 and focuses on:-
 - Loan kit procurement & training on loan equipment (w/c 11.11.19)
 - Business Case for new equipment to mitigate further breakdowns – this will be going to CIG in December 19
 - Development of Urodynamic waiting list to support timely booking of appointments and adherence to diagnostic targets – implemented October 2019
 - Creation of additional consultant & nurse capacity for remainder of 2019 to address backlog of patients.

The department has undertaken a full investigation into urodynamics performance and is taking a number of actions to improve underlying booking processes and monitoring arrangements to ensure compliance with the Trust Access Policy. Making the changes and tackling the backlog will affect Trust level performance against the standard for November and December but with recovery from January 2020.

- Audiology – 94.56% -13 breaches out of 239 waiters. The team continue to monitor capacity and where possible undertake additional activity to manage demand.

(D) Cancer Performance

September 2019

The 31 day position continues to perform well. Our challenge continues around the 62 day screening & consultant upgrade standards, however we continue to see improvements in most of the 62 day standards. There were 12 breaches for these standards combined, 5 / 12 breaches related to patient choice & remaining breaches related to shared care pathway delays

Work continues to take place to improve compliance with all cancer standards – an action plan will be presented at Cancer Programme Board in November 2019 – this focuses on:-

- Forward planning for treatment at MDT meetings based on Imaging findings
- Ensuring MDT Co-ordinators complete Inter-Provider Transfer (IPT) data fields on NHSD system to improve data recording around this point.
- Improving diagnostic tracking process at first clinic attendance & the prioritization of typing
- **Breast** – increasing numbers having Chemotherapy as first line treatment based on HER2 histology testing
- **H&N** – forward planning of pathway for IPT date based on histology only results to allow for improved planning for MDT decision making.

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- **Lower GI** – Improve timeframe to enabling treatment (stoma formation) reducing to day 20 and then planning Oncology OPD to fall within Day 38 timeframe.
- **Lung** – forward planning of pathway for IPT date based on imaging only results to allow improved planning for Oncology appointments
- **Upper GI** - forward planning of pathway for IPT date based on patients travel to STH for Oncology appointments
- **Urology** - forward planning on Medical Imaging investigations (Bone Scans) for patients who do not meet the One Stop Prostate pathway

Cancer Performance – September 2019

Standard	Local Performance
31 Day	100%
31 Day Sub – Surgery	100%
31 Day Sub – Drugs	100%
62 Day – IPT Scenario Split	94.8%
62 Day 50/50 Split	95%
62 Day – Local Performance	100%
62 Day – Shared Performance only 50/50 Split	65%
62 Day Screening	77.3%
62 Day Consultant Upgrades	82.4%

Cancer Performance by Specialty – September 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	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	96%	94%	98%	94%	85%	85%	90%	TBA
Breast	100%	100%	100%		100%	100%	100%	
Gynaecology	100%				100%	100%	0%	
Haematology	100%		100%		100%	100%		
Head & Neck					66.6%	50%		
Lower GI	100%	100%			91.7%	100%	42.9%	100%
Lung	100%				77.8%	75%		71.4%
Skin	100%				100%	100%		
Upper GI	100%				90.9%	83.3%		
Urological	100%	100%			90.9%	95.2%		0%
Performance	100%	100%	100%		95%	95%	77.3%	82.4%

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Cancer Performance Exceptions – September 2019

CWT Standard	Tumour Group	Performance against standard	High Level View
62 day (using 6 scenario data)	H&N	50%	1 Patient – Shared care, pathway delays
	Lung	75%	2 Patients – Both shared care – complex diagnostic pathways
	Upper GI	83.3%	1 Patient – Shared care - complex diagnostic pathway
62 day Screening	Lower GI	42.9%	4 Patients – All Local Pathway - Patient choice (bowel screening)
	Gynae	0%	1 Patient – Shared Care pathways - pathway delays DBTH
62 day Con Upgrade	Lung	71.4%	2 Patients – Shared Care pathways & Outpatient capacity @ STH
	Urology	0%	1 Patient – Shared Care pathway - patient choice

(E) Stroke

Performance August 2019

The Direct Admission to Stroke Unit target was not met in August 2019 with 54.9% achievement against a target of 90%

The scan within 1 hour target was met for August 2019 with 56.9% achievement against a target of 48%.

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	5	19	0	2	2	28
No	5	15	0	0	3	23
Grand Total	10	34	0	2	5	51
Performance	50.0%	55.9%	0	100.0%	40.0%	54.9%

Category	Sub Category	Total
Organisational	Beds	0
	Staff Availability	1
Pathway	Delay in Transfer from ED	2
	Delay - transport BDGH to DRI	1
Clinical	Patient Presentation: secondary / late diagnosis of stroke.	16
	Patient Needs	3

Longest delay for direct admission – 13 days, 2 hrs 13 mins – patient was admitted to ITU

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Stroke action plan was included in September 19 report. Education is ongoing. The Trainee Advanced Care Practitioners began training on 8th September 2019, their enhanced skills will now be starting to be shared in the Emergency Department on review of suspected stroke patients.

The team will be identifying a set of refreshed KPIs to better represent the performance of the department following the deep dive presentation at Finance and Performance.

(F) Cancelled Operations

The cancelled operations on the day target was not met in October 2019 with 1.65% achievement against a target of 1%. This equated to 164 operations being cancelled.

CCG Name	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year to Date
TRUST	0.83%	0.98%	0.91%	1.47%	0.91%	1.13%	1.65%	1.14%
Of which Theatre Cancellations	0.39%	0.52%	0.59%	0.96%	0.66%	0.66%	0.51%	0.62%
Of which Non-Theatre Cancellations	0.43%	0.46%	0.32%	0.51%	0.25%	0.47%	1.14%	0.52%
NHS DONCASTER CCG	0.77%	1.11%	1.05%	1.15%	0.92%	1.11%	1.59%	1.11%
Of which Theatre Cancellations	0.38%	0.56%	0.65%	0.93%	0.70%	0.68%	0.47%	0.63%
Of which Non-Theatre Cancellations	0.38%	0.56%	0.40%	0.23%	0.22%	0.43%	1.13%	0.49%
NHS BASSETLAW CCG	1.02%	0.79%	0.85%	2.53%	1.04%	1.15%	1.92%	1.33%
Of which Theatre Cancellations	0.65%	0.44%	0.76%	0.94%	0.66%	0.53%	0.52%	0.64%
Of which Non-Theatre Cancellations	0.37%	0.35%	0.09%	1.59%	0.38%	0.62%	1.40%	0.69%

134 patients were cancelled for clinical reasons. The two main reasons were:-

DNA / CAN – 40 patients

Declared unfit on day of surgery – 59 patients

Many of those declared unfit presented with a chest infection/cold. To reduce the number of DNAs and patients declared unfit, the pre-op team are reviewing the advice given to patients should they feel ill immediately prior to surgery. The CSS division has also asked that patients due to have surgery are included in the DrDoctor appointment reminder text messaging system, but these patients are not included in the roll out plan at the moment.

30 patients were cancelled for non-clinical reasons. The main reason was:-

Insufficient time – 15 patients.

10 were due to problems with the previous case, 2 were due to the morning list overrunning. All cases were reviewed and approved in the theatre planning meeting but due to unforeseen clinical difficulties they overran and led to the cancellation of other cases.

Non Clinical Cancellations - 28 Day Breaches

In October 2019, there were 0 cases that breached the 28 day target.

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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 57 patients reported as per the Discharge Patients Tracking List (DPTL) submission on 24 October 2019, against a target of 71 patients, with an average LOS over both sites at 32.51.

This is an increase from the previous month's figures which mirrors not only the increase in activity across the Trust but also the acuity of patients being admitted.

Work continues to take place to improve length of stay across the organisation and this is monitored through the Patient Flow Steering Group. Actions are focused on:-

- **Perfect Flow Week**
 - "Where best next" campaign scheduled January 2020 – to review obstacles and opportunities to optimise patient flow across the organisation
 - Relaunch of red2green bed days tool
 - Re-implementation of Expected Date of Discharge and boards
- **Red to Green bed days electronic function to be enabled through E – Observations roll out**
 - Development of a Red to Green reporting dashboard
 - Exploring how the red2green information will be utilised
- Development of LoS weekly dashboard to identify areas of focus to improve LoS
- A review of the Trusts number of bed days to comparable hospitals to explore opportunities
- Review of weekend discharges at Bassetlaw

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Appendix 1

Introduction

This report explores the performance against the RTT Recovery Plan and some key metrics underpinning the position

The Trust has implemented a recovery plan to get back to the national 92% standard by the end of the financial year. In October the performance was 87.1% against a recovery plan trajectory of 87.1%. This is an improvement on September 2019. The main drivers of the position were:

- Commencement of additional activity as per the additional activity RTT action plan
- Increase in outsourcing in Ophthalmology (and Orthopaedics)
- Increase in service level validation – more timely management of patient pathways
- Reduction of typing backlog in some areas

Key areas of focus for November include:

- Provide intensive support to Trauma & Orthopaedics, Ophthalmology, ENT, General Medicine & Cardiology to ensure robust plans are put in place to close the gap between current position & trajectory
- Mitigate emergent risks in Cardiology and Ophthalmology caused by consultant staffing gaps – review of further opportunities to outsource work
- Administrative action plan in progress to ensure trained A&C teams support all Divisions and validation is returned to trained Divisional teams (plan underway, to be completed by 31.12.19). This is part of our full administrative and elective improvement plan
- Delivery of the Urodynamics diagnostic pathway recovery plan (planned for November and December)
- Implementing strengthened weekly activity monitoring arrangements at specialty and Trust wide level

RTT & Waiting List – Performance vs Trajectories

The table below highlights the current position for RTT achievement and Waiting List size. For October 2019, the RTT recovery trajectory was achieved (87.1% achievement against a target of 87.1%).

However, the waiting list position has increased since last month and the Trust is currently 72 patients above month end trajectory of 32,277.

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Appendix 1

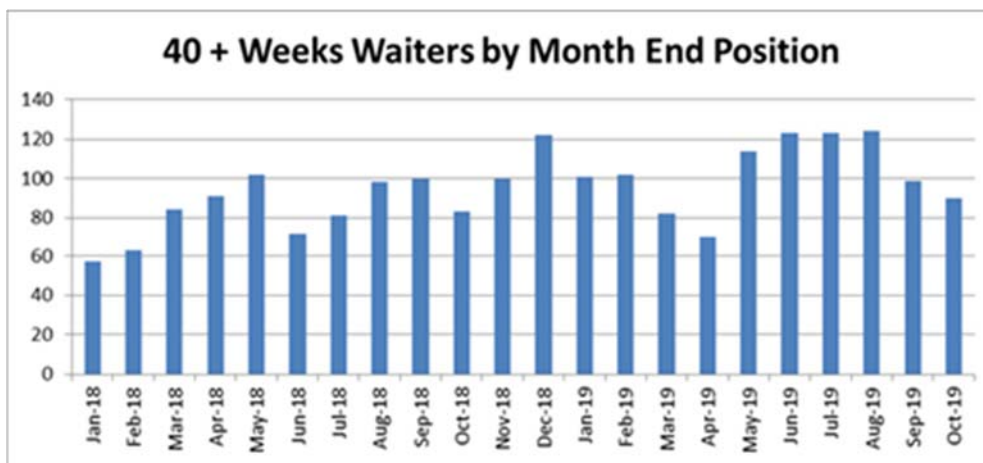
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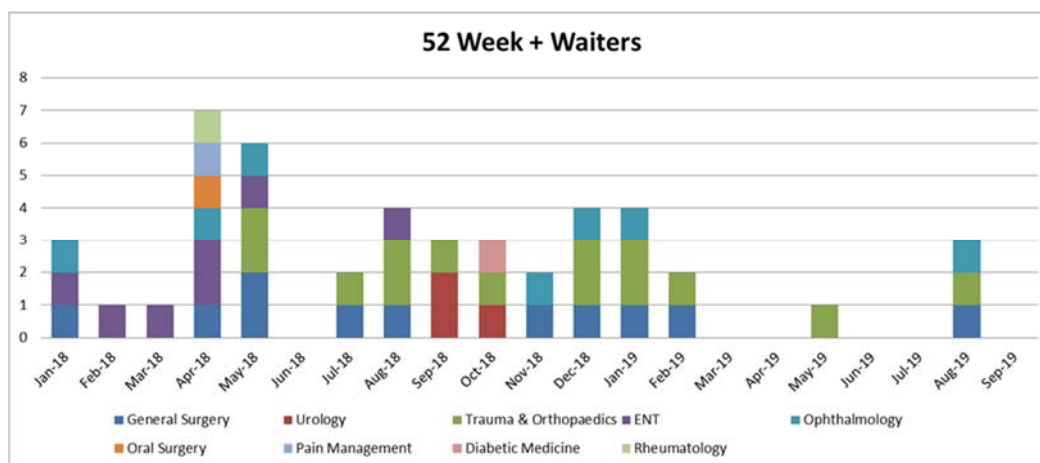
Appendix 1

40+ week waiters – 2018/19 / 2019/20



The number of 40+ week waiters increased significantly between April 2019 and May 2019 but has remained static during June, July & August 2019. September & October 2019 saw a decrease in this cohort of patients, with the expectation this number will continue to fall for the remainder of the year due to the increased focus on longer waiters and improvement from all divisions in ensuring longer waiters are given appointment / TCI dates in a timely manner. This position is tightly managed through a weekly performance meeting with Divisions led by the Head of Performance and Deputy COO. This meeting ensures all long waiters have a plan and the team works to reduce the numbers waiting over 40 weeks.

52 week breaches – 2018/19 / 2019/20



The number of 52 week breaches has decreased significantly this financial year, however, there remains a risk of further “historic” breaches being identified through validation until the waiting list is entirely “clean” with all patients inputted by staff fully trained on RTT. Training and education is underway. During October 2019, the Trust has reported 1 x 52 week breach for a Bassetlaw CCG Ophthalmology patient. A full breach report has been completed. The patient was not visible on the PTL and was identified via validation where an incorrect clock stop was found. A further 2 patients are being investigated, with conclusions to be reached by 22/11/2019 in line with external submission. A

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Appendix 1

refreshed escalation process for long waiters was implemented In November to ensure prompt investigation, escalation and learning from any historic breaches.

All patients on an active pathway are closely managed through the weekly processes alluded to above, with a plan in place for every patient.

Quality & Patient Safety - Executive Summary Board of Directors

November 2019

The data contained with this report reflects performance up to and including: **October 2019 (HSMR period – July 2019)**

Mortality

The HSMR figures presented have been rebased nationally. The Trust's rolling 12 month HSMR is at 97.9 despite rebasing. However, our rolling 12 month HSMR has risen to 106.2. We have and continue to review all elective deaths and can confirm no significant lapses in care. However, our documentation of diagnosis and co-morbidity can be improved and we have implemented changes (September 2019) to facilitate this. We are also looking at our mode of admission coding.

Fractured Neck Of Femur Performance

Mortality risk from fracture neck of femur remains better than expected. However, BPT was only achieved in just over 50% of patients with access to Care of the Elderly review. The delivery of the trauma service is currently under review and has been the focus of a quality improvement review.

Safety

Serious Incidents

There have been 12 Serious Incidents for care issues reported this year. Two of these have subsequently been de-logged by the CCG, bringing the total number to ten Serious Incidents. This includes 2 Never Events and one Serious Incident investigation via HSIB. There is a further incident HSIB are investigating but this has been downgraded to low harm.

Investigations of reported incidents have improved with the investigation training provided by Consequence UK early in 2019. This has meant that when incidents are reported, the patient safety team are much more proactive in scoping out the initial fact finding, interviewing staff and visiting the scene of the incident to present the case to the Serious Incident panel. Having more information at the point of scoping the incident ensures a balanced view of the level of harm to the patient and subsequent investigation to take place. Learning from serious incidents is included in the monthly sharing how we care newsletter and has evolved into lunchtime lectures for all staff.

Falls

There have been a total of 38 falls with moderate or severe harm to patients this year. 3 of these incidents have been escalated as a Serious Incident due to lapse in care and have been investigated using the new multi-disciplinary inpatient fall investigation tool (MIFIT). This is a similar rate to last year's falls data. Work is ongoing with the new falls accreditation, which was introduced on 1 April this year. This focuses on the proactive work the inpatient areas can do to reduce falls (audit,

education and falls link champions training). This is measured each quarter and given a RAG, which is part of the overall inpatient quality accreditation tool (iQAT). Most wards have seen an improvement in the falls accreditation with 27 wards on green, 1 amber and 1 red.

Hospital Acquired Pressure Ulcers

Following changes in National Reporting and Learning System, reporting for Hospital Acquired Pressure Ulcers (HAPU), the baseline total for 2018/19 of all HAPU (including category 2, category 3, category 4, unstageable and severe deep tissue injury) was 567 ulcers. For the last 3 months of 2019 (Aug, Sept, Oct) 180 of these ulcers were reported, compared to 146 of these ulcers in the same period last year. This is an increase of 23% in total numbers of HAPU, including category 2.

Since April 2019, there have been 53 HAPU resulting in severe harm. Due to the changes in reporting, we no longer downgrade HAPU using avoidable/ unavoidable criteria. This means that the total number of HAPU category 2 has remained stable, however, the numbers of HAPU with severe harm has increased. 15 of these have been reported on STEIS as a Serious Incident due to lapse in care and have been investigated using the new pressure ulcer investigation tool (PUIT). This has increased from last year's total figure of 13 Serious Incidents for HAPU but is in line with the increase in HAPU with severe harm.

The Trust previously had an internal dashboard system to report HAPU to the skin integrity team and a large scale piece of work to integrate the dashboard into datix-web will complete mid-December. This will ensure consistency in reporting and avoid duplication for clinical areas.

Work is continuing with the new skin integrity accreditation, which was introduced on 1 April this year. This focuses on the proactive work the inpatient areas can do to reduce HAPU (audit, education and champions training). This is measured each quarter and given a RAG, which is part of the overall inpatient quality accreditation tool (iQAT). Most wards have seen an improvement in the skin integrity accreditation with one ward on blue, 7 on green, 17 on amber and 5 red. This will continue to be monitored each quarter and shared with clinical areas.

The business case for static mattress replacement for 2019 has been passed and waiting for the tendering process.

Hard Truths

Themes	Positives	Concern
Accreditation Performance (Quarter 2)	<p>Nutrition</p> <p>14 Wards have achieved Blue RAG rating for Quarter two of the Nutrition accreditation, by completing all of the expected requirements.</p> <p>3 wards have achieved Green, 8 wards achieved Amber for their Quarter two RAG.</p>	<p>Nutrition</p> <p>There are 4 wards that have a RAG rating of Red for Quarter two of the nutrition accreditation.</p> <p>7 wards were not represented at the latest nutritional link nurse meeting, which has caused some wards be red or amber for thier quarter two RAG.</p>

	<p>There has been an improvement with the amount of work wards have completed towards completion of their Nutrition accreditation in comparison with Quarter one.</p> <p><u>Falls</u></p> <p>There were 27 wards that achieved Green for their first RAG rating, and 1 ward amber.</p> <p>There has been a significant improvement with Falls accreditation performance on the wards, Audit compliance has increased.</p> <p><u>Infection Prevention & Control</u></p> <p>18 wards achieved a Blue for Quarter two of IPC accreditation; these areas were fully compliant with all expectations of the accreditation with high scores for each domain. 9 wards achieved green.</p> <p><u>Skin Integrity</u></p> <p>2 ward achieved Blue for quarter two, 7 wards Green.</p> <p>25 wards achieved Green overall again performing well in all aspects of the accreditation.</p>	<p><u>Falls</u></p> <p>There is 1 ward that has a RAG rating of Red for Quarter two of the falls accreditation.</p> <p>Main themes for development are attendance of the fall's champion training and PCC training.</p> <p><u>Infection Prevention and Control</u></p> <p>There are no wards that have a RAG rating of Red for Quarter two. 13 wards are Amber for quarter two.</p> <p>Main themes for development is hand hygiene compliance.</p> <p><u>Skin Integrity</u></p> <p>5 wards have a RAG rating of Red for Quarter two, and 17 wards amber.</p> <p>The main areas for development is attendance at Skin Integrity Champion training which is low for some areas, there are 4 modules that each ward has to have at least one person trained in all 4 champion modules.</p>
Overall Quality outcome	<p>9 wards achieved blue for October 2019 on the Quality Metrics.</p> <p>20 wards achieved green overall</p> <p>These wards have achieved;</p> <ul style="list-style-type: none"> - No Serious Incidents and has worked towards Quality Accreditations 	<p>11 wards were overall amber for quality.</p> <p>The themes from the amber ward are;</p> <ul style="list-style-type: none"> - Accreditation performance - Results of Observation Audit - Low FFT response rates - Safety thermometer results - falls with severe harm - C-Difficile with no lapses in care identified - pressure ulcer's > Category 2 - pressure ulcers reported to STEIS -Drug delay and omission results -Complaints & Concerns
C-Difficile (Year to date)	26 year to date total C-Difficile cases, no lapses in care identified.	
Pressure Ulcers (Year to date)	20 wards have had no Hospital Acquired Pressure Ulcers with severe harm.	15 pressure ulcers of category 3 reported to STEIS, 1 in a non-inpatient area. 38 pressure ulcers, 4 have been acquired in non-inpatient areas

Nursing Assessment and Accreditation System (NAAS)	<p>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.</p> <p>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 overall.</p> <p>Positive themes from the NAAS completion were;</p> <ul style="list-style-type: none"> - 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. <p>The next NAAS Assessment is to have been completed before the end of December 2019</p>	<p>The main themes of learning from the results of these assessments are;</p> <ul style="list-style-type: none"> - 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	<p>22 wards were within 0 -5 % of their planned staffing levels.</p> <p>10 wards were within 5 -10 % of their planned staffing levels.</p>	<p>4 wards with staffing deficits in excess of 10%</p> <p>4 wards had staffing variance greater than 10%</p>

Infection Prevention and Control

Clostridium difficile

There have been 27 cases of Clostridium difficile with 18 cases hospital onset, hospital acquired (HOHA) and 9 cases community onset, hospital acquired (COHA). The one case with a lapse in care has been re-examined with the contributions of the surgical team and no lapse in care found. This case has been sent to the CCG for confirmation. Each month, there is a letter sent to all ward managers updating them on the Clostridium difficile position, with the learning for the Trust. Learning is also included in the IPC memo sent to all Trust staff.

MRSA bacteraemia (reported 30 September 2019)

The patient had multiple admissions for bowel obstruction due to adhesions. Total parental nutrition (TPN) was commenced to support nutritional build up prior to further surgery. Infection due to the clinical condition developed which spread to the Peripherally inserted central catheter (PICC).

Although in consultation with the microbiologist and appropriate antibiotics given, blood cultures were then taken from the PICC which showed presence of MRSA. The post infection review (PIR) concluded there was no lapse in care and in fact exemplary care of the PICC while the patient was in hospital.

Mr Sewa Singh - Medical Director

David Purdue - Deputy CEO/DoNMAHP

7 Day Services (7DS) - Board Assurance (Autumn/Winter 2018-19)

(Data accurate as at 20/11/2019)

Site Name	Autumn/Winter (overall)	Autumn/Winter (Weekday)	Autumn/Winter (Weekend)	Comments
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission	96%	97%	95%	During Q4 2018/19 96% of Emergency admissions achieved clinical standard 2 (97% weekday/95% weekend) this is a similar position in the performance reported in the March 2018 report.
Clinical Standard 5: Hospital inpatient must have scheduled 7-day access to diagnostic service, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy and microbiology. Consultant directed diagnostic tests and completed reporting will be available seven days a week: - within 1 hour for critical patients - within 12 hour for urgent patients - within 24 hour for non-urgent patients	Yes available on site	Yes available on site	Yes available on site	
Clinical Standard 6: Hospital inpatients must have timely 24 hour access 7 days a week to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements	100%	100%	100%	
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY. Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patients care pathway.	Once Daily Review 96% Twice Daily Review 100%	Once Daily Review 97% Twice Daily Review 100%	Once Daily Review 94% Twice Daily Review 100%	During Q4 2018/19, 100% of patients requiring a twice daily review achieved this standard. Of those patients who only required once daily review, 96% of those patients achieved this standard (Weekday 97% , weekend 94%)

7DS Clinical standards for continuous improvement (self assessment of performance against clinical standards 1,3,4,7,9 and 10)

Standard 1 - Patient Experience - Consultant reviews continue to take place 7 days per week which allows patients/relatives/carers the opportunity to discuss and be actively involved in shared decision making.

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

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

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

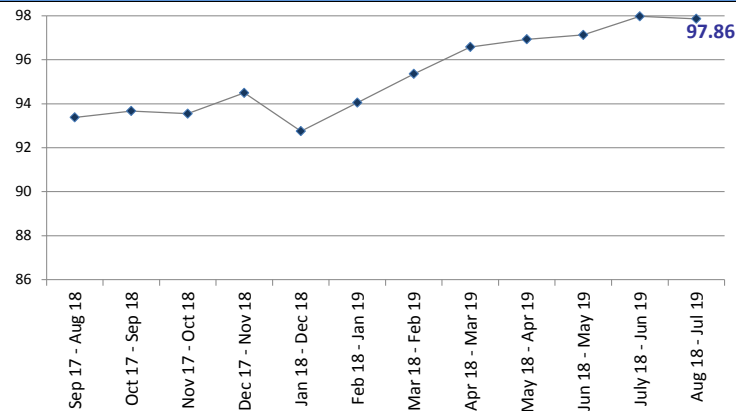
Standard 10: Quality Improvement - The Trust's quality dashboard continues to be embedded within divisions allowing for easier visibility of a variety of outcome measures. This dashboard is reviewed on a monthly basis by the Clinical Governance Committee and divisional governance teams.

7DS and Urgent Network Clinical Services

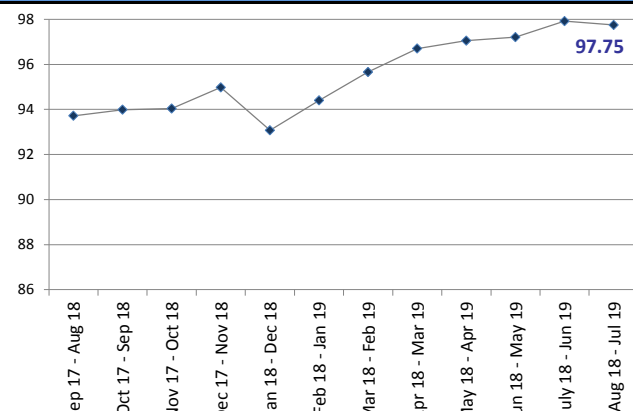
	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted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

Hospital Standardised Mortality Ratio (HSMR) - July 2019 (Month 4)

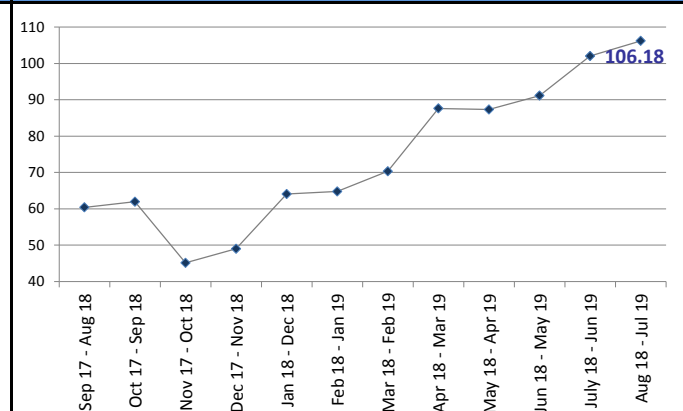
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

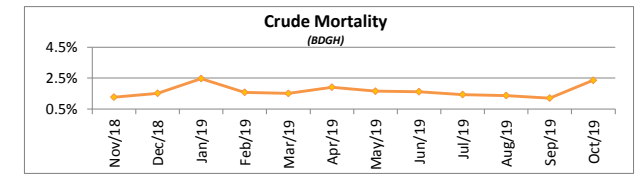
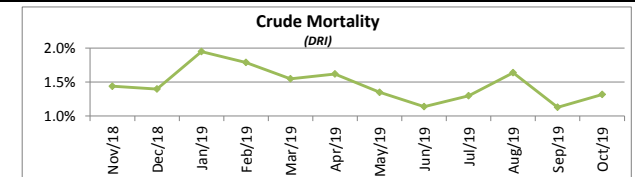
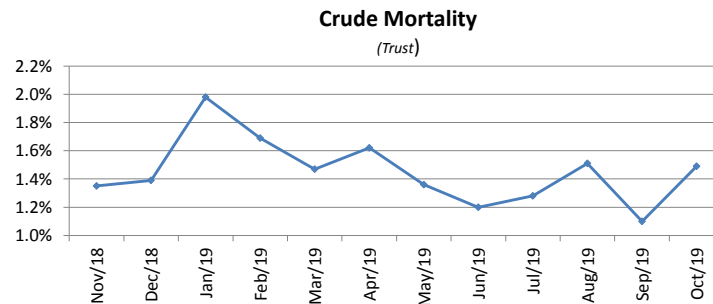


HSMR Trend (monthly)

	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	102.91
May	101.15	96.60	92.08	94.97
June	80.27	93.67	90.32	102.02
July	92.56	97.73	107.78	106.30
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) - Oct 2019 (Month 7)

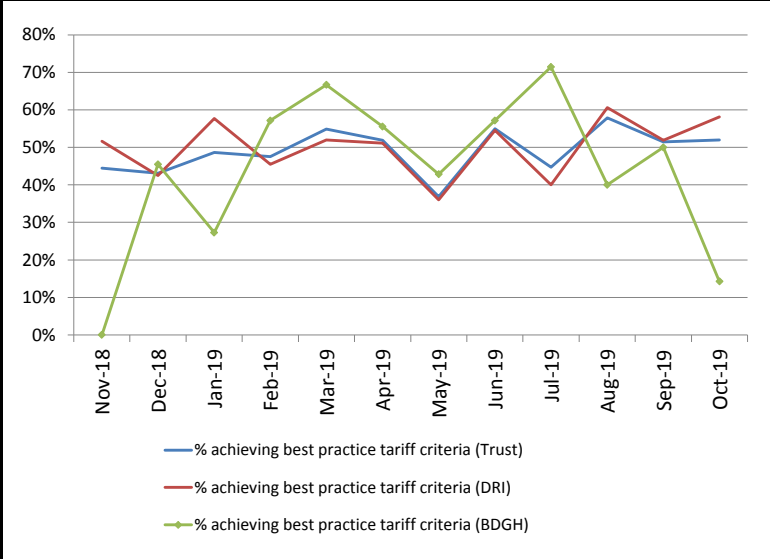
(number of deaths/number of patient discharged)



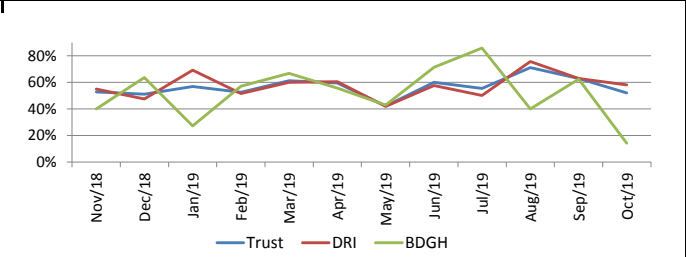
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Trust	1.35%	1.36%	1.98%	1.69%	1.47%	1.62%	1.36%	1.20%	1.28%	1.49%	1.12%	1.49%
DRI	1.44%	1.45%	1.95%	1.79%	1.55%	1.62%	1.36%	1.14%	1.30%	1.60%	1.15%	1.32%
BDGH	1.27%	1.26%	2.47%	1.58%	1.51%	1.91%	1.65%	1.61%	1.43%	1.36%	1.20%	2.36%

NHFD Best Practice Pathway Performance -Oct 2019 (Month 7)									
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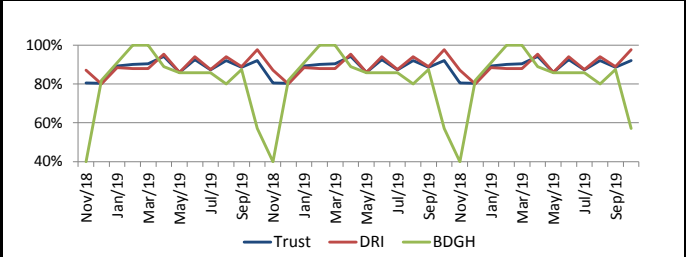
Best Practice Criteria Performance	
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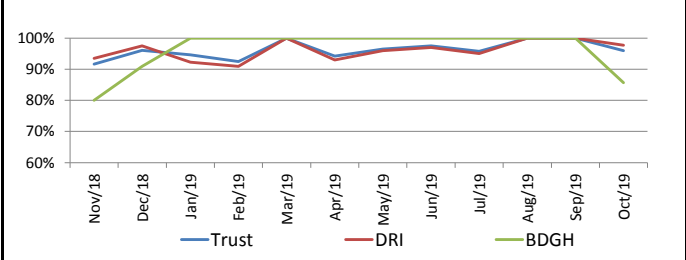
36 Hours to Surgery Performance



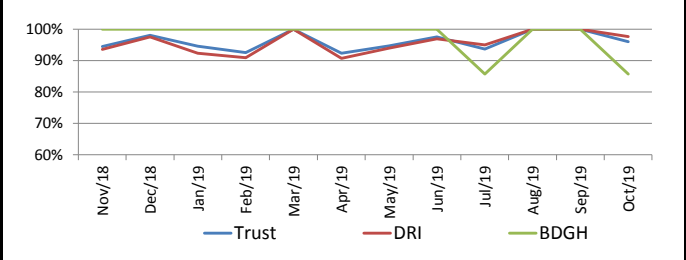
72 hours to Geriatrician Assessment Performance



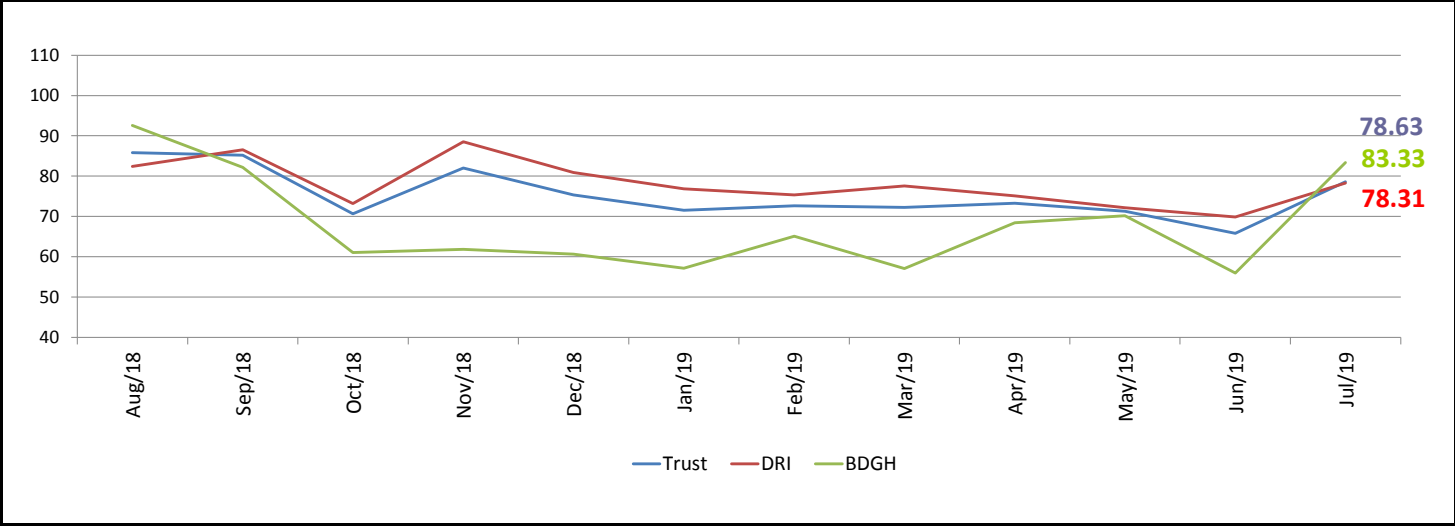
Bone Protection Medication Assessment	
1	Indication for Bone Protection Medication (BPM):
2	Current BPM:
3	Renal Function (Creatinine Clearance):
4	Concomitant Medications (e.g., NSAIDs, steroids):
5	Assessment of Bone Health (e.g., DXA scan results):
6	Assessment of Risk Factors (e.g., age, weight, history of falls):
7	Assessment of Patient Understanding and Adherence:
8	Assessment of Potential Side Effects:
9	Assessment of Patient's Ability to Pay for Medication:
10	Assessment of Patient's Ability to Access Medication:
11	Assessment of Patient's Ability to Take Medication as Prescribed:
12	Assessment of Patient's Ability to Monitor for Side Effects:
13	Assessment of Patient's Ability to Report Side Effects:
14	Assessment of Patient's Ability to Follow Up with Healthcare Provider:
15	Assessment of Patient's Ability to Obtain Necessary Tests:
16	Assessment of Patient's Ability to Obtain Necessary Referrals:
17	Assessment of Patient's Ability to Obtain Necessary Insurance Coverage:
18	Assessment of Patient's Ability to Obtain Necessary Transportation:
19	Assessment of Patient's Ability to Obtain Necessary Support:
20	Assessment of Patient's Ability to Obtain Necessary Education:
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100	Assessment of Patient's Ability to Obtain Necessary Education:



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



83.33

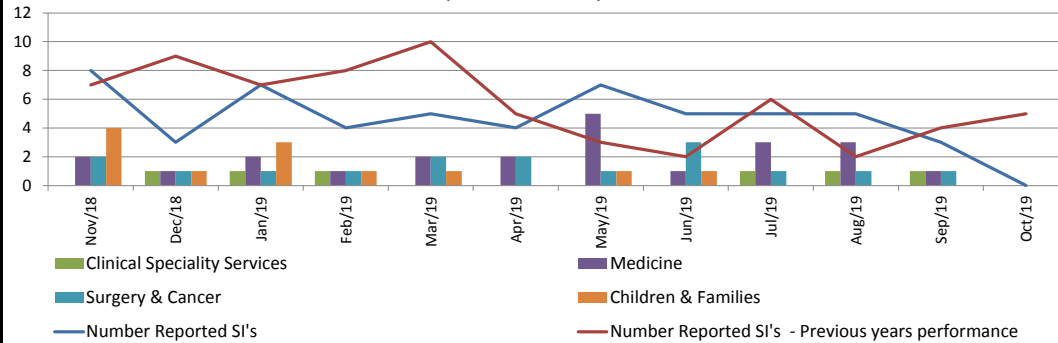
Serious Incidents - Oct 2019 (Month 7)

(Data accurate as at 11/11/2019)

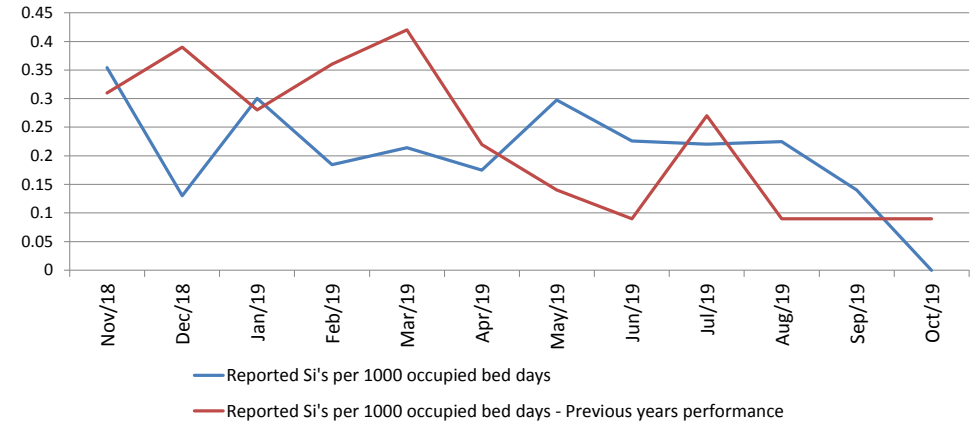
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

**Number Serious Incidents Reported
(Trust & Divisions)**



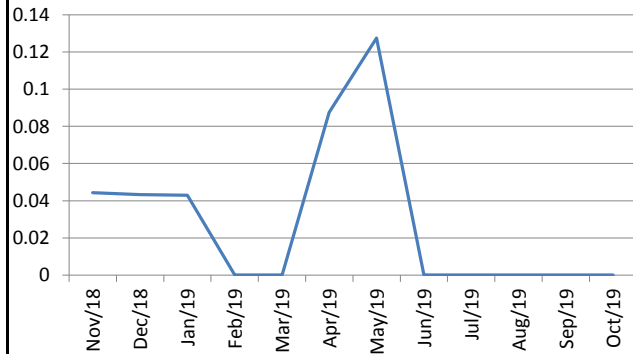
Serious Incidents per 1000 occupied bed days



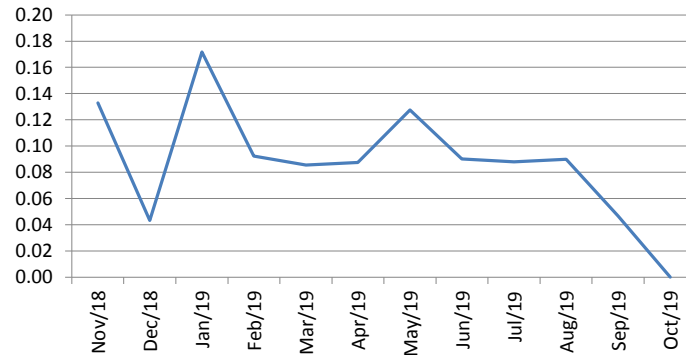
Current YTD reported SI's (April-Oct 19)	29	Number reported SI's (Apr-Oct 18)	27
Current YTD delogged SI's (April-Oct 19)	3	Number delogged SI's (Apr-Oct 18)	2

Themes

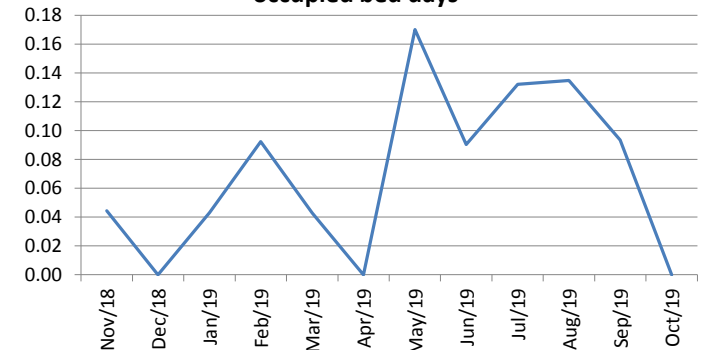
Serious Falls per 1000 occupied bed days



Care Issues per 1000 occupied bed days



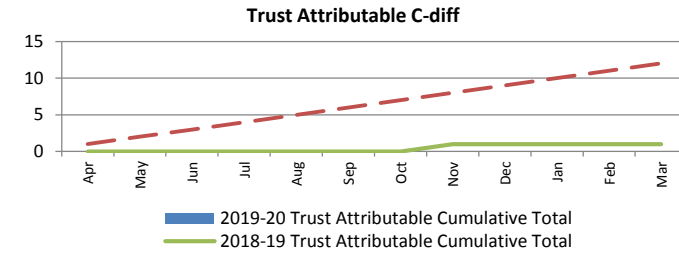
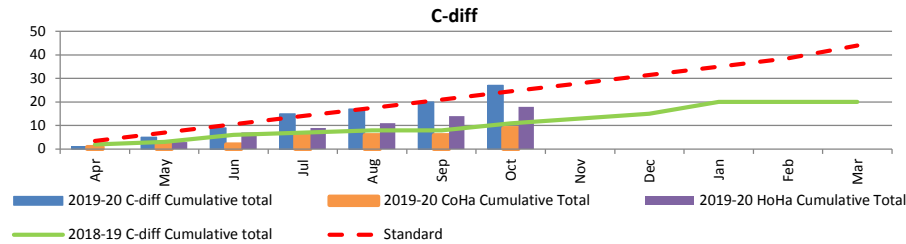
Pressure Ulcers - Cat 3 & 4 (HAPU) per 1000 occupied bed days



Infection Control C.Diff - Oct 2019 (Month 7)
(Data accurate as at 11/11/2019)

	Standard	Qtr 1	Qtr 2	Oct	Nov	Dec	Qtr 3	YTD
2019-20 Infection Control - C-diff	44 Full Year	9	11	7			7	27
2018-19 Infection Control - C-diff	39 Full Year	6	2	3			3	11
2019-20 Trust Attributable	12	0	0	0			0	0
2018-19 Trust Attributable	12	0	0	0			0	0

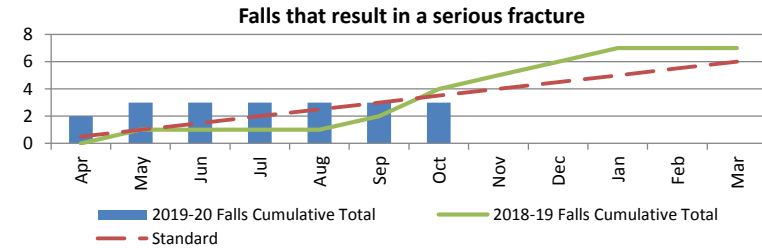
	Qtr 1	Qtr 2	Oct	Nov	Dec	Qtr 3	YTD
HOHA	7	7	4			4	18
COHA	2	4	3			3	9



Pressure Ulcers & Falls that result in a serious fracture - Oct 2019 (Month 7)
(Data accurate as at 11/11/2019)

	Standard	Qtr 1	Qtr 2	Oct	Nov	Dec	Qtr 3	YTD
2019-20 Serious Falls	6 Full Year	3	0	0			0	3
2018-19 Serious Falls	10 Full Year	2	3	1			1	6

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



	Standard	Qtr 1	Qtr 2	Oct	Nov	Dec	Qtr 3	YTD
2019-20 Pressure Ulcers	56 Full Year	18	23	12			12	53
2019-20 Pressure Ulcers (Severe Harm SI)		9	6	12			12	27
2019-20 Pressure Ulcers (Other)		9	17	0			0	26

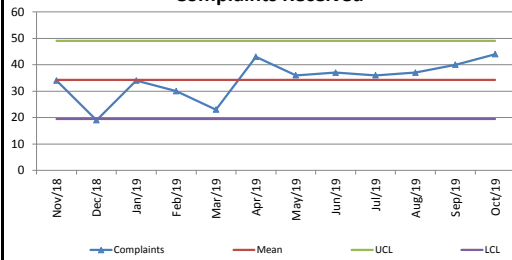
Please note: At the time of writing this report there were 12 PU cases awaiting the RCA process.

Complaints & Claims - Oct 2019 (Month 7)

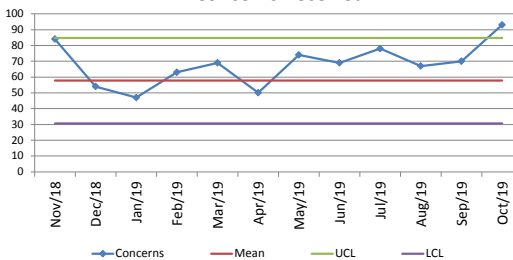
Data accurate as at 11/11/2019

Complaints

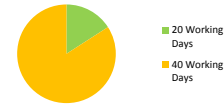
Complaints Received



Concerns Received



October 2019
Complaints Received
Risk Breakdown



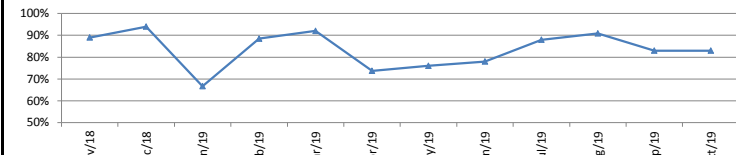
Year to Date
Complaints Received
Risk Breakdown



Complaints - Resolution Performance (% achieved resolution within timescales)

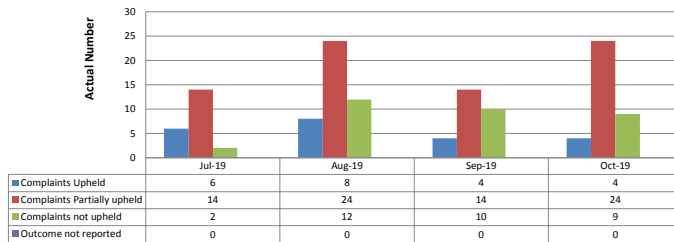
Complaints Closed - Outcome

Complaints Resolution Performance



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

Closed Complaints - Outcomes



Parliamentary Health Service Ombudsman (PHSO)

Month	Number of cases referred for investigation	Number Currently Outstanding
Oct-19	0	6

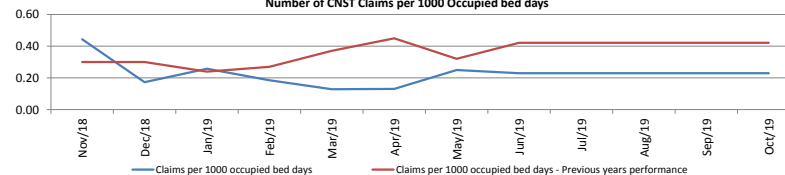
	Number referred for investigation YTD	Outcomes YTD	
2017/18	7	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Not Investigated	3
		Outstanding	0
2018/19	9	Fully / Partially Upheld	3
		Not Upheld	2
		No further Investigation	0
		Not Investigated	0
		Case Withdrawn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

Claims

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	2019/20	4	4	10	7	8	8	4						45
	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	3						19
	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



Care Hours Per Patient Day (CHPPD) - Oct 2019 (Month 7)

(Data accurate as at 11/11/2019)

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

Site Name	Registered midwives/ nurses	Care Staff	Reg NA	Non Reg NA	Overall
BASSETLAW HOSPITAL	4.37	3.21	0.00	0.00	7.57
DONCASTER ROYAL INFIRMARY	4.33	3.22	0.00	0.00	7.56
MONTAGU HOSPITAL	2.33	3.25	0.00	0.00	5.58
TRUST	4.21	3.22	0.00	0.07	7.44

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

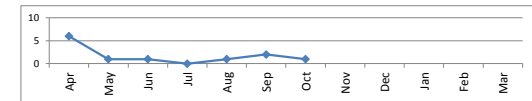
Childrens & Young People - Quality Metrics

Oct 2019 (Month 7)

(Data accurate as at 11/11/2019)

Complaints

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of complaints received - 2019/20	6	1	1	0	1	2	1						12
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)

Diagnosis	5
Staff attitude & behaviour	4
Communication	3
Competence	3
Nursing - ADL	2
Diagnostic Tests	2
Admissions/transfers/discharge procedure/sleeper out	1
Treatment	1
Medication	1
Other	1
Hospital environment	1
Patient equality, diversity and safety	1
Nursing - Continence	1
Pain Management	1

The main complaint theme is "Diagnosis" (18.5%), which breaks down to missed diagnosis (4) and time taken to make a diagnosis (1). The second main complaint theme is around "Staff Attitude and Behaviour" (14.8%), Abruptness/rudeness (1), Staff conduct/disposition (1), Insensitive to patient needs (1) and allegation of rough handling of patient (1).

Please note that a direct correlation between the number of complaints received and the subjects within thematic breakdown can not be 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	36						227
Number of Datix Incidents Reported - 2018/19	25	31	42	34	27	27	25	52	34	26	32	34	389
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Number of Serious Incidents Reported - 2019/20 <small>(including de-logged)</small>	0	0	0	0	0	0	0						0
Number of Serious Incidents Reported - 2018/19 <small>(including de-logged)</small>	0	0	0	0	0	0	0	0	0	0	0	0	0

Duty Of Candour (Doc)

There have been 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

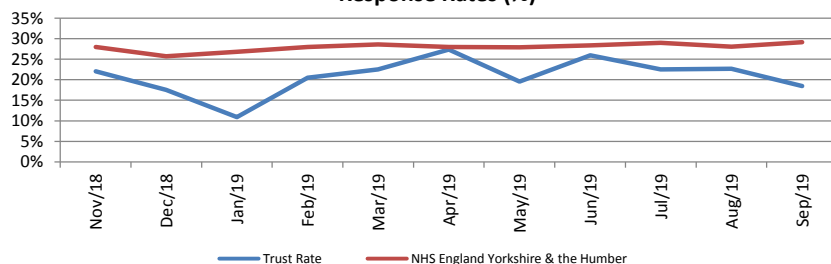
Friends & Family - Oct 2019 (Month 7)

(Data accurate as at 11/11/2019)

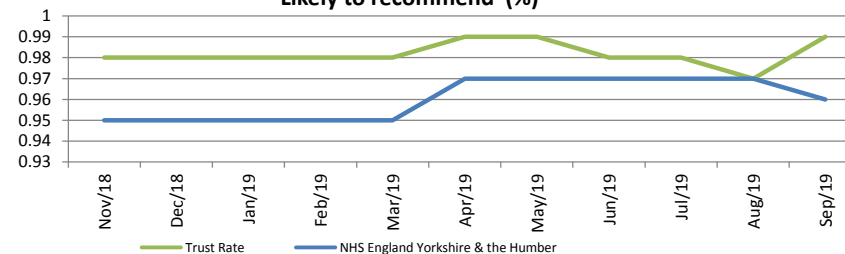
Inpatients

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

Response Rates (%)



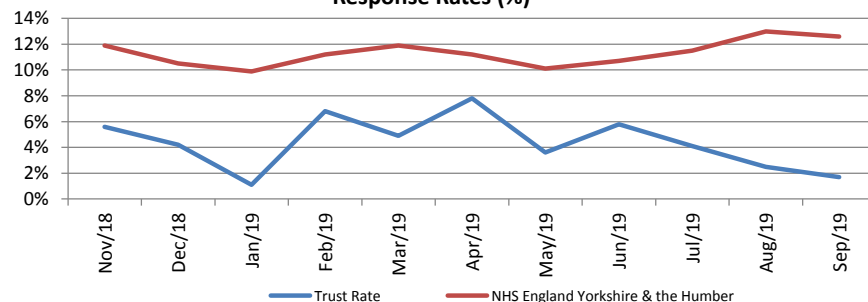
Likely to recommend (%)



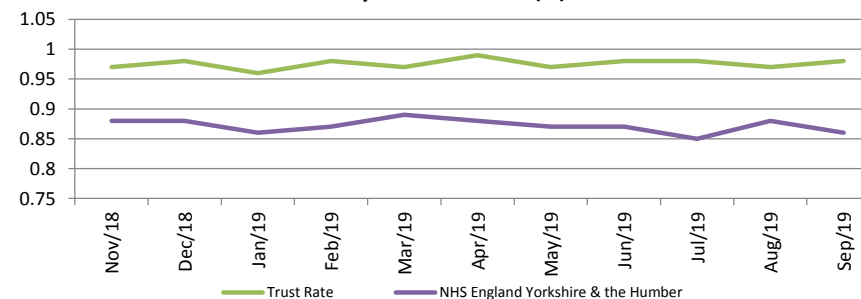
Accident & Emergency

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

Response Rates (%)



Likely to recommend (%)





Executive summary - Workforce - October 2019 (Month 7)

Sickness absence

October has seen a rise from 4.26% to 4.39% with the cumulative figure rising from 4.37% to 4.39%. Absences in excess of 12 months have seen a reduction from the previous month whilst other absences are remained similar, although both the overall percentage for short and long term absences have risen.

Appraisals

The annual appraisal figure has risen to 85.22% compliance as at the end of October. Those areas which have struggled are continuing to progress their appraisals. However planning for next year's appraisal season has commenced linked with agreeing our objectives for 2020/21.

SET

SET compliance remains at a high level of 86.92% as at the end of October 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

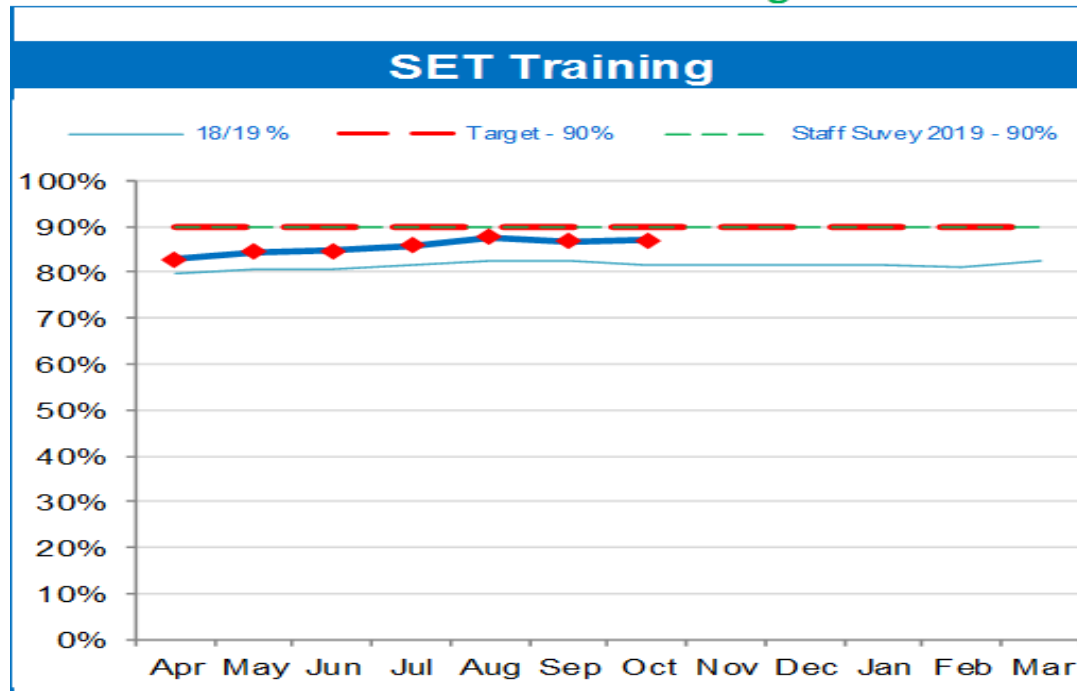
Staff in post by staff group is shown as at month 6 with similar levels of staff in post.

[illegible]

Workforce: SET Training - October (Month 7)

CG & Directorate SET Training - October 2019 (Q3)

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



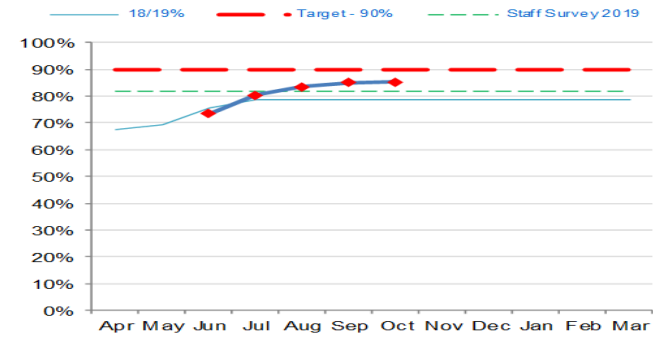
	% Compliance
Doncaster & Bassetlaw Teaching Hospitals NHS FT	86.92%
Chief Executive Directorate	95.43%
Children & Families Division	86.39%
Clinical Specialist Division	88.73%
Directorate Of Strategy & Improvement	98.61%
Estates & Facilities	87.14%
Finance & Healthcare Contracting Directorate	95.84%
IT Information & Telecoms Directorate	92.48%
Medical Director Directorate	89.58%
Medicine Division	84.97%
Nursing Services Directorate	89.48%
People & Organisational Directorate	95.96%
Performance Directorate	88.23%
Surgery & Cancer Division	83.57%

Workforce: Appraisals - October (Month 7)

CG & Directorate Appraisals - October 2019 (Q3)

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

sal AFC Reviews



AFC 12 Months (NHSI)

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	85.22
Chief Executive Directorate	100.00
Children & Families Division	79.46
Clinical Specialist Division	86.57
Directorate Of Strategy & Improvement	100.00
Estates & Facilities	91.59
Finance & Healthcare Contracting Directorate	97.50
IT Information & Telecoms Directorate	97.06
Medical Director Directorate	100.00
Medicine Division	81.12
Nursing Services Directorate	91.95
People & Organisational Directorate	93.81
Performance Directorate	91.43
Surgery & Cancer Division	82.48

M&D 12 Months (NHSI)

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	61.13
Chief Executive Directorate	100.00
Children & Families Division	52.38
Clinical Specialist Division	65.33
Medical Director Directorate	66.67
Medicine Division	64.15
Surgery & Cancer Division	57.61

M&D 15 Months

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	71.47
Chief Executive Directorate	100.00
Children & Families Division	60.98
Clinical Specialist Division	74.32
Medical Director Directorate	66.67
Medicine Division	78.85
Surgery & Cancer Division	65.17

Workforce: Appraisals Seasonal - October (Month 7)

CG & Directorate Seasonal Appraisals - October 2019 (Q3) ^{*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 -October (Month 7)

	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
Staff Group	Nov-18		Dec-18		Jan-19		Feb-19		Mar-19		Apr-19		May-19		Jun-19		Jul-19		Aug-19		Sep-19		Oct-19	
Add Prof Scientific and Technic	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	170.62	189.00
Additional Clinical Services	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	1,215.69	1,468.00
Administrative and Clerical	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	1,078.21	1,306.00
Allied Health Professionals	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	332.40	383.00
Estates and Ancillary	478.66	682.00	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	447.83	644.00
Healthcare Scientists	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	119.63	136.00
Medical and Dental	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	570.31	603.00
Nursing and Midwifery Registered	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	1,612.09	1,879.00
Students	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	0.00	0.00
Grand Total	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	5,544.41	6,603.00



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

Title	EU Exit Preparations for 31st January 2020		
Report to	Board of Directors	Date	26th November 2019
Author	Rebecca Joyce, Chief Operating Officer		
Purpose	To provide assurance to Board on the Trust's preparations for the UK leaving the EU without a withdrawal agreement on 31 st January 2020.	Tick one as appropriate	
	Decision		
	Assurance	✓	
	Information	✓	

Executive summary containing key messages and issues

Following the Government's request for an extension to Article 50 the EU granted a fourth extension to 31st January 2020; the Trust continues to ensure robust preparations are in place for an EU Exit 'No Deal' scenario.

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.

The Trust has established partnerships locally and regionally to ensure the Trust is better informed on developing issues and to identify concerns.

The Trust has undertaken a risk assessment with one area of high risk being identified – Supply of medicines. National guidance has been clear from the outset that Trust's should not stockpile stocks and should maintain normal stock levels. The Trust current has a 5-day stock of 70% of in scope medicines; nationally there is 6-weeks stock of 82% of in scope medicines. The Trust has a 10-day stock of clinical consumables and non-clinical consumables.

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 undertaken a profiling exercise to identify staff living in Postcode areas along the M62 - M180 corridor. Divisional and Department managers have been engaging with colleagues to ensure strategies are deployed that considers alternate travel routes – planning for longer travel times – the use of accommodation local to the Trust 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 have in place mitigation and contingencies to reduce the impact of any disruption caused by a EU Exit 'No Deal' on the 31st January 2020

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 31st January 2020 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**

26th November 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 Friday 31st January 2020. This date could change subject to the outcome of the General Election.

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 the three exit dates preparations were made and contingency plans put in place to mitigate a ‘No Deal Exit’.

With a General Election taking place on 12th December 2019, opportunities are being taken to consolidate these plans to ensure if the UK leaves without a deal on 31st January 2020 the Trust is well placed to face any challenges that might be encountered.

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 being required on week days 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 Sit-Reps were suspended on 30th October 2019.

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. However national direction is clear that the Trust must not take steps to manage wider issues – such as national stock shortages.

All NHS organisations were ordered not to stockpile medicines locally as national steps were being taken to ensure the availability of supplies post 31st October 2019; this instruction still applies.

As has been reported previously the Trust has stocks for 5-days of 70% of in scope medicines, and 10 days stocks for clinical and non-clinical consumables.

Government has recently given assurances that 6-weeks central stockpiling supplies covering 82% of in scope items is now in place and will remain available for the foreseeable future.

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 for fast delivery of vital supplies.

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.

Regional planners have highlighted possible transport disruption related to ferry crossings from the five Humber ports, this is due to the possibility of customs checks delaying ferry crossings and the introduction of 'Operation Wellington' where freight transport is 'stacked' on the M62 and M180 awaiting the opportunity to embark on outward ferry journeys.

This has the possibility to close both the M62 and M180 from the respective A1M/M18 junctions Eastwards to Hull and Immingham with severe disruption to transport routes throughout the area. Health providers in the locality have concerns regarding the potential increase in demand on the system and are expressing a view that they would need to request mutual aid assistance from providers outside the locality.

To mitigate the possible impact of Wellington the Trust has engaged across Divisions and Departments to identify colleagues who could be adversely affected, this has included matching Postcodes along affected routes with personnel records. This information has been disaggregated down to divisions and departments so managers can identify possible shortages and plan accordingly.

The Trust does have accommodation at Doncaster Royal Infirmary, Bassetlaw and Mexborough Montagu hospitals, this accommodation could be made available if the transport network became so gridlocked that staff could not return home. Indicatively up to 20 staff could be accommodated overnight; this could be supplemented by use of local hotels in necessary.

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 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, 85% of providers have provided assurance of readiness; Doncaster Metropolitan Borough Council is undertaking a risk-based audit of the remaining providers.

In order to ensure robust command and control during a period of intense activity during a potential EU Exit 'No Deal' scenario arrangements have been made to ensure the Trust has a robust senior manager 'On Call' response. These arrangements will mean that over weekend periods a second senior manager will be able to respond in support of the designated 'on Call' senior manager.

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.

On the 23rd October 2019 the Emergency Planning Officer attended a workshop along with colleagues from Trust's across South Yorkshire provided by NHS England Yorkshire and Humberside EPRR team. Again the workshop provided 'challenge and confirm' scenarios which gave reassurance regarding the Trust's preparations.

A Governance structure has been established, with the Chief Operating Officer chairing the meetings with representatives from key Divisions and Departments attending. The meetings will continue on a monthly basis and increase in frequency in the weeks that precede a EU Exit date.

6. Recommendation

The Board of Directors is requested to note the update.

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

Title	Financial Performance – Month 7 – October 2019		
Report to	Trust Board	Date	26th November 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 7 (October 2019) was £498k which is an adverse variance against plan of £1,341k in month (£556k surplus including PSF, FRF and MRET which is £1,341k adverse against plan). The cumulative position to the end of month 7 is a £14,309k deficit (before PSF FRF and MRET), which is £1,342k adverse to plan (£7,150k deficit including PSF, FRF and MRET which is £1,342k adverse against plan).

In October 2019, CIP savings of £999k are reported, against a plan of £1,258k, an under achievement of £259k in month. Year to date the Trust has delivered £4.9m versus plan of £5m an under-delivery of £60k.

In month, the forecast year end position of the Trust has been updated. This currently shows a £7.7m gap to achievement of the control total (excluding any impact of lost PSF/FRF). However a financial recovery plan has now been developed to support closing this financial gap. The details of the forecast and recovery plan will be discussed in further detail at the Board Meeting and is being reviewed by the Finance and Performance Committee on the 21st November.

There continues to be significant risks to delivery of the Trust's financial control total which will be discussed in the meeting, including:

- CIPs - there is currently thought to be a £2.4m risk to delivery of the £13.2m CIP target. 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).

<ul style="list-style-type: none"> • 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. Audits are currently in the process of being undertaken by the CCG. • Delivery of RTT plans by Divisions is key to delivering the Trust's income position. • 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. • 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. • 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£1.6m to the position. • Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m) in 2018/19. • 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. • There is a risk to the delivery of the capital programme in year, in particular around the Fire Enhancement Works for the Women's & Children's Hospital (£7m). Operational risk associated with access to ward areas and the central core have been raised by the Division, and work is ongoing to mitigate this. The Estates group are reviewing the scheme forecast in order to plan on mitigating the impact in year by bringing forward the commencement of later phases, this will be reported through the capital monitoring group.
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
<p>This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR.</p> <ul style="list-style-type: none"> • F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications • F&P 3 - Failure to deliver Cost Improvement Plans in this financial year • F&P 19 - Failure to achieve income targets arising from issues with activity • F&P 13 - Inability to meet Trust's needs for capital investment • 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
<p>The Trust Board is asked to note:</p> <ul style="list-style-type: none"> • The Trust's deficit (before PSF, FRF and MRET) for month 7 (October 2019) was £498k which is an adverse variance against plan of £1,341k in month (£556k surplus including PSF, FRF and MRET which is £1,341k adverse against plan). The cumulative position to the end of month 7 is a £14,309 deficit



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

(before PSF FRF and MRET), which is £1,342k adverse to plan (£7,150k deficit including PSF, FRF and MRET which is £1,342k adverse against plan).

- The achievement with regards to the Cost Improvement Programme.
- The forecast financial position, financial recovery plan and the risks set out in this paper.

FINANCIAL PERFORMANCE

P7 October 2019

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

P7 October 2019

1. Income and Expenditure vs. Plan						2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000			Actual £'000	Variance to budget £'000			
I&E Perf Exc Impairments	(542)	1,339 A	7,250	1,330 A	15,491	Employee Expenses	637	130 A	2,192	368 A	7370
Income	(35,275)	207 A	(230,360)	(2,034) F	(411,669)	Drugs	124	(32) F	917	(524) F	861
Donated Asset Income	(14)	2 A	(100)	12 A	(195)	Clinical Supplies	(11)	43 A	(42)	176 A	347
Operating Expenditure	34,745	1,194 A	237,406	3,772 A	407,492	Non Clinical Supplies	0	0 A	0	0 A	0
Pay	22,660	(277) F	159,541	(1,386) F	273,143	Non Pay Operating Expenses	201	57 A	1,353	178 A	3685
Non Pay & Reserves	12,085	1,471 A	77,864	5,157 A	134,349	Income	48	54 A	481	(140) F	937
Financing costs	1,046	(62) F	7,363	(408) F	4,177						
I&E Performance excluding PSF	498	1,341 A	14,309	1,342 A	15,296						
PSF / FRF / MRET	(1,054)	0	(7,159)	0	(15,296)						
I&E Performance including PSF	(556)	1,341 A	7,150	1,342 A	0	Total	999	259 A	4,902	59 A	13,200
F = Favourable A = Adverse						4. Other					
Financial Sustainability Risk Rating			Plan	Actual		Monthly		YTD Performance		Annual	
Risk Rating			3	3		Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000	
3. Statement of Financial Position						5. Workforce					
All figures £m			Opening Balance	Closing balance	Movement in year	Funded WTE		Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
Non Current Assets			206,773	206,488	-285						
Current Assets			56,797	59,368	2,571						
Current Liabilities			-57,515	-65,068	-7,553						
Non Current liabilities			-82,091	-80,952	1,139						
Total Assets Employed			123,964	119,836	-4,128						
Total Tax Payers Equity			-123,964	-119,836	4,128						

1. Month 7 Financial Position

The Trust's deficit (before PSF, FRF and MRET) for month 7 (October 2019) was £498k which is an adverse variance against plan of £1,341k in month (£556k surplus including PSF, FRF and MRET which is £1,341k adverse against plan). The cumulative position to the end of month 7 is a £14,309 deficit (before PSF FRF and MRET), which is £1,342k adverse to plan (£7,150k deficit including PSF, FRF and MRET which is £1,342k adverse against plan).

The month 7 income position is £207k adverse to plan in month, with a £2,034k favourable YTD position. The underlying under performance in month relates to commissioner income, which in month is £1,018k adverse 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 under performance in both elective income of £147k and in day cases of £558k.
- Outpatients were £407k ahead of plan and non-PbR Drugs were favourable to plan by £59k in month.
- Emergency income was £103k adverse to plan with A&E slightly over-performing against plan by £15k, this created a total in month emergency reporting position of £88k adverse to plan. The underlying emergency position however is much worse; the Blended Tariff created a £165k benefit in month, prior month refreshes created a net £400k benefit in month therefore the underlying emergency income position is £653k adverse to plan.
- Non NHS Clinical Income and Other Income is £753k favourable to plan in month 7 and £1,627k 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 plan	In month budget	In month variance	Variance		YTD budget	YTD actual	YTD variance	
Commissioner Income	-337,149	-30,377	-29,358	1,018	A	-194,410	-194,089	321	A
Drugs	-19,606	-1,916	-1,976	-59	F	-11,623	-12,352	-728	F
PSF, FRF and MRET	-15,286	-1,495	-1,495	0	A	-7,159	-7,159	0	A
Trading Income	-39,433	-2,748	-3,500	-753	F	-22,292	-23,919	-1,627	F
Grand Total	-411,474	-36,536	-36,329	207	A	-235,485	-237,519	-2,034	F

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

The in-month expenditure position was £1,194k adverse to plan, of which pay was £277k favourable to plan, non-pay £1.3m adverse to plan and reserves £215k adverse to plan. The YTD expenditure position at the end of Month 7 is £3.7m adverse to plan (with pay £1.4m favourable to plan and non-pay £4.9m 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 (£0.6m), drugs (£0.7m) and other non-pay (£2.2m) also being overspent.

Expenditure type	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance		Annual Budget
Pay	22,937	22,660	-277	F	160,927	159,541	-1,386	F	272,498
Non-Pay	9,989	11,245	1,256	A	69,136	74,101	4,965	A	113,267
Reserves	625	839	215	A	3,571	3,763	192	A	13,168
Total Expenditure Position	33,551	34,745	1,194	A	233,634	237,406	3,772	A	398,933

Capital expenditure is £3.2m behind plan YTD with spend of £3.8m against the YTD plan of £7.0m. The in-month capital spend for month 7 was £0.4m against an in-month plan of £1.9m, an underspend in-month of £1.5m. The main area of underspend is on Estates schemes.

The cash balance at the end of October was £30.8m (September: £33.0m). 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 decrease in cash is as a result of timing of invoices and payments around the end of September/beginning of October and was expected.

In October 2019, CIP savings of £999k are reported, against a plan of £1,258k, an under achievement of £259k in month. Year to date the Trust has delivered £4.9m versus plan of £5m an under-delivery of £60k.

In month, the forecast year end position of the Trust has been updated. This currently shows a £7.7m gap to achievement of the control total (excluding any impact of lost PSF/FRF). However a financial recovery plan has now been developed to support closing this financial gap. The details of the forecast and recovery plan will be discussed in further detail at the Board Meeting and is being reviewed by the Finance and Performance Committee on the 21st November.

There continues to be significant risks to delivery of the Trust's financial control total which will be discussed in the meeting, including:

- CIPs - there is currently thought to be a £2.4m risk to delivery of the £13.2m CIP target. 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).
- 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. Audits are currently in the process of being undertaken by the CCG.
- Delivery of RTT plans by Divisions is key to delivering the Trust's income position.
- 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.
- 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.
- 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£1.6m to the position.
- Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m) in 2018/19.
- 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.
- There is a risk to the delivery of the capital programme in year, in particular around the Fire Enhancement Works for the Women's & Children's Hospital (£7m). Operational risk associated with access to ward areas and the central core have been raised by the Division, and work is ongoing to mitigate this. The Estates group are reviewing the scheme forecast in order to plan on mitigating the impact in year by bringing forward the commencement of later phases, this will be reported through the capital monitoring group.

2. Recommendations

The Trust Board is asked to note:

- The Trust's deficit (before PSF, FRF and MRET) for month 7 (October 2019) was £498k which is an adverse variance against plan of £1,341k in month (£556k surplus including PSF, FRF and MRET which is £1,341k adverse against plan). The cumulative position to the end of month 7 is a £14,309 deficit (before PSF FRF and MRET), which is £1,342k adverse to plan (£7,150k deficit including PSF, FRF and MRET which is £1,342k adverse against plan).
- The achievement with regards to the Cost Improvement Programme.
- The forecast financial position, financial recovery plan and the risks set out in this paper.

Title	Financial Performance – Month 7 – October 2019		
Report to	Trust Board	Date	26th November 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 7 (October 2019) was £498k which is an adverse variance against plan of £1,341k in month (£556k surplus including PSF, FRF and MRET which is £1,341k adverse against plan). The cumulative position to the end of month 7 is a £14,309k deficit (before PSF FRF and MRET), which is £1,342k adverse to plan (£7,150k deficit including PSF, FRF and MRET which is £1,342k adverse against plan).

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In month, the forecast year end position of the Trust has been updated. This currently shows a £7.7m gap to achievement of the control total (excluding any impact of lost PSF/FRF). However a financial recovery plan has now been developed to support closing this financial gap. The details of the forecast and recovery plan will be discussed in further detail at the Board Meeting and is being reviewed by the Finance and Performance Committee on the 21st November.

There continues to be significant risks to delivery of the Trust's financial control total which will be discussed in the meeting, including:

- CIPs - there is currently thought to be a £2.4m risk to delivery of the £13.2m CIP target. 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).

<ul style="list-style-type: none"> • 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. Audits are currently in the process of being undertaken by the CCG. • Delivery of RTT plans by Divisions is key to delivering the Trust's income position. • 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. • 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. • 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£1.6m to the position. • Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m) in 2018/19. • 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. • There is a risk to the delivery of the capital programme in year, in particular around the Fire Enhancement Works for the Women's & Children's Hospital (£7m). Operational risk associated with access to ward areas and the central core have been raised by the Division, and work is ongoing to mitigate this. The Estates group are reviewing the scheme forecast in order to plan on mitigating the impact in year by bringing forward the commencement of later phases, this will be reported through the capital monitoring group.
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
<p>This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR.</p> <ul style="list-style-type: none"> • F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications • F&P 3 - Failure to deliver Cost Improvement Plans in this financial year • F&P 19 - Failure to achieve income targets arising from issues with activity • F&P 13 - Inability to meet Trust's needs for capital investment • 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
<p>The Trust Board is asked to note:</p> <ul style="list-style-type: none"> • The Trust's deficit (before PSF, FRF and MRET) for month 7 (October 2019) was £498k which is an adverse variance against plan of £1,341k in month (£556k surplus including PSF, FRF and MRET which is £1,341k adverse against plan). The cumulative position to the end of month 7 is a £14,309 deficit



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

(before PSF FRF and MRET), which is £1,342k adverse to plan (£7,150k deficit including PSF, FRF and MRET which is £1,342k adverse against plan).

- The achievement with regards to the Cost Improvement Programme.
- The forecast financial position, financial recovery plan and the risks set out in this paper.

FINANCIAL PERFORMANCE

P7 October 2019

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

P7 October 2019

1. Income and Expenditure vs. Plan						2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000			Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	
I&E Perf Exc Impairments	(542)	1,339 A	7,250	1,330 A	15,491	Employee Expenses	637	130 A	2,192	368 A	7370
Income	(35,275)	207 A	(230,360)	(2,034) F	(411,669)	Drugs	124	(32) F	917	(524) F	861
Donated Asset Income	(14)	2 A	(100)	12 A	(195)	Clinical Supplies	(11)	49 A	(42)	176 A	347
Operating Expenditure	34,745	1,194 A	237,406	3,772 A	407,492	Non Clinical Supplies	0	0 A	0	0 A	0
Pay	22,660	(277) F	159,541	(1,386) F	273,143	Non Pay Operating Expenses	201	57 A	1,353	178 A	3685
Non Pay & Reserves	12,085	1,471 A	77,864	5,157 A	134,349	Income	48	54 A	481	(140) F	937
Financing costs	1,046	(62) F	7,363	(408) F	4,177						
I&E Performance excluding PSF	498	1,341 A	14,309	1,342 A	15,296						
PSF / FRF / MRET	(1,054)	0	(7,159)	0	(15,296)						
I&E Performance including PSF	(556)	1,341 A	7,150	1,342 A	0	Total	999	259 A	4,902	59 A	13,200
F = Favourable A = Adverse						4. Other					
Financial Sustainability Risk Rating			Plan	Actual		Monthly		YTD Performance		Annual	
Risk Rating			3	3		Plan	Actual	Plan	Actual	Plan	
						£'000	£'000	£'000	£'000	£'000	
3. Statement of Financial Position						Performance Indicator					
			Opening Balance	Closing balance	Movement in year	Cash Balance	1,900	30,780	1,900	30,780	1,900
All figures £m						Capital Expenditure	1,884	373	6,991	3,749	22,768
Non Current Assets			206,773	206,488	-285	5. Workforce					
Current Assets			56,797	59,368	2,571		Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
Current Liabilities			-57,515	-65,068	-7,553	Current Month	5953.74	5,412	254.32	105.62	5772.00
Non Current liabilities			-82,091	-80,952	1,139	Previous Month	5955.11	5,444	256.52	102.81	5802.84
Total Assets Employed			123,964	119,836	-4,128	Movement	1.37	31.45	2.20	-2.81	30.84
Total Tax Payers Equity			-123,964	-119,836	4,128						

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

1. Month 7 Financial Position

The Trust's deficit (before PSF, FRF and MRET) for month 7 (October 2019) was £498k which is an adverse variance against plan of £1,341k in month (£556k surplus including PSF, FRF and MRET which is £1,341k adverse against plan). The cumulative position to the end of month 7 is a £14,309 deficit (before PSF FRF and MRET), which is £1,342k adverse to plan (£7,150k deficit including PSF, FRF and MRET which is £1,342k adverse against plan).

The month 7 income position is £207k adverse to plan in month, with a £2,034k favourable YTD position. The underlying under performance in month relates to commissioner income, which in month is £1,018k adverse 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 under performance in both elective income of £147k and in day cases of £558k.
- Outpatients were £407k ahead of plan and non-PbR Drugs were favourable to plan by £59k in month.
- Emergency income was £103k adverse to plan with A&E slightly over-performing against plan by £15k, this created a total in month emergency reporting position of £88k adverse to plan. The underlying emergency position however is much worse; the Blended Tariff created a £165k benefit in month, prior month refreshes created a net £400k benefit in month therefore the underlying emergency income position is £653k adverse to plan.
- Non NHS Clinical Income and Other Income is £753k favourable to plan in month 7 and £1,627k 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 plan	In month budget	In month variance	Variance		YTD budget	YTD actual	YTD variance	
Commissioner Income	-337,149	-30,377	-29,358	1,018	A	-194,410	-194,089	321	A
Drugs	-19,606	-1,916	-1,976	-59	F	-11,623	-12,352	-728	F
PSF, FRF and MRET	-15,286	-1,495	-1,495	0	A	-7,159	-7,159	0	A
Trading Income	-39,433	-2,748	-3,500	-753	F	-22,292	-23,919	-1,627	F
Grand Total	-411,474	-36,536	-36,329	207	A	-235,485	-237,519	-2,034	F

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

The in-month expenditure position was £1,194k adverse to plan, of which pay was £277k favourable to plan, non-pay £1.3m adverse to plan and reserves £215k adverse to plan. The YTD expenditure position at the end of Month 7 is £3.7m adverse to plan (with pay £1.4m favourable to plan and non-pay £4.9m 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 (£0.6m), drugs (£0.7m) and other non-pay (£2.2m) also being overspent.

Expenditure type	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance		Annual Budget
Pay	22,937	22,660	-277	F	160,927	159,541	-1,386	F	272,498
Non-Pay	9,989	11,245	1,256	A	69,136	74,101	4,965	A	113,267
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Capital expenditure is £3.2m behind plan YTD with spend of £3.8m against the YTD plan of £7.0m. The in-month capital spend for month 7 was £0.4m against an in-month plan of £1.9m, an underspend in-month of £1.5m. The main area of underspend is on Estates schemes.

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Chair's Log – Audit and Risk Committee (ARC) – 19 November 2019

Overview

The meeting was attended by three Non-Executive Directors (Committee members); the Director of Finance, the Company Secretary, the Head of Financial Services, the Corporate Governance Officer and the Local Counter Fraud Officer, along with Internal Audit colleagues from KPMG. Also, members of DBH management were invited to present on their specialised areas, including IT contract management, Health, Safety, Fire, Security and the Trusts Premises Assurance Model (PAM).

The Trust Chair was also in attendance as part of her cyclical visits to Board Sub-Committees.

Assurance area – Internal Audit Outcomes

Five Audit Reports have been agreed, these are listed below along with their assurance outcomes:-



It was noted as a highlight that the Maternity Incentive Scheme (CNST) audit has a “significant assurance” conclusion which is not a common occurrence.

All audit reports have an agreed action plan with dates which will be followed up by KPMG and reported to Audit & Risk Committee.

The two audit reports with “partial assurance” were discussed thoroughly and the Director of Finance and Director for IT were present to answer Committee members’ queries and provide an update on progress to date. Both reports are referred into Finance and Performance Committee to ensure F&P are sighted on any risk.

A follow up on previous audit recommendations due had been carried out and it was reported that 50/53 audit recommendations had been implemented and evidenced. This was viewed as an improvement from previous reports and is shown in the graph in Appendix A.

Assurance area – Counter Fraud

The Committee reviewed the comprehensive progress report for Q2 2019 which outlined positive assurances that counter fraud standards & requirements being maintained, and how fraud risks were continually being managed.

The Committee especially noted:-

- High compliance rates with Counter Fraud training – 98%
- Outcome of the National Fraud Initiative – monies recovered from duplicate payments
- Progress with investigations underway

Assurance area – Health, Safety & Fire

The Committee considered the report showing information from Jan 2019 – July 2019 which outlined assurances on the standards being maintained, and how risks are being addressed.

The Committee spent some time understanding DBH position in relation to Fire Safety; including plans/ work underway for Fire improvements for the areas where the two Fire Enforcement Notices are in place; training of Fire Wardens and improvements in mandatory Fire training for staff upto 87%.

The Committee particularly discussed and noted assurances on outcomes of work to continually monitor systems in relation to Legionella, Electrical testing, and Asbestos

The Committee also received a presentation from the Director of Estates & Head of Compliance which outlines DBTH approach to Premises Assurance (“The PAM”) and the toolkit which is used to monitor compliance, identify areas for improvement and hold the evidence of controls in place.

Assurance Area – Security Management

The Committee considered the report and progress for Q2 2019 which outlined assurances on the security standards being maintained, and how security risks are being addressed

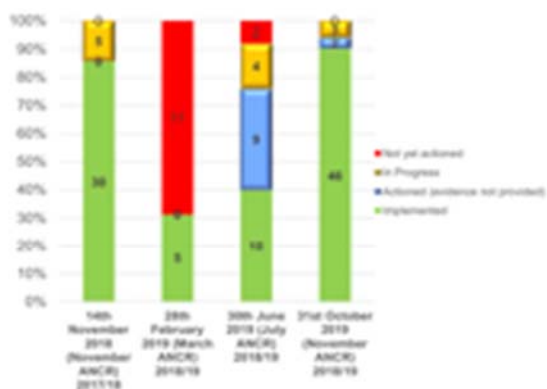
The Committee delved to understand better the arrangements for security with the new contractor which are in place following the tender award earlier in 2019.

Assurance Area – Risk Management, Corporate Risk Register (CRR) and Board Assurance Framework (BAF).

A review of the documents presented confirmed they had been updated from the previous ARC, and SROs’ were providing updates for management of their risks. The Committee asked to continually push back on controls or assurances with older dates, in a bid to keep both the CRR and the BAF as upto date as possible.

APPENDIX A

Section three Progress against recommendations due (high/medium priority recommendations only)



Interpretation

This chart shows the proportion of recommendations which have been actioned, partially completed, or remain incomplete as at the due dates shown. The dates represent the cut off points applied to our work on tracking recommendations, rather than the dates of the Audit and Risk Committee that our reports were presented to, although the dates of the relevant ANCR Committees are shown for clarity.

These numbers reflect the status of the recommendation tracker for those reports where follow up has been carried out. Details of additional outstanding recommendations which are not yet due are provided in the table on page 3.

Our future reports will continue to present a rolling picture of the current position, as well as that of previous update reports.

Chair's Log - Finance and Performance Committee 23.11.19

Overview

The headlines of the meeting were –

- Performance areas of concern around 4 hour wait and RTT again show small improvements. Recovery plans are now deployed. The committee received an in-depth presentation from the Emergency Department about their progress and plans.
- Deep dives were had around Estates and Facilities and their management of the Sodexo and Steris Contracts and the medical director gave a presentation on GIRFT.
- Serious risks were explored in relation to Financial Performance, with a worsening 'most likely outturn' figure of £7.7m deficit. A detailed financial recovery strategy was discussed.
- We considered the STERIS and SODEXO outsourced contracts and the management of them.
- The risk register and board assurance framework were considered.

Assurance area – Performance

The Board meeting will receive a separate performance report which will give a more detailed appreciation of the picture.

Performance areas of concern around 4 hour wait show small improvements, with a recovery plan deployed. RTT performance is improving month on month in line with recovery trajectory. Whilst 6 week diagnostic performance continues to meet the target, the committee were briefed by the COO that delivery will be compromised in November and December due to issues in Urodynamics where practice has not been consistent with the Trust Access Policy. An action plan has been agreed and Trust level performance against the standard will recover from January 2020.

Committee members had only received the performance and workforce papers the night before, owing to the date of the meeting and challenges in obtaining and analysing the data to prepare the papers. This did not allow sufficient time for members to prepare. We look forward to resetting of committee dates in the new year, when this tension will be resolved. Post-meeting I have agreed with the COO that the next F+P will have a performance focus, with that item appearing much earlier in the agenda.

The committee received an encouraging in-depth presentation from Reddy Ilavala, Consultant and Lesley Hammond, Business Manager, from the Emergency Department about their progress and plans. Coupled with the backing of the Board in funding extra workforce capacity, the energy of the team and the detail of the planning gave the committee assurance that the best course of action is being followed.

Assurance area – Workforce Management and Contract Management
<p>The workforce report detailed that we have a vacancy rate in month 7 of 8.3% against a target of 5%. When taking into account the use of temporary staff we have a 3.5% vacancy rate, although this does vary by staff group.</p> <p>Agency targets have been set for each Division which have also been split by staff group. The Children and Families Division is below target in month and on a cumulative basis as is the Medicine Division in month. In relation to staff groups, spend up to month 7 is below target for admin and clerical and medical staff.</p> <p>The Director of Estates and Facilities gave the committee reports in relation to promising progress with a ratings appeal that may well make a useful financial contribution in due course, and also with the current status of outsourced contracts with Steris (HSDU) and SODEXHO (catering).</p> <p>The HSDU contract is fully deployed although still bedding in. To make it effective, the Trust had to improve its processes significantly and make a massive reduction in its requests for urgent turnaround of surgical equipment. Encouragingly, it has done so. Surprisingly, STERIS have struggled at times with their commitments. After the relaxation of KPIs came to an end during the mobilisation period there has been some visible under performance by them, which is being firmly addressed.</p> <p>Although operational impact has been avoided, under performance in both fast track and normal service has led to a refund of circa £10k. A recovery plan has been implemented following meetings at a director level. An improvement is visible and progress is being made ahead of the recovery plan trajectory.</p> <p>Successful implementation of this contract was a key component of a £60k CIP about instrument usage. That CIP is progressing well and is on profile.</p> <p>The SODEXO contract has two principal elements, patient meals and retail offering. After a challenging period in relation to patient meals performance is now consistently acceptable, with 95%+ patient satisfaction and a relatively low level of complaints. A new quality monitoring system is in place. Our focus has now moved to the retail offering.</p> <p>We had a lengthy discussion about the need for the hot kitchen at DRI to improve its quality, consistency and availability of certain elements of its menu, particularly the staff discounted meals. Understaffing and weak management are not acceptable reasons for a contracted service. We will hold the supplier to account.</p> <p>The retail offer at Bassetlaw has never matched that at DRI. Equipment failure has reduced it further. That is not acceptable and the Director of Estates is engaged in dialogue at a senior level to resolve this and shared with the committee the contractual</p>

enforcement measures being progressed and the offer from SODEXO, all of which are commercially sensitive in nature.

The committee was satisfied that the Director of Estates and Facilities is properly dealing with this matter and will track its progress in future weeks, with a detailed report back in January.

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

We received a presentation from Mr Sewa Singh, Medical Director in relation to the Get It Right First Time (GIRFT) CIP. GIRFT CIP delivery is a significant area for concern. Although much really good work is being done in the GIRFT programme, efficiencies are comprised of both cashable and non-cashable elements. In discussion we felt the prospects of the programme delivering the cashable element it is targeted to was medium to low. It was agreed that Mr Singh and the Director of Finance would work together to rationalise the position and a short outcome paper would be presented at the next F+P.

Last month we explored serious risks 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. This month the committee heard that that risk had moved to over £7m. The principal components remain the same –

- CIPs Risk (2.4)
- 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)

You will recall that 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.

Jon Sargeant shared with us a comprehensive recovery strategy, which has clearly benefitted from lessons learned in previous years when the assistance of BDO had been necessary. It is a strong plan, deployed sufficiently early in the year to offer a good prospect of success. As ever, we will track this at every future meeting of F+P to outturn.

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 23.11.19



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

H1

Title	Chair's and NEDs' Report		
Report to	Board of Directors	Date	26 November 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 October and November 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 – November 2019

Meeting the Team

At the end of October I met with Lesley Barnett in her new role as Deputy Director of Quality and Governance. Lesley was able to brief me on her areas of responsibility and her future ambitions.

Shadow Board Programme

At October's Board of Directors meeting we celebrated the completion of the Trust's first Shadow Board Programme; arranged by our Leadership and Organisational Development team in association with NHS Leadership Academy. The programme allows senior management and aspirant board members the opportunity to understand and appreciate the roles and responsibilities of directors, aiding their transition from a functional specialist to that of an Executive Director.

It provides an excellent opportunity for succession planning, not only for the delegates but also for Non-Executive Directors who take on the role of Shadow Board Chair. Thank you to everyone involved in the programme, including Deputy Chair, Neil Rhodes who took on the role of Shadow Board Chair.



Chair & Non-executive Director Appointments

At the end of last month the Appointment and Remunerations Committee met to consider the following matters:

- Chair and Non-executive Director 2019/20 objectives, including general feedback from the appraisal process

- Non-executive Director remuneration and expenses
- Non-executive Director Appointments, and the
- Extension of my appointment and that of Neil Rhodes, Deputy Chair - due to expire 31 December 2019 and 31 March 2020, respectively.

I am pleased to confirm that the Committee agreed by a unanimous decision to reappoint myself and Neil Rhodes to serve a further three year term.

NHS Providers NED Network

On 5 November myself, Kath Smart and Sheena McDonnell attended NHS Providers' NED network session in Leeds, chaired by Mark Chamberlain, Deputy Chairman of Leeds Teaching Hospitals. The session was informative and well-structured and included the followings topics:



- An insight into Sussex Partnerships' reputation dashboard and how it supports system working and population health management
- NHSI/E's Chair and NED remuneration structure & Chair development and appraisal framework
- Collaborative working
- Strategic Policy Update
- Primary Care Networks

New Partner Governor



Following his retirement as Executive Principal at Doncaster Deaf Trust (DDT) Alan Robinson stood down from his role as partner governor earlier in the year. I am now able to confirm his successor at DDT, Alexis Johnson, will take up the vacant seat on our Council of Governors with immediate effect. I would like to thank Alan for his support and contribution during his term of office and look forward to welcoming Alexis to his first Council of Governors meeting in January 2020.

Charitable Funds

At this time of year many colleagues are involved in fund raising events, in addition to donations received from members of the public. We very much appreciate financial donations to the Trust Charity, as wards can then apply to spend it in the most appropriate way. Should colleagues require any support from our Communications Team with their fundraising efforts please contact them on 644244.

Finally, I just wish to add my personal thanks and appreciation to all colleagues who have offered their continued support to the Trust, our patients, their families and Doncaster residents, during the recent flooding. You have continued to deliver services and supported those in need with both practical and financial help. Thank you for all you have done.

NED Reports

Sheena McDonnell

This month has seen Sheena attending Board of Directors and presenting for the first time at the Council of Governors about her role as a Non-executive Director and the breadth of activities she is involved in. Sheena welcomed the decision to reappoint Suzy and Neil, which was a great step forward, allowing the Trust to continue to benefit from their wealth of experience and skills.

Sheena has also attended a NED forum which explored the approach to appraising NED and Chair performance and hearing the latest strategic policy updates from NHS Providers as well as gaining a better understanding of the role of Primary Care Networks.

Sheena was onsite the day the floods arrived, although there was minimal impact operationally it did provide her with an insight into the impact upon Doncaster residents and Trust employees.

Sheena has been participating in freedom to speak up sessions and learning more about her important role in relation to that. She also chaired an appeal hearing this month.

Finally, Sheena has attended Audit & Risk Committee, which was observed by Suzy in her desire to keep in touch with the work of the sub committees of Board.

Kath Smart

Along with Suzy and Sheena, Kath attended NHS Providers' NED network meeting in Leeds to hear about national and regional NHS policy and to provide feedback to NHS Providers on providers' priorities. As part of her new Procurement NED role Kath observed a tender evaluation assessment with key stakeholders and clinicians, this provided a great opportunity to raise her awareness of the process.

Kath chaired the November Audit and Risk Committee, and had teleconferences with Internal Audit as part of ongoing monitoring and delivery of the audit plans. She also met with Audit Chairs from Doncaster & Bassetlaw Place to discuss Place, ICS and Audit Committees.

Kath took part in the mock CQC assessment at Montagu for Surgery alongside staff and governors, the assessment reviews the quality of services delivered to patients and captures

feedback from staff to identify areas for improvement. This was a great opportunity to continue to understand services, staff and patients better within Team DBTH.

Finally, she attended November's Finance & Performance Committee and Board of Directors.

Neil Rhodes

Since the last Board meeting Neil has attended Council of Governors where he reported on the financial and operational performance of the Trust and the Audit & Risk Committee meeting on 19 November.

Following Neil's appointment as Chair of Doncaster and Bassetlaw Healthcare Services, the wholly owned subsidiary delivering out-patient pharmaceutical services, he chaired his first subsidiary Board meeting on Thursday 21 November. He has visited the service to formally meet the staff and view their facilities and has participated in the interview process for the post of Managing Director.

Finally, he has chaired November's Finance & Performance Committee.

Pat Drake

A much quieter than usual month for Pat, due to a period of annual leave. In her capacity as Senior Independent Director (SID) Pat attended October's Appointments and Remunerations Committee where decisions were sought on NED remunerations and expenses, the extension to Chair/NED appointments and Non-executive recruitment.

Pat presented at the Council of Governors meeting, as Chair of the Quality and Effectiveness Committee she provided an overview of the Trust's key quality measures.

Finally, Pat attended the Finance & Performance Committee.

Chief Executive's Report

November 2019

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

Dealing with heavy rain in Doncaster and Worksop

In November, Doncaster, Worksop and the majority of South Yorkshire experienced heavy rain fall which resulted in significant flooding.

This is clearly a very difficult time for many of our patients, their friends and families and many of our staff and I want to place on record my thanks to colleagues throughout the Trust for their hard work and professionalism throughout this difficult period of time, as well as our service men and women across the region. Dealing with extraordinary weather events such as this is never easy, but health and social care workers rose to the challenge.

The Trust and purdah

As a country we are once again in an election period. This period is often described as 'Purdah'. In short it means that we must ensure that we remain apolitical and all announcements from the Trust remain impartial and noncontroversial. While this does not affect the care we provide, it does limit what we can announce publicly, and also means we need to ensure that anything we do say does not have the potential to sway voters one way or another.

As an organisation we are committed to ensuring that we do not stray beyond these guidelines and, as such, have taken all measures to ensure our communications meet these standards throughout this period.

Mr Sewa Singh, Medical Director, announces retirement

Mr Sewa Singh, Medical Director at the Trust, will retire on 31 March 2020.

As the longest-serving member of our Board of Directors, for a number of years the Trust has depended upon Sewa's experience, expertise and candour. Since his appointment as Medical Director in 2012, the care delivered by the Trust has improved substantially whilst our commitment to training and education has also progressed significantly.

Born and raised in Malaysia, Sewa came to the United Kingdom in the late 1970s to undertake further education at the University of Sheffield, graduating with a degree in Medicine in 1983. A fellowship at Edinburgh's Royal College of Surgeons followed, after which Sewa completed a period of research, for which he was awarded Doctor of Medicine in Vascular Physiology.

Sewa was appointed consultant surgeon at Doncaster Royal Infirmary in 1996. Building his reputation as a surgeon and demonstrating great leadership potential, Sewa was appointed Clinical Director for Surgery in 2004, Director of the Division of Surgery in 2008 and Deputy Medical Director from 2010 until his appointment as Medical Director in 2012.

Since becoming Medical Director, Sewa has contributed and led colleagues within the Trust to improve the quality of care and improved services:

- A substantial reduction of our Hospital Standardised Mortality Ratio (HSMR) from a high of 111 in 2013, to a better than expected low of 87.42 in mid-2017.
- Development of the Trust's nationally and internationally recognised vascular service.
- Led the Trust's successful bid to deliver aortic aneurysm screening for the region.

- Introduction of stroke prevention (carotid endarterectomy), upper limb vascular surgery and endovascular aneurysm repair, as well as overseeing the delivery of the Hyper Acute Stroke Unit.
- Development of diagnostic services in partnership with the Doncaster Cancer Detection Trust, with a brand new CT Suite set to open at Doncaster Royal Infirmary in early 2020.
- And many more enhancements, improvements and strides forward for the Trust.

For Sewa's commitment, dedication and expertise, I want to offer my personal thanks, and the thanks of the Board and entire Trust, and wish him the very happiest of retirements.

The Medical Director position is of crucial importance to any Trust, and I believe Sewa has lived up to this responsibility, leaving DBTH in a far better position with an exciting future ahead.

We will be advertising the position of Medical Director via our usual recruitment and communications channels.

Over 3,000 vaccinations delivered to colleagues

In little under a month, over 3,000 of our nurses, doctors and other health professionals have volunteered to get their flu jab at Doncaster and Bassetlaw Teaching Hospitals (DBTH).

Since beginning in October, our team of volunteer vaccinators have worked tirelessly visiting wards and departments in order to give medics and clinicians easy access to the vaccine. Achievements throughout the month have included two colleagues administering 100 vaccinations in the morning and afternoon, respectively.

Throughout November and into December, we will continue to vaccinate our 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.

Launch of winter campaign and plans

We are expecting another challenging couple of months ahead as the weather turns colder. As such, we have been developing our winter plans since summer, in order to ensure we deliver the highest quality care, despite any issues that may arise.

Plans include support for medical rotas, the use of escalation beds during increased patient activity, using additional portering staff, Health Care Assistants, therapy support and patient flow support. We are also asking senior managers to ensure annual leave is allocated sensibly, ensuring services have appropriate clinical cover.

Our communications team, in partnership with colleagues across the region, will also be supporting with a number of social media messages and similar activity, asking people to only attend the hospital if necessary.

The Birth Appeal

In late October, as a Trust, we launched a charitable appeal to improve the maternity experience at Doncaster Royal Infirmary and Bassetlaw Hospitals.

Seeking the support of our local residents, the 'Doncaster and Bassetlaw Birth Appeal' hopes to raise £100,000 to provide additional equipment and enhance the environments in our maternity units to give women, babies and their families in Doncaster and Bassetlaw the very best possible care.

Funds from the appeal will help the Trust to provide items such as:

- Reclining chairs for partners/ family members to stay with women who are in labour on our labour wards
- Chair beds for partners/ family members to stay with women post birth who need extra support after a caesarean or induction
- Updates to furniture, décor and blinds to help give both units a homely, calm and relaxing environment
- Updates to décor and furniture in the family room, to support families during difficult times

Local residents and businesses wishing to support the appeal can contact the charity office on 01302 644244 or donating at www.justgiving.com/fundraising/DBTHBirthAppeal

A directorate for Education and Research

As a Teaching Hospital Trust, it is our ambition to strengthen our position locally, regionally and nationally as a leading innovator within the field of education and research. This also means supporting our partners to develop and innovate. As such, and in the coming weeks, we will advertise and appoint a new Director of Education and Research to help support specific work such as the development of a University City proposal for Doncaster and workforce innovations in Workson.

This appointment will also mean that our Training and Education Department (TED) and Research and Development (R&D) team will come together, under, the newly appointed director (who will report to David Purdue, Deputy Chief Executive) and as a result form the 'Education and Research' corporate directorate.

Throughout the past number of years, we have made significant strides in both these areas, delivering on all the milestones in our research strategy, appointing our first Professor of Surgery and working in partnership to create the nation's first 'Foundation School in Health. We believe that making this change is a further statement of intent to ensure that as Team DBTH we live up to our values, as well as defining our Trust as a place to 'Develop, Belong, Thrive, Here'.

It is our vision to become the safest Trust in England, outstanding in all that we do. We believe this restructure represents another step on the journey to this destination and we thank colleagues within these respective teams for their support as we enter this transitional phase.

Keeping thirst at bay

Our Leadership and Organisational Development team has recently launched a new health and wellbeing initiative delivering over 3,000 water bottles to colleagues, with the aim of increasing the levels of hydration amongst nurses, doctors and other NHS professionals

The campaign, simply called 'Hydrate, Feel Great', was launched in early October and in just one week, has already made a real positive difference to morale across departments throughout the Trust. By making sure that colleagues have a cool and refreshing drink to hand during their working day, clinicians are getting the hydration they need, which in turn helps the team to maintain focus, benefiting from increased energy levels and boosting productivity.

Awards and accreditations:

At the Trust, we've been nominated, have won, or been accredited for the following:

- Our Endoscopy team were accredited by the Joint Advisory Group (JAG) on GI Endoscopy for the service provided, which is a fantastic achievement.

Local appointments

At the Trust, we've made the following appointments in the past month:

- **Dr Khai Shahdan** is named Clinical Director for Emergency Medicine.
- **Richard Somerset** is appointed Head of Procurement, following a period as interim in the position.

External appointments

Our partners, have made the following appointments in the past month:

- **David Wilkinson** is named Chair of the Board for St Leger Homes.



AUDIT AND RISK COMMITTEE

Minutes of the meeting of the Audit and Risk Committee Held on Thursday 18 July 2019 in the Stirling Seminar Room, Doncaster Royal Infirmary

Present:	Kath Smart, Non-Executive Director (Chair)	KS
	Sheena McDonnell, Non-Executive Director	SM
In attendance:	Jon Sargeant, Director of Finance	JS
	Jeannette Reay, Head of Corporate Assurance/Company Secretary (Minutes)	JR
	Stephen Clark – Manager, E&Y	SC
	Mark Bishop, Counter Fraud and Security Services Manager	MB
	Matthew Bancroft, Head of Financial Services	MBa
	Rob Fenton, Internal Audit Manager, KPMG	RF
	David Linacre, IT Operations IT Security & Continuity Manager (ARC19/07/B1)	DL
	Kirsty Edmondson Jones, Director of Estates and Facilities (ARC19/07/F1)	KEJ
	Sean Tyler, Building Maintenance - Head Of Compliance, Estates (ARC19/07/F1)	ST
	David Purdue, Deputy Chief Executive (ARC19/07/C1)	DP
To Observe:	Rosalyn Wilson, Corporate Governance Officer	RW
Apologies:	Neil Rhodes, Non-Executive Director	NR

ACTION

ARC19/07/A1 Welcome and Apologies for Absence (Verbal)

Kath Smart welcomed the Members and attendees, including Jeannette Reay and Rosalyn Wilson, who were attending their first meeting of the Committee.

The apologies for absence were noted.

ARC19/07/A2 Action Notes from Previous Meeting (Enclosure A2)

The following updates were provided;

Action 1 – This action had been on the log for a long time and had been passed to Jeannette Reay for attention only recently. Action to develop a risk appetite statement would be taken but this would need agreement by the Board. An update of the risk appetite statement would be added to the Board work plan so this action would be closed for reporting to the Audit and Risk Committee.

Linked to this action was the work to update the Trust's Risk Management processes and Risk Management Policy. Jeannette Reay was working with colleagues on the implementation of actions from the recent Internal Audit on Risk Management and updates on progress would be provided to this Committee (via the Recommendation Tracker), and to the Board of Directors.

Action 2 – This action had recently passed to Jeannette Reay for attention. Board members would be asked to update their interests effective 1 August 2019. An approach for wider staff groups would be investigated as it was not felt appropriate to include in appraisals.

Action 3 – On the basis that the Trust had a Senior Independent Director – in line with the Code of Governance – this item would be closed.

Action 4 – On the basis that there had been no issues this year, this item would be closed.

Action 5 – On the basis that no variances had been identified, this item could be closed.

Action 6 – On the basis that escalation was now included on Board Committee agendas, and that Committee Chairs had agreed to escalate between meetings, this item would be closed.

Action 7 – On the basis that grip and control information was available in both workforce and finance reports, this item would be closed.

Action 8 – This action linked to action 1 (above). Rob Fenton would be requested to support the Trust with a risk appetite workshop for the Board (in line with the timing on the Board work plan). On this basis the item would be closed.

Action 9 – On the basis that this information was included in the recommendation tracker, this item would be closed.

The Committee:

- ***Agreed that actions marked 'close' be considered complete;***
- ***Noted the above updates to the action log.***

ARC19/07/A3 Request for Any Other Business (Verbal)

No other items of business had been requested.

ARC19/07/B1 IGG – Trust Cyber Security – Follow up from Board Session on 26 March 2019 (Enclosure B1)

David Linacre provided an update on the Trust's Cyber Essentials self-assessment which aimed to demonstrate implementation of the basic security controls to provide the minimal essential level of compliance with the assurance framework by 2021.

The Committee discussed paper B1 and a verbal update was provided for all five areas:

Boundary Firewalls and Internet Gateways – Penetration testing was completed in 2018/19 as planned. During 2019/20 a firewall configuration review would be completed in line with NHS Digital's cyber security support plan. (Internet penetration was carried out annually by an external CREST accredited company.)

Secure Configuration – All mobile devices had been encrypted and NHS Digital's CareCERT bulletins were reviewed and actioned each week. During 2019/20 network segregation would be reviewed departmentally and all externally facing servers would be reviewed.

Access Control – Account provisioning processes were in place with some automation provided through a link with ESR. During 2019/20 an identity and access management review would be completed in line with NHS Digital's cyber security support plan. A further review of system administrator roles and users was also in plan.

Malware Protection – Appropriate protection was present on servers and desktops, in addition to scanning of traffic at perimeter firewalls and within NHSmail. Forged NHSmail emails were now directed to 'spam' mailboxes, although it was noted there had also been a recent increase in the frequency of phishing attacks on NHSmail. The IT team was vigilant for this type of activity and provided regular communications with staff. During 2019/20 a threat and vulnerability management review would be completed in line with NHS Digital's cyber security support plan.

Patch Management - Weekly patch releases were regularly reviewed and implemented on desktops to ensure that Windows and application updates were installed, with security patches prioritised for deployment to servers and desktops in accordance with NHS Digital's CareCERT bulletins. During 2019/20 a review of patch management would be completed in line with NHS Digital's cyber security support plan. A server obsolescence review was also in plan.

In response to Committee queries, David Linacre confirmed that the Trust had not been directly affected by ransomware attacks and that the standardisation of software to Windows 10 was on going to meet the deadline set by Microsoft and NHS Digital. Due to NHSmail, some issues were now managed nationally but the Trust always worked with NHS Digital to ensure that matters are identified and responded to.

Action: A dashboard approach for reporting compliance with the DPST would be provided to the November 2019 Audit and Risk Committee meeting – including concerns and action target dates.

DL

The Committee:

- ***Noted and was assured on the update on Trust Cyber Security;***
- ***Offered support to pursue items further if required;***
- ***Thanked David Linacre for the presentation.***

ARC19/07/C1 Internal Audit Reports (Enclosure C1)

ARC19/07/C1.1 Internal Audit Progress Report for Q1

Rob Fenton provided an overview confirming that:

- Four reports had been finalised since the last Committee (considered at C1.2 to C1.5);
- Two reports were at draft stage (Reporting Stocktake and IT Contract Management);
- Reviews in progress included Maternity CNST;
- Planned reviews included Safeguarding and Core Financial Controls.

David Purdue requested that a review of asked for Radiology to be added to the internal audit programme and that a timely review of the CQC ED Action Plan audit be undertaken.

Action: Radiology and CQC ED Action Plan Follow up to be added to the Internal Audit Plan for 2019/20 (Jon Sargeant and David Purdue would advise on the scope for the latter review). RF

The Committee:

- ***Noted the Internal Audit progress report for Q1.***

ARC19/07/C1.2

Final Internal Audit Report on Risk Management

The Committee noted the outcome of significant assurance with minor improvements required.

The audit concluded that clear governance structures were in place for risk management, with the Board and its Committees taking responsibility for specific and separate risks. Following a recommendation raised in the Committee Effectiveness review (November 2018), Board Committees had specified risks in the cover papers of reports received.

There was evidence of divisional review of risk registers – noted in the minutes of meetings and evidence of escalation to Board Committees. The Board was well sighted on risks – receiving the Board Assurance Framework and Corporate Risk Registers on a quarterly basis (in line with the requirements of the Risk Management Policy).

The Committee:

- ***Received and noted the Internal Audit Report on Risk Management.***

ARC19/07/C1.3

Final Internal Audit Report on Discharge Planning

The Committee noted the outcome of partial assurance with improvements required.

The audit concluded that staff had a sound understanding of discharges, but had found some non-compliance with the discharge policy and recording of discharges.

David Purdue clarified that the discharge passport was used only for complex patients, although all patients should be provided with an estimated date of discharge (EDD), and discharge coordinators worked on all wards. It was the responsibility of the clinician in charge to give an EDD to their patients. The pilot of the new bed management system had commenced during the period of review and had gone live since the audit's completion (this was now being rolled out across the DRI site).

Kath Smart commented that she had recently visited several wards and had noted that some patients did not have EDDs. David Purdue advised that EDDs should be provided to all patients at the 9am ward rounds – this was being added to the ward accreditation tool (iQAT).

The Committee was advised that weekly reports were provided by the bed management system and David Purdue advised that lots of work had taken place on delayed transfers of care and on short stay patients - with corrective action taken if they passed their EDD.

DP advised the Programme Board met regularly to review the use of the Bed Management System – which need to be correctly used to maximise benefits.

The Committee:

- ***Received and noted the Internal Audit Report on Discharge Planning.***

ARC19/07/C1.4 Final Internal Audit Report on Medical HR

The Committee took the report as read – noting an outcome of significant assurance with minor improvement opportunities.

The Committee:

- ***Received and note the Internal Audit Report on Medical HR.***

ARC19/07/C1.5 Final Internal Audit Report on CQC ED Action Plan

The Committee noted the outcome of partial assurance with improvements required.

The audit had been undertaken by an individual with CQC Inspector experience – in line with CQC requirements. The audit concluded that staff were engaged but did not always know the actions that were being taken – therefore recommendations on communications from Board to Ward were included in the action plan.

The Committee felt that this was a disappointing outcome for the Trust and noted that the Trust's Executive Team and Management Board (to whom the report had been provided) shared this view.

David Purdue highlighted that, at the time of the audit, staff had not articulated some of the actions which had been completed. An emphasis on improving communications and sharing progress with whole teams was therefore seen to be important moving forward. The report had been shared with the ED Leadership Team and it was hoped that recent changes to that Team would provide increased visibility / senior presence in the department.

The Committee was advised that recent Qi work had changed the ED operating model since the review in April 2019. A new pathway had been developed and morale was beginning to improve. A business case for increased staffing was in progress.

A current day position was provided – with David Purdue updating on the actions taken and completed – he stated that the majority of actions had now been implemented and that information on progress had been shared with staff.

Action: The Clinical Governance element of the audit was to be provided to the Quality and Effectiveness Committee. DP

The Committee:

- ***Received and noted the Internal Audit Report on CQC ED Action Plan Progress.***

ARC19/07/C1.6 Recommendation Audit Tracker

The Committee noted an improvement on the number of actions closed from previous meetings, although the auditors reported that some actions stated as closed were unsupported by evidence.

The processes for management responses was discussed, including bringing forward the timetable for circulation and requests for updates – to allow for the necessary assurances to be provided to the Committee.

Action: The processes to gain management responses and evidence against internal audit recommendations would be examined.

RF/JR

The Committee:

- ***Received and noted the Internal Audit Recommendation Tracker.***

ARC19/07/C1.7

Internal Audit Technical Update

No further updates were provided. As a result of the discussions on the audits above a number of actions for the consideration of Internal Audit were noted:

Action: Ensure that action owners were identified in Audit Reports.

RF

Action: Include specific dates in action plans (currently an assumption that end of the month unless another date is mentioned).

RF

Action: Consider timescales between draft and final reports (to minimise).

RF

ARC19/07/D1

External Audit Progress Report (Enclosure D1)

ARC19/07/D1.1

Update on Planned Timing of Audit Work

The Committee noted that the Charitable Funds review would commence on 6 August 2019.

The forward External Audit plan would be provided to the Committee in early 2020.

The Committee:

- ***Received and noted the Plan for the Timing of External Audit Work.***

ARC19/07/D1.2

Annual Audit Letter

Stephen Clark provided the report, highlighting that the content had been considered at the May 2019 Audit and Risk Committee. The Annual Audit Letter would be provided to the meeting of the Council of Governors on 25 July 2019.

A brief discussion took place on the decentralised payroll finding (page 16) where a personal file could not be located, and it was agreed that this would be followed up with HR.

There appeared to be an issue due to the payroll system now being decentralised and the paperwork couldn't be located. It was agreed this would be followed up internally by HR.

Jon Sargeant advised that he was content with the progress made on debt recovery (page 16) – which had reduced. Progress on debt management was reported through the Finance and Performance Committee.

The Committee:

- ***Received and noted the Annual Audit Letter.***

ARC19/07/E1 Board Assurance Framework and Corporate Risk Register (Enclosure E1)

The attachment had not been circulated to members (in error).

Jeannette Reay advised the committee that work was required on the Board Assurance Framework and Corporate Risk Register. This would be progressed via meetings with executives, with a view in particular, to provide timescales, and a process, in time for the CQC Well Led review.

Action: Provide a progress update on the Board Assurance Framework and Corporate Risk Registers to the November 2019 meeting. This would include reference to the approach for the revision of the Risk Management Policy. JR

The Committee:

- ***Received and noted the Board Assurance Framework and Risk Register.***

ARC19/07/E2 Register of Interests, Hospitality and Fit and Proper Persons Test

The Committee noted that:

- ***The report on hospitality was unavailable due to unplanned staff absence.***

ARC19/07/F1 Local Security Management Service Reports (Enclosure F1)

ARC19/07/F1.1 LSMS Annual Report for 2018/19

The committee noted that this report was an amalgamation of the quarterly updates already received and noted at previous meetings. Positive assurance was taken from the report that Security Management risks were identified and being mitigated.

The Committee:

- ***Received and noted the LSMS Annual Report for 2018/19.***

ARC19/07/F1.2 LSMS Annual Work Plan for 2019/2020

The committee noted that this report was an amalgamation of the quarterly updates already received and noted at previous meetings. Positive assurance was gained from the report that Security Management risks, although present, were identified and being mitigated.

The Committee:

- ***Received and noted the LSMS Work Plan for 2019/2020.***

ARC19/07/F1.2 LSMS Progress Report for Q1

Kirsty Edmondson Jones introduced the Q1 report highlighting:

- South Yorkshire Police to provide one full time Police Officer for ED – funded as an ‘Embedded Officer’;
- Proposal that a second Officer be funded by the Trust (ongoing business case);

- Progression of new Car Parking and Security Contract with Saba;
- All CCTV and equipment to be replaced, different payment methods at machines, ANPR recording on all car park entrances and exits.
- CCTV control room at Doncaster site (covering all sites) with a 24/7 control room in Watford for Saba;
- Saba to have access to Datix for reporting incidents;
- Communications on car parking had been, and would be, included in Buzz.

In response to a query on the Trust's relationship with the Complex Lives Team, Kirsty Edmondson Jones had asked if the Trust could be advised of the outcomes of any individuals moved on from the Trust's site. The Committee felt that the language used in the Annual and Q1 reports should be updated to focus on supporting people.

Action: The wording in the reports regarding homelessness would be updated – to reference support provided. KEJ

In response to a query on a reduction in violence and aggression, the Committee noted that this was likely to be a combination of real decline and a lack of reporting. Staff were encouraged to report incidents – covered in Health and Safety training. Positive comments on the handling of incidents by Security staff had been received and these staff had also been asked to report incidents.

Sean Tyler confirmed that regular ward risk assessments, including security, were being undertaken (and had increased in the last six months).

Action: Information on security assessments would be included in the Quarter Two LSMS report. ST

A brief discussion on the use of Lone Worker Devices took place – with some concerns that not all staff were using. The usage was to be audited on a monthly basis.

Action: Information on the use of Lone Worker Devices would be included in the Quarter Two LSMS report. ST

The Committee:

- ***Received and noted the LSMS Progress Report for Q1.***

ARC19/07/F2 Counter Fraud Reports (Enclosure F2)

ARC19/07/F2.1 Counter Fraud Annual Report

The committee noted that this report was an amalgamation of the quarterly updates already received and noted at previous meetings – no items of concern were raised.

The Committee:

- ***Received and noted the Counter Fraud Annual Report.***

ARC19/07/F2.2 Counter Fraud Progress Report for Q1

Mark Bishop introduced the Q1 report highlighting:

- 98% compliance / green with the Q1 toolkit;
- Work to complete prior for the December 2019 National Fraud Initiative;

- The circulation of the Counter Fraud newsletter to staff;
- A reduction in incidents reported during Q1.

In response to a query on the employee who had been paid after leaving the Trust, Mark Bishop advised that work continued to recouperate the money. In this instance SBS were deemed responsible as the correct forms had been submitted on time, but had not been actioned.

A recent attempt to access the IT system using a USB stick at Bassetlaw Hospital's ED was noted to have failed due to the availability of port control on Trust devices.

The Committee:

- ***Received and noted the Counter Fraud Progress Report for Q1.***

ARC19/07/G1 Losses and Compensation Payments and Write Offs (Enclosure G1)

The Committee took the report as read – noting that items relating to staff injuries were considered by the Quality Effectiveness Committee.

The Committee:

- ***Received and noted the losses and compensation report 19/20 YTD.***

ARC19/07/G2 Waiving of Standing Orders (Enclosure G2)

The Committee took the report as read – no items of concern were highlighted.

The Committee:

- ***Received and noted the report on the Waiving of Standing Orders.***

ARC19/07/H1 Escalation (Verbal)

Action: ***The Internal Audit Report on the CQC ED Action Plan was to be escalated to the Quality Effectiveness Committee.*** JR

ARC19/07/I1 Sub-Committee Minutes (Enclosure I1)

The Committee:

- ***Noted the following for information:***
 - Minutes of the Information Governance Group held on 15 April 2019.

ARC19/07/J1 Minutes of the meeting held on 23 May 2019 (Enclosure J1)

The Committee:

- ***Approved the minutes from the meeting held on 23 May 2019.***

ARC19/07/J2 Items for escalation to the Board of Directors (Verbal)

Action: The outcome of the Internal Audit review on the CQC ED Action Plan would be highlighted to the Board of Directors in the Chair's report. KS

ARC19/07/J3 Date and time of next meeting (Verbal)

Date:	Tuesday 19 November 2019	Board
Time:	09:15 – 13:00	
Venue:	The Board Room, Doncaster Royal Infirmary	

Post Meeting Note: The meeting arranged for September 2019 was stood down.

MANAGEMENT BOARD

**Minutes of the meeting of the Management Board held in on
Monday 14 October 2019 at 2.00pm in the Board Room, Doncaster Royal Infirmary**

- Present:** Richard Parker OBE – Chief Executive (Chair)
Karen Barnard - Director of People and Organisational Development
Eki Emovon, Divisional Director - Children & Families
Becky Joyce – Chief Operating Officer
Marie Purdue – Director of Strategy and Transformation
David Purdue – Deputy Chief Executive and Director of Nursing & Allied Health Professionals
Jon Sargeant – Director of Finance
Nick Mallaband, Divisional Director - Medicine
Antonia Durham- Hall, Divisional Director - Surgery & Cancer
Jochen Seidel, Divisional Director – Clinical Specialities (JSe)
- In attendance:** Ray Cuschieri – Deputy Medical Director
Cindy Storer – Acting Deputy Director of Nursing, Midwifery and AHPs (Part B2)
Lesley Barnett – Deputy Director of Quality and Governance (Part B2)
Rosalyn Wilson – Corporate Governance Officer (Minutes)
- Apologies:** Jeannette Reay – Head of Corporate Assurance / Company Secretary
Sewa Singh – Medical Director
- Pre Meeting 14-00 to 15-00.** Prior to management Board KPMG attended to give a 1 hour workshop update to advise of the options available regarding the NHS Pension changes. KPMG provided a report to the Management Board for reference.

ACTION**MB14/10/1 Apologies (Verbal)*****The Management Board:***

- ***Noted the apologies for absence.***

MB14/10/A Matters Arising (Enclosure A2)***The Management Board:***

- ***Noted the updates on actions from previous meetings:***

MB14/10/B Deep Dives (Enclosure B1, B2, B3)**B1 - Communications and Engagement**

Emma Shaheen presented an update on the enabling strategy for communications and engagement. The key points from the presentation were:

- The Trust Social Media platform has grown considerably in 12 months.
- External Press coverage on the BBC's the One Show.
- Re-branding for the Trust.
- Reputation of the Trust had improved with the local press and bi-monthly meetings were held with Doncaster Free Press.
- The Trust had been commissioned for screening programmes across Doncaster and Bassetlaw.
- A Medical Bulletin had been developed, although David Purdue asked how we could interact and support the consultants better, to also free up clinical time to attend TMC.

There would be a full review of the enabling strategies milestones in January 2020.

B2 - Patient Experience and Engagement

Cindy Storer presented an update on the Patient Experience and Engagement enabling strategies milestones. The key points from the presentation were:

- The Divisional templates designed to share best practice and lessons learnt had not proved beneficial for Divisions or PEEC. The PEEC strategy would now be refreshed to include a plan for a Patient and Public Involvement strategy.
- Development of Michael's story video to tell the story of a patient who suffered AKI after routine elective surgery – this video gave the rationale behind the changes being made to improve hydration on all adult inpatient wards.
- HealthWatch had worked with the Trust on reducing DNA rates for outpatients and presented its work and findings at the September PEEC.
- Person Centred Care training continued with induction and the half and full days provided.

Cindy Storer advised Management Board that the response times for complaints were being breached due to changes required to responses. Going forward the Trust's vision on complaints was to reduce the number of formal complaints by better dealing with concerns raised.

Action: Complaints would be reviewed by the senior team to ensure that the right staff were responding to complaints correctly first time.

DP/CS

B3 - Governance and Assurance - Clinical Governance Strategy

Ray Cuschieri thanked Fiona Dunn for gathering the information for the presentation.

The Clinical Governance milestones were discussed at length and sharing how we care had been developed and come a long way.

SI Policy had been reviewed and new processes had been put in place. There was a new page on the Hive for CQC preparation.

There had been some issues relating to coroners inquests but it was expected that these would reduce when the Medical Examiner was in post.

Management Board noted that the Patient safety strategy was being reviewed.

The Management Board:

- ***Noted the update on the Enabling Strategies Presentations.***

MB14/10/C Strategy

No items to discuss.

MB14/10/D1 Corporate Issues (Verbal)

CQC Update

Richard Parker advised that the CQC Inspection had now finished, the feedback to note; concerns around the improving the complaints procedure, and the quality data (Quality Dashboard). The inspectors had viewed the most recent dashboard on the Trust website and this had different information to that reported elsewhere.

The Use of Resources assessment day had gone very well and positive feedback had been received from the assessors.

There was a positive response regarding the Trust's financial management.

ICS Update

Richard Parker discussed in detail the Pathology programme. Richard Parker advised that legal advice was supporting the review of organisational form options. Some key challenges remain particularly in areas like histopathology recruitment. The Trust had worked with Sheffield Teaching Hospitals and was supporting a joint recruitment.

Action: Jochen Seidel to meet with the Senior Management team within Clinical Specialties to discuss workloads and explore the options for training schemes to support the Histopathologists in reducing their work pressures.

JSe

Richard Parker also discussed the update regarding the NHS Long Term Plan and the Finance section to include the costs for a new build Hospital.

The Management Board:

- ***Noted the update from the CQC and ICS.***

MB14/10/D2 Finance Report Verbal

Financial Performance – Due to reporting verbal update given

Jon Sargeant took the meeting through the finances behind the 5 year plan. He advised the meeting that the first year position could worsen by £3m if brokerage was needed in 19/20 to balance the financial position.

Since the submission of the plan the Trust has been used with 5 Year Control Totals. Jon Sargeant stated that these targets were £7m lower than the plan submitted. This was due to the start point for the control total being incorrect. Jon Sargeant and Richard Parker would discuss plans for resubmission.

Jon Sargeant stated that the Emergency Theatre bids were being submitted and the bid wouldn't be impacted by the potential new build at Doncaster.

Jon Sargeant stated at month 6 the Trust had a £7.7m Deficit, just £1k better than plan. The Trust forecast was £6m worse than plan.

The Management Board:

- ***Noted the Finance update.***

MB14/10/D3 EU Exit (D3)

Becky Joyce provided information on the Trust's preparations for EU Exit and advised that the next meeting of the 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.

Becky 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.***

MB14/10/D4 Overpayments Project Update

Karen Barnard discussed the paper and the recommendations agreed at the exec team meeting the previous week. It was noted that the level of overpayments against bandings had been agreed and that anything above £50 would be reclaimed.

Conversations were to take place with Staff within one month, SBS had provided these figures and they were as accurate as possible.

Action: Karen Barnard was to complete a risk accrual.

KB

The Management Board:

Noted the update on Overpayments.

MB14/10/D5 Board Assurance Framework and Corporate Risk Register – Refresh (Verbal)

Jeanette Reay provided an update on the changes to the management and reporting of risks.

Changes to note.

- Two new risks added, RTT and letters to diabetic and dermatology. The reasoning for the backlog was that the teams were unable to recruit administrators causing a general typing backlog across all divisions.

Antonia Durham Hall advised the team that type from home has being reviewed and she was looking into the Information Governance behind this.

The Management Board:

- ***Noted the update on the Trust's Board Assurance Framework and Corporate Risk Register.***

MB14/10/D6 Winter Plan

Becky Joyce discussed the paper which summarised National plans and provided a brief summary for NHSI.

Appendix A discussed funding for additional beds – themed by divisions. Staffing for additional beds was discussed. It was agreed that planning for further additional beds for the winter period would be unrealistic difficult due to concerns about achieving safe staffing levels.

The Management Board discussed the plans in depth and Management Board agreed the proposal to D6i.

Action: To note appendix B need a speciality escalation plan. Nursing leaders to develop – to bring back to November MB. RJ/DP

The Management Board:

- ***Noted the update on the Trust's Winter Plan.***

MB14/10D7 RTT

Becky Joyce discussed the current position with Referral To Treatment pathways, she advised that it is currently challenging and there was a delivery risk of 92% in Q4. Becky highlighted the need for assurance that Divisions had clear plans in place to manage the risks. Another significant risk related to new to follow up rations where the Trust will receive no payment if the cap is exceeded and action is needed to safely discharge patients.

The Management Board:

- ***Noted the update on the Trust's Winter Plan.***

MB14/10/E **Divisional Issues**

MB14/10/E1 **Emergency Care Standards**

Nick Mallaband discussed the paper and asked how this plan would be mobilised and how the Trust would get this embedded.

Antonia Durham Hall raised some concerns about the levels of cover and availability in Surgical and Cancer Services and she would discuss with Mr Singh outside of this meeting to discuss Emergency Care Standards. **ADH/SS**

Action: Lesley Hammond to meet with Emma Shaheen to develop literature on what you should attend ED for. **LH/ES**

MB14/10/E2 **Relocation of Pre Op Assessment**

The paper was discussed at length. It was agreed that the Management Board was not in a position to agree this paper. Further conversations needed to be had outside of the meeting to agree a solution.

Action: Richard Parker would attend the current and proposed locations so that he could have a visual understanding against the plan. And agree next steps **RP**

Action: Jochen Seidel to discuss the costs for the move with Howard Timms. **JS/HT**

The Management Board:

Noted the Divisional Issues.

MB14/10/F **Information Items to Note (To be taken as read)**

MB14/10/F1 Chief Exec's Report – September 2019
MB14/10/F2 Minutes of the CIG Meeting – 2 September 2019
MB14/10/F3 Children and Families Board Update – 4 October 2019
MB14/10/F4 Mental Health Strategy
MB14/10/F5 Business Intelligence Report

The Management Board:

Noted the items to note.

MB14/10/G **Items to Approve**

MB14/10/G1 Minutes of the meeting – 16 September 2019
MB14/10/G2 NHS England – EPRR Core Standards

The Management Board:

Noted and approved the items.

MB14/10/H **Any Other Business (Verbal)**

MB14/10/H1i **Christmas Pay Date**

Karen Barnard discussed the Christmas week pay day. No real preference was noted. Jon Sargeant would look at the cash flow position for each payment date, 20 and 23 December 2019, and confirm this back to the Management Board.

Orthopaedic Services at BH

MB14/10/H1ii Antonia Durham Hall advised that Paul Haslam had submitted a letter to her regarding the Orthopaedic services at Bassetlaw, this would be sent over to Richard Parker.

Nepalese Visit

MB14/10/H1ii Nick Mallaband advised that the Nepalese Colleagues wanted to visit on the 7
i November 2019 they wanted to meet Becky Joyce. Richard Parker agreed that the Trust would support this visit.

BDGH Strategy

MB14/10/H1i BDGH Strategy – Next steps would be revisited.
v

Emergency Care Standards

MB14/10/H1v Referring to paper E1 the statement of compliance needs agreement with statement of declaration this is to go to The Board of Directors for approval.

MB14/10/H2 **Items for escalation to the Board of Directors (Verbal)**

There were no items for escalation.

MB14/10/H3 **Items for escalation from Sub-Committees (Verbal)**

There were no items for escalation.

MB14/10/H4 Date and Time of Next Meeting (Verbal)

The Management Board:

- ***Noted the date and time of the next meeting:***

Monday 18 November 2019

2:00pm

The Board Room, Doncaster Royal Infirmary

MB19/10/H5 Close of meeting (Verbal)

The meeting closed at 4.30pm.

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 Tuesday 22 October 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
Rebecca Joyce, Chief Operating Officer
Jon Sargeant, Director of Finance
Kath Smart, Non-Executive Director
- In attendance:** Dr Peter Anderton, Stroke Consultant (Part FP19/10/B2)
Julie Butler, General Manager for Medicine (Part FP19/10/B2)
Lesley Hammond, General Manager (Emergency) (Part FP19/10/C3)
Neil Little, Transport Manager (Part FP19/10/C3)
Dr Gillian Payne, Deputy Medical Director (Efficiency and Effectiveness) (Part FP19/10/B1)
Jaimie Shepherd, Therapy Manager – Stroke, Neurology and Rehabilitation (Part FP19/10/B2)
Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)
Alice Waweru, Matron for Medicine (Part FP19/10/B2)
- To Observe:** Bev Marshall, Governor
- Apologies:** Jeannette Reay, Head of Corporate Assurance/Company Secretary
Marie Purdue, Director of Strategy and Transformation

ACTION

FP19/10/A1 Welcome and Apologies for Absence (Verbal)

Neil Rhodes welcomed the Members and attendees. The apologies for absence were noted.

FP19/10/A2 Conflict of Interest

No conflicts of interest were declared.

FP19/10/A3 Action Notes from Previous Meeting (Enclosure A3)

The following updates were provided;

Action 2 – On the basis that updated documents were provided to the September 2019 meeting, this item would be closed;

Action 3 – On the basis that the template was available from the Quality Improvement Team, this item would be closed;

Action 5 – On the basis that this information was included in the Workforce Report, this item would be closed;

Action 6 – On the basis that this information was included in the Workforce Report, this item would be closed;

Action 7– This item was reopened on the basis that the assurance of quality data was not provided in the Integrated Performance Report. The action would also be reallocated to Jon Sargeant;

Action 8 – On the basis that this had been added to the Corporate Risk Register, this item would be closed;

Action 9, 10 and 12 – On the basis that this item was added to the work plan, this item would be closed;

Action 11 – On the basis that no comments were received, this item would be closed.

The Committee:

- ***Noted the updates and agreed, as above, which actions would be closed.***

Action: Katie Shepherd would update the Action Log.

KAS

FP19/10/A4 Request for Any Other Business (Verbal)

Enabling Strategy – Deep Dives

Kath Smart asked for clarification on Enabling Strategies Deep Dive presentations. Jon Sargeant assured that this was on the agenda for discussion at tomorrow's Executive Team meeting and an update would be provided at the next Finance and Performance Committee meeting.

Action: Jon to provide an update on Enabling Strategies: Deep Dives at the November Finance and Performance Committee meeting.

JS

Turnaround time for Action Log and Draft Minutes

The Committee discussed the lengthy turnaround times for Committee Action Logs and Draft Minutes to be produced and circulated. Neil Rhodes recommended a turnaround time of 48-hours for Action Logs to give Committee Members/those with actions sufficient time to take action prior to the next meeting. Neil Rhodes suggested that the turnaround time for Draft Minutes be 5-working days, and in instances where this wasn't possible, for the minute taker to liaise with the Chair of the Committee at the earliest convenience.

Action: Jeannette Reay to standardise turnaround times for Committee meeting Action Logs and Draft Minutes to two-working days for Action Logs and five-working days for draft minutes.

JR

FP19/10/B1 Deep Dive – Get It Right First Time (GIRFT) (Enclosure B1)

Dr Gillian Payne provided a deep dive presentation on Get It Right First Time. The Committee noted that the information provided was not what was expected and therefore the Committee requested that Sewa Singh, Medical Director attend the next meeting to deliver a deep dive on GIRFT to provide assurance on progress and risks.

The Committee discussed the Governance processes for GIRFT and expressed that assurance was required from management teams of GIRFT on the delivery of schemes by year end.

Action: Sewa Singh to present a Deep Dive on GIRFT to provide assurance on progress and risks. SS

The Committee:

- ***Noted the information from the Get It Right First Time (GIRFT) deep dive.***

FP19/10/B2 Deep Dive – Stroke (Enclosure B2)

Julie Butler, Dr Peter Anderton, Jaimie Shepherd and Alice Waweru provided a detailed deep dive on the Stroke service including:

- Performance metrics;
- Challenges and issues;
- Service delivery, development plans and actions for improvement.

The Committee commended the Stroke Team members on their in depth report and presentation which provided them with a better understanding of the service.

The Committee questioned the variance with under and over performance within the region and where DBTH sat in relation to other Trusts. Jaimie Shepherd advised they had undertaken a walkthrough of the pathway of high-performing Stroke Units and found that different Trusts were interpreting SSNAP differently therefore figures would reflect differently. SSNAP was the Sentinel Stroke National Audit Programme in which all Stroke patients were input and measured against national stroke guidance.

The Stroke Team advised that they are very happy with the quality of care they are delivering to patients.

A discussion took place about the Stroke performance metrics that were presented in the Integrated Performance Report and it was agreed that these would be reviewed to ensure that what was being routinely presented provided a true reflection of Stroke Performance.

Action: Rebecca Joyce to liaise with the Stroke Team to review current Stroke performance metrics; and propose a recommendation of changes in the Integrated Performance Report. RJ

The Stroke Team advised that it wished to present to The Committee to demonstrate the true picture of how the service was delivered and to provide assurance that it was a high performing service.

Neil Rhodes advised he would like to observe the Stroke Team working.

The Committee questioned the variance on income within the Month 4 Inpatient Performance report; and asked what the outcome would be if patients weren't being sent from Barnsley to our Stroke Unit. Jon Sargeant advised that the Trust was guaranteed a level of income for the first 12 months and that as this was the first year, this was to be expected.

The Committee:

- ***Noted the information from the Stroke deep dive.***

FP19/10/C1 Integrated Performance Report (Enclosure C1)

The Committee requested that an Executive Summary page be added into the Integrated Performance Report (IPR).

Action: Rebecca Joyce to add an Executive Summary page to the Integrated Performance Report. RJ

A discussion took place on the lengthiness of the IPR. The Committee noted that it had previously been shortened, however, advised Rebecca Joyce to share ideas with Jon Sargeant on how the report could be reduced, when they met to collate the annual plan.

Action: Rebecca Joyce to share ideas with Jon Sargeant on how the Integrated Performance Report could be reduced in size. RJ

Action: Jon Sargeant and Rebecca Joyce to collate the annual plan. JS/RJ

Rebecca Joyce highlighted the key points from the Integrated Performance Report:

- In September 2019 the Trust achieved performance of 88.73% against the 4hr access standard of 95%, however the ED team have developed a full recovery plan to support the department to get back on track.

The Committee asked for clarification of the changes to Montagu Urgent Care Centre. Rebecca Joyce would provide a detailed plan.

Action: Rebecca Joyce to provide the Committee with a detailed plan of the changes to take place at Montagu Urgent Care Centre. RJ

The Committee asked if ED was clear on the improvement actions and if Qi was threaded through the Recovery Plan. Rebecca Joyce advised that the plan was clear and Qi was included, however it was vital that the clinical director be in post to lead this.

Kath Smart highlighted that a consultant post which had been advertised and closed in August, had still not been appointed to due to an interview date not being set. It was agreed that this would be a priority. Karen Barnard assured that this wasn't normal practice and would liaise with Recruitment about this matter.

Action: Once the new Clinical Director was in post, they would present the ED Recovery Plan to The Committee. RJ

Rebecca Joyce continued to highlight the key points from the Integrated Performance Report:

- The Trust Level month end performance for September 2019 was 86.4% which was an improvement on August 2019. Nationally the Trust was performing slightly above the national average (85% for August 2019) but below the performance of acute hospital peers within SYB ICS. The Trust was under considerable scrutiny from the ICS;
- A detailed action plan was being developed for Clinical Specialities to support individual trajectories.

Action: Trajectories for Clinical Specialties Division to achieve the 92% RTT by Q4 report to be included in the Integrated Performance Report. RJ

The Committee queried whether a more meaningful look could be taken at performance against trajectory. Jon Sargeant highlighted that the Trust did meet the trajectory for this month. Rebecca Joyce advised that weekly management meetings were in place to review of action plans and set expectations.

The Committee:

- ***Noted the Integrated Quality Report for September 2019.***

FP19/10/C2 Future Approach for Validation – 18 Weeks (Enclosure C2)

Rebecca Joyce advised that the Trust reported 3 x 52 week breaches for:

- Ophthalmology;
- Trauma and Orthopaedics;
- Gastroenterology.

Rebecca Joyce advised that the proposal required further discussion with Richard Parker and Jon Sargeant and would therefore would defer this item.

The Committee:

- ***Agreed to defer the item on Future Approach for 1`8 Week Validation.***

FP19/10/C3 Patient Transport (Enclosure C3)

Lesley Hammond, General Manager (Emergency) and Neil Little, Transport Manager presented a paper on non-urgent patient transport which highlighted:

- Operational challenges at Bassetlaw including delays and issues with patient collection;
- The Bassetlaw non-urgent patient transportation contract would transfer from Arriva to ERS Medical from 1 December 2019;
- The Doncaster non-urgent patients transportation contract would remain with Yorkshire Ambulance Service (YAS) to deliver the bulk of PTS services and Thames Ambulance Services Ltd (TASL) to provide an on-the-day discharge service in Doncaster;

- Premier Care Direct (PCD) was commissioned to provide PTS services to renal dialysis patients attending the renal unit across DBTH sites.

The Committee noted that not all recommendations in the paper were relevant for the Finance and Performance Committee, and only recommendation number 5 was.

The Committee queried the contract change to take place on 1 December 2019 from Arriva to ERS Medical, and how the contractor would manage the same pressures that Arriva had endured. Lesley Hammond advised that she would be attending mobilisation meetings going forward and contract meetings and accountability meetings would start in the near future.

The Committee discussed that there would be KPI's within the non-urgent patient transport contracts, but couldn't confirm them. Rebecca Joyce advised that the contract was between the CCG's and the transport companies, however advised that, when the new Deputy Chief Operating Officer was in post, the accountability meetings would be set up. A discussion took place on how the Committee would keep abreast of patient transport issues and whether data would be received on this.

Kath Smart advised that it needed to be clear who the Executive Lead would be on non-urgent patient transport. This then would be highlighted on the Corporate Risk Register.

The Committee:

- ***Noted the information from the Patient Transport item.***

Action: An Executive to be identified as non-urgent patient transport lead and liaise with Jeannette Reay to add as a risk to the Corporate Risk Register. JR

FP19/10/D1 Workforce Report (Enclosure D1)

Karen Barnard highlighted the key points from the Workforce Report:

- Vacancies were higher than desired, however the newly-qualified nurses and midwives would start in October 2019 and therefore would reflect in the November 2019 report;
- Agency spend within Children and Families Division was below target in month, and on a cumulative basis;
- Following a request at the last meeting data had been provided by Finance colleagues of the comparison of bank and agency cost;
- Sickness data was available in time for the report, however a small reduction was seen;
- The data from the model hospital portal has been updated to August data – the Trust continued to benchmark well with peer Trusts. Going forward benchmark data in comparison to 'outstanding' Trusts would be provided;
- There was a struggle to recruit to band 2 administrative posts;
- There was a high vacancy rate within Estates and Facilities.

The committee questioned whether the Workforce report to F&P would reflect progress against the Workforce Strategy delivered to the Board.

Action: Karen Barnard to provide a report on priority areas and recruitment timescales from Trac. KB

A discussion took place on the comparative costs of bank and agency spend as it appeared that covering for a trainee post was more expensive than covering for a Consultant vacancy. Karen Barnard confirmed that the Junior Doctor salary calculations included allowances for on-call.

The Committee suggested that by employing more Junior Doctors than was required would cover the agency and bank spend. Karen Barnard advised that she was exploring the introduction of Foundation Year 3 Doctors, which would be educationally focused, as a lot of Junior Doctors paused their careers at the end of their Foundation Year 2 year.

The Committee:

- ***Noted the Workforce Report.***

FP19/10/E1 Financial Performance – September 2019 (Enclosure E1)

Jon Sargeant provided an update on month six, highlighting:

- The cumulative position was a £13,368k deficit (before PSF, FRF and MRET, which was £1k favourable to plan;
- PSF money had been earned;
- 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 was 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;
- In September 2019, CIP savings of £829k were reported, against a plan of £802k, an over achievement of £27k in month.
- Management of payables had improved;
- Capital expenditure was £1.7m behind plan YTD with spend of £3.4m against the YTD plan of £5.1m;
- The ED capital bid had been unsuccessful;
- CIPs - there was currently an estimated £2.4m risk to delivery of the £13.2m CIP target;
- The bonus payment on the Maternity CNST had been achieved.

The Committee queried the delivery of bed savings from the Nerve Centre project (EPR). Jon Sargeant confirmed that he had planned to liaise with Richard Parker about bidding for Trust Funds for that.

A discussion took place about the Winter Plan pressures. Rebecca Joyce confirmed that this was going to the Board of Directors for discussion on 29 October 2019.

Jon Sargeant advised that his team had undertaken a local audit on referrals for operations, 25% of which broke procedure, and therefore would not be paid for. Jon advised that the patients whom had been given an operation date would not be cancelled, however if any further cases were referred that broke procedure, would be referred back to their GP.

The Committee expressed that this was not a new issue, however requested assurance that this would not happen going forward. Rebecca Joyce advised that this had been gripped and it was a shared responsibility with GP surgeries.

Virtual follow up appointments were discussed. Jon Sargeant advised that, for every new appointment, the average was two follow ups. A third follow up appointment was not paid for. Rebecca Joyce advised that the final appointment was sometimes carried out over the telephone.

The forecast was discussed and Jon Sargeant advised that there were some key assumptions in the paper which relied on executive conversations with partner organisations.

Action: Jon Sargeant to provide the financial recovery plan for 2019/20 at the JS November 2019 meeting.

The Committee:

- ***Noted the Finance Performance for September 2019.***

FP19/10/E2 Long Term Plan

Jon Sargeant tabled a presentation on the Long Term Plan. The Committee considered scenarios within the Long Term Plan.

The Committee:

- ***Noted the information in the Long Term Plan presentation.***

FP19/10/F1 Corporate Risk Register and Board Assurance Framework

Jon Sargeant advised that he would be adding further financial risks onto the Corporate risk register.

The Committee advised that the wording of the following risk wasn't accurate: 'Completion of letters for diabetes patients', control '(vi) Short sharp admin review being undertaken by COO'. The admin review wasn't 'short'.

Action: Jeannette Reay to update the Corporate Risk Register with detail of risk for JR diabetes letters.

The Committee:

- ***Noted the Corporate Risk Register and Board Assurance Framework.***

FP19/10/G1 Escalation

No issues were identified for escalation to/from:

- G1.1 F&P Sub-Committees
- G1.2 Board Sub-Committees
- G1.3 Board of Directors

FP19/10/H1 Sub-Committee Meetings (Enclosure H1):

The Committee noted the minutes of the:

- Effectiveness and Efficiency Committee – 04/09/2019 and 16/09/2019;
- Capital Monitoring Group – 15/08/2019;
- Cash Committee 23/08/2019 and 20/09/2019.

FP19/10/H2 Minutes of the meeting held on 20 September 2019 (Enclosure H2)

The Committee noted a correction to the minutes of the last meeting:

- FP19/09/C1 - Page 6 – Paragraph 2 –
Update to: 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.
- FP19/09/E4 - Page 10 – Paragraph 2 –
Update to: 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

The Committee:

- ***Noted and approved the minutes from the meeting held on 20 September 2019 KAS
subject to the amendments.***

FP19/10/H3 Committee Work Plan (Enclosure H3)

The Committee:

- ***Noted the work plan.***

FP19/10/H4 Any Other Business:

None.

FP19/10/H5 Date and time of next meeting (Verbal)

Date: Friday 22 November 2019
Time: 09:00 – 13:00
Venue: The Board Room, Doncaster Royal Infirmary

**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 Climate 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	Jayant 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	Maira Hardy	One Off	N/A												
Pressure Ulcers - Revised Definition and Measurement	Maira 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/Jeanette 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 Effectiveness 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 Charitable 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)

Items Added to Individual Meetings as Required

Presented as Planned

Not Considered as Planned

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

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

Executive summary containing key messages and issues
<p>The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours, during negotiations on the junior doctor contract agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours.</p> <p>The 2016 contract continues to be implemented with 204 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 Obstetrics & Gynaecology, General Medicine, General Surgery and Urology. A total of 14 exception reports have been raised within this quarter of which 1 has been related to Education.</p> <p>The Guardian is required to provide the Board of Directors with quarterly reports including an annual report. No gross safety issues have been raised with the Guardian by any trainee.</p> <p>The Guardian for Safe Working advises that that the trainees have safe working practice as designed by the 2016 contract.</p>
Key questions posed by the report
Is the Board assured that the Trust has safe working in place for doctors in training?
How this report contributes to the delivery of the strategic objectives
<p>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.</p> <p>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</p>

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.

DOCTORS AND DENTISTS IN TRAINING

July 2019 – September 2019:

1. Introduction

This report sets out the information from the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors to assure the board of safe working for junior doctors. This report is for the period 1st July 2019 to 30th September 2019.

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

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

2. 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

DOCTORS AND DENTISTS IN TRAINING

3. Exception reports

July 2019

Division	Specialty	No. exceptions raised	No. exceptions Pending	No. exceptions resolved	No. exceptions unresolved
Medicine		0	0	0	0
Surgery		0	0	0	0
Children & Family	Obs & Gynae	1	0	1	0
Clinical Specialties		0	0	0	0
Total		1	0	1	0

August 2019

Division	Specialty	No. exceptions raised	No. exceptions Pending	No. exceptions resolved	No. exceptions unresolved
Medicine	General Med	1	0	1	0
Surgery	General Surgery	1	1	0	0
	Urology	5	3	2	0
Children & Family		0	0	0	0
Clinical Specialties		0	0	0	0
Total		7	4	3	0

DOCTORS AND DENTISTS IN TRAINING

VACANCIES (WTE)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<i>ENT</i>	1	1	1	1	1	1	1	1	0
<i>General Surgery</i>	1	1	1	0	0	0	2	0.7	0.5
<i>Trauma & Orthopaedics</i>	0.2	2.2	1	2	2	2	2	1	2
<i>Anaesthetics</i>	4.4	0.4	0.4	0	1	1	1	1	1
<i>Radiology (2 POSTS DIS-ESTABLISHED Oct 19)</i>	1	1	1	1	1	1	3	3	3
<i>ICT</i>								1	1
Total	36	33.7	24.4	14.9	15.9	15.9	21.3	32.5	29.1

The vacancy numbers have been slightly adverse in this quarter compared to previous data. However they are fairly similar to vacancy numbers last year.

6. Locum and bank usage

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

Reason for Shifts	Jul-19	Aug-19	Sep-19
Additional Session & Admin			
Additional Session (Clinical)	36	51	22
Additional session to meet both contract activity and RTT performance			
Additional session to meet contracted activity			
Additional session to meet RTT performance			
Annual Leave	15	34	7
Compassionate/Special leave		3	
Exempt from On Call			
Extra Cover	30	9	28
Induction		30	
Maternity/Pregnancy leave/Paternity	11	1	
Restricted Duties	15	2	

DOCTORS AND DENTISTS IN TRAINING

Reason for Shifts	Jul-19	Aug-19	Sep-19
None given			
Seasonal Pressures			
Sick	40	57	67
Study Leave	8	18	5
Vacancy	1539	1443	1222
Grand Total	1694	1648	1351

Internal - Shifts	Jul-19	Aug-19	Sep-19
Acute Medicine	71	82	28
Anaesthesia Obs			
Anaesthetics	65	57	40
Anaesthetics and Critical Care		1	
Anaesthetics and Theatres	1	3	3
Anaesthetics Maternity			
Breast Surgery			
Cardiology	10		
Care of the Elderly	49	9	
Dermatology	29	10	21
Emergency Medicine	135	150	87
Endocrinology and Diabetes	79	39	
Endoscopy - Medicine			
Endoscopy - Surgical	6	8	
ENT	7	6	
ENT Theater			
Gastroenterology	1		
General Medicine	1		1
General Surgery	22	13	17
Genitourinary Medicine		15	16
Haematology			
ITU		11	9

DOCTORS AND DENTISTS IN TRAINING

Internal - Shifts	Jul-19	Aug-19	Sep-19
Microbiology			
Obstetrics and Gynaecology	57	42	26
Ophthalmology	16	12	3
Ophthalmology Theatre		3	
Oral and Maxillofacial Surgery		17	
Dental			
Orthodontics			
Orthopaedic and Trauma Surgery	72	58	8
Paediatrics	2		
Paediatrics and Neonates	7	17	16
Paediatrics-Community	2		
Palliative Medicine			
Patholgy			
Radiology			
Renal Medicine		4	
Reproductive Medicine			
Respiratory Medicine	4	9	5
Rheumatology			
Stroke Medicine			
Urology	6	5	
Vascular Surgery			
Grand Total	642	571	280

Internal - Costs	Jul-19	Aug-19	Sep-19
Acute Medicine	£27,406	£24,948	£11,433
Anaesthesia Obs			
Anaesthetics	£52,458	£52,125	£36,953
Anaesthetics and Critical Care		£0	
Anaesthetics and Theatres	£0	£0	£0
Anaesthetics Maternity			

DOCTORS AND DENTISTS IN TRAINING

Internal - Costs	Jul-19	Aug-19	Sep-19
Breast Surgery			
Cardiology	£4,000		
Care of the Elderly	£9,817	£1,591	
Dermatology	£14,235	£5,038	£10,730
Emergency Medicine	£66,818	£65,973	£42,385
Endocrinology and Diabetes	£0	£0	
Endoscopy - Medicine			
Endoscopy - Surgical	£1,760	£2,080	
ENT	£4,105	£4,882	
ENT Theater			
Gastroenterology	£425		
General Medicine	£0		£0
General Surgery	£4,785	£4,440	£9,243
Genitourinary Medicine		£6,280	£5,400
Haematology			
ITU			£4,680
Microbiology		£5,520	
Obstetrics and Gynaecology	£15,135	£15,894	£10,124
Ophthalmology	£4,223	£3,700	£2,210
Ophthalmology Theatre	£22,730	£910	
Oral and Maxillofacial Surgery		£11,220	
Orthopaedic and Trauma Surgery		£16,595	£1,980
Paediatrics	£0		
Paediatrics-Community	£278		
Paediatrics and Neonates	£2,478	£4,698	£6,175
Palliative medicine			
Pathology			
Radiology			
Renal Medicine		£1,725	
Reproductive Medicine			
Respiratory Medicine	£1,000	£2,025	£1,000
Rheumatology			

DOCTORS AND DENTISTS IN TRAINING

Internal - Costs	Jul-19	Aug-19	Sep-19
Stroke Medicine			
Urology	£1,460	£1,500	
Vascular Surgery			
Dental			
Orthodontics			
Grand Total	£233,111	£231,143	£142,312

Agency - Shifts	Jul-19	Aug-19	Sep-19
Acute Medicine	23	28	19
Anaesthesia Obs			
Anaesthetics			
Anaesthetics and Critical Care	6	6	14
Anaesthetics and Theatres	5	3	8
Anaesthetics and Maternity	4	3	5
Dental			
Cardiology			
Care of the Elderly	85	67	64
Dermatology			
Emergency Medicine	266	284	337
Endocrinology and Diabetes	97	23	
Endoscopy - Medicine			
Endoscopy - Surgical			
ENT/ENT Theatre	8	36	32
Gastroenterology			
General Medicine			
General Surgery	38	64	63
Genitourinary Medicine			
Haematology			
Microbiology			
Obstetrics and Gynaecology	101	33	13
Ophthalmology			
Orthopaedic and Trauma Surgery	318	408	396

DOCTORS AND DENTISTS IN TRAINING

Agency - Shifts	Jul-19	Aug-19	Sep-19
Paediatrics			
Paediatrics - Community			
Paediatrics and Neonates	78	57	34
Pathology			
Radiology			
Renal		5	25
Respiratory Medicine		37	40
Stroke Medicine		23	21
Urology	23		
Breast Surgery			
Grand Total	1052	1077	1071

Agency - Costs	Jul-19	Aug-19	Sep-19
Acute Medicine	£17,336	£16,537	£10,290
Anaesthesia Obs			
Anaesthetics			
Anaesthetics and Critical Care	£5,002	£5,989	£14,611
Anaesthetics and Theatres	£2,981	£3,072	£6,523
Anaesthetics and Maternity	£4,051	£2,971	£6,230
Dental			
Cardiology			
Care of the Elderly	£37,336	£30,247	£28,128
Dermatology			
Emergency Medicine	£200,728	£211,546	£241,694
Endocrinology and Diabetes	£43,136	£10,098	
Endoscopy - Medicine			
Endoscopy - Surgical			
ENT/ENT Theatre	£5,262	£25,864	£20,154
Gastroenterology			
General Medicine			
General Surgery	£32,620	£53,956	£49,971
Genitourinary Medicine			
Haematology			

DOCTORS AND DENTISTS IN TRAINING

Agency - Costs	Jul-19	Aug-19	Sep-19
Microbiology			
Obstetrics and Gynaecology	£71,715	£23,606	£8,622
Ophthalmology			
Orthopaedic and Trauma Surgery	£170,933	£216,356	£202,053
Paediatrics			
Paediatrics - Community			
Paediatrics and Neonates	£70,048	£52,990	£33,628
Pathology			
Radiology			
Renal		£2,501	£11,000
Respiratory Medicine		£18,659	£18,563
Stroke Medicine	£11,438	£10,226	£9,240
Urology			
Breast Surgery			
Grand Total	£672,586	£684,618	£660,707

7. Fines

No fines have been levied in this quarter. There was an error picked up in O&G rota which would have incurred a fine, however this was due to a technical issue with Allocate rota checker. The rota has been amended and the trainees who has done the increased hours have been compensated. No guardian fine was levied as it was a system error.

All other rota have been checked after the system was amended.

8. Qualitative information

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

The no of exception reports are low. Director of education and myself have encouraged the junior doctors to exception report in every induction.

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

9. Engagement

The regional Guardian forum in September 2019 was attended by me. This Trust has low number of exception reports possibly explained by compliant rotas and safe working practices.

The junior doctor's forum planned for 1st October 2019 will be open to all trainee Junior Doctors and representatives to improve engagement and resulted in improved attendance.

DOCTORS AND DENTISTS IN TRAINING

I have also attended trainee forum meetings to engage with the junior doctors.

Training sessions and induction for junior doctors happened in August for junior doctors. There were 2 additional inductions for GP trainees in Bassetlaw and Doncaster.

10. Software System

The Trust has invested in a new Erostering system from Allocate software. The roll out in medicine is on, but roll out to other areas is in progress.

11. Issues arising & Actions

- a. Trust has received funding for improving the junior doctors mess and rest areas. Meetings are planned with architects and estates.
- b. There are plans to integrate the junior doctors forum meeting with We care for JD group to reinvigorate the outstanding actions to improve the morale for junior doctors.

12. 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 29 October 2019 at 9.15am in the Board Room, Doncaster Royal Infirmary**

Present:	Suzy Brain England OBE - Chair of the Board Karen Barnard - Director of People and Organisational Development Pat Drake - Non-Executive Director 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:	Georgina Holmes – Staff Side Chair Geoffrey Johnson – Public Governor Marie Purdue – Director of Strategy and Transformation Jeannette Reay – Head of Corporate Assurance / Company Secretary Emma Shaheen – Head of Communications and Engagement	
Apologies:	None	
		<u>ACTION</u>
P19/10/A2	<u>Declaration of Interests (Verbal)</u>	
	No new declarations were noted. <i>The Board:</i> - <i>Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.</i>	
P19/10/A3	<u>Actions from Previous Meetings (Enclosure A3)</u> The following updates were provided; Action 1 – The living wage would be considered at the next HR Directors' Network meeting – close. Actions 2, 3 and 7 – These matters were complete or had been added to relevant future work plans – close. Action 4 – A business case to enable virtual meetings (linked to WIFI) would be brought to the Board of Directors in the near future.	

	<p>Action 5 – This action was on target for completion by December 2019. Regular updates would be provided to the Board – close.</p> <p>Action 6 – Karen Barnard advised that KPMG had attended the Trust’s Management Board meeting on 14 October 2019 to provide information on options surrounding pensions regulations. Regular updates on pensions would continue to be provided to the Board – close.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the updates and agreed which actions would be closed.</i> 	
P19/10/B1	<u>CQC Use of Resources and Well Led (Enclosure B1 - Presentation)</u>	
	<p>David Purdue provided an update from the CQC’s unannounced and planned inspections.</p> <p>The Trust had provided an introductory presentation to the CQC on day one of the Well Led visit. The information had clarified the Trust’s:</p> <ul style="list-style-type: none"> - Governance Structure; - Divisional Structures; - Strategies; - Five ‘P’s. <p>Initial feedback from the Well Led Inspection highlighted the Trust needed to have a definition of safe in relation to being the safest Trust, some issues with the quality of data reporting and lack of pace in addressing concerns regarding complaints. On a positive note the Trust’s Values were embedded at all levels, the quality improvement agenda was established throughout the Trust, and positive feedback was received on the innovative ways that Finance worked with partners.</p>	
	<i>Action: Data issues would be examined by the Executive Directors and in a Qi process.</i>	Execs / MP
	<p>The Board recognised the preparations that had been undertaken – including the ‘trial’ run which had been undertaken by NHSI to prepare for the Use of Resources review.</p> <p>The Board recognised the need to articulate what its quality assurance processes were. Assurance reviews for future inspections would commence immediately to check for evidence and provide triangulation on previously agreed actions.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Received and noted the presentation following the CQC’s visits.</i> 	
	<i>Action: A message of thanks from the Board would be circulated throughout the organisation – in recognition of staff preparations and efforts for, and during the CQC visits.</i>	ES

P19/10/C1	<u>Executive Team Objectives Q1/Q2 (Enclosure C1)</u>	
	<p>The Board noted individual contributions towards Breakthrough and True North objectives for the year.</p> <p>A discussion on how progress towards the achievement of objectives in an assurance, rather than narrative version, would take place during the afternoon's Board strategy session. The inclusion of milestones, underpinning the strategies would be included, as would the alignment to the Trust's five P's.</p> <p>The Board confirmed its requirement for a single narrative/definition of 'safest', which it would develop internally.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the update on Executive Team Objectives for assurance.</i> 	
P19/10/C2	<u>ICS Update (Verbal)</u>	
	<p>Richard Parker highlighted that:</p> <ul style="list-style-type: none"> - The development of the ICS response to the Long Term Plan needed to reflect the Trust's objectives. Its development had to balance individual organisational needs with those of partners and the wider system; - The ICS had moved back to being the best performing system in the country (but had continued challenges in four hour access delivery, RTT (at DBTH), and cancer – the latter was still the best but performance was declining. 	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the ICS Update.</i> 	
P19/10/D1	<u>Quality and Performance Report (Enclosure D1)</u>	
	<p>The report had been considered in detail at the Finance and Performance Committee meeting held on 22 October 2019. The following points were highlighted to the Board:</p> <p><u>Performance</u></p> <ul style="list-style-type: none"> - Continued challenges on four hour access performance at 88.37% for September 2019. - Improvement plan in place for ED medical staffing issues, including the establishment of a new structure and a piece of work on culture and leadership; - Improving RTT at 86.4% for September 2019 – slightly above recovery trajectory; - Patient tracking list size consistently down and long waiters reduced from 130 to 100 at end of September 2019; 	

	<ul style="list-style-type: none"> - Three 52 week breaches in September 2019 – inappropriate clock stops had been applied in each case. <p>Discharge delays attributable to delays in prescribing were highlighted. The Board sought assurance that the Divisional Directors were acting appropriately on this and noted that this would be a focus for the ‘perfect week’ being undertaken in January 2020.</p>	
	<p><i>Action: An update on ‘perfect week’ would be provided to the Board of Directors in November 2019.</i></p>	DP
	<p>Members noted that Divisional Directors had been requested to look at whether the benefits noted from the pre-assessment model used at Bassetlaw Hospital could be replicated at DRI.</p> <p>Neil Rhodes confirmed that performance had been discussed in detail at the Finance and Performance Committee meeting held on 22 October 2019 – including the four hour access and 18 week wait position and action plans. The effects of higher contracting agreements and the pensions issue on staff availability were noted as areas of concern (Linked to the pension issues a number of consultants were not undertaking additional sessions).</p> <p><u>Quality and Safety</u></p> <ul style="list-style-type: none"> - The Trust had recorded its best ever crude mortality in September 2019; - Some improvements in Fractured Neck of Femur, but need to see a consistent improvement over three to four months; - First National Safety day had taken place on 17 September 2019; - The new Balance fluid charts had been introduced across the Trust; - 20 cases of Cdiff at the end of September 2019. Changes had been made in reporting causing an increase in the numbers. Themes were emerging but no lapses in care had been identified; - A focus on deep cleaning programme would commence; - There had been no cases of MRSA to report at the end of September 2019 and pressure ulcers were within trajectory. <p>In response to a query on end of life pathways, Sewa Singh advised that the key issue was the identification of which patients should be on the pathway and that work was in place in the community, to identify patients prior to their admittance to hospital.</p> <p>Members queried the detail of the pressure ulcer data, noting that, if the current run rate continued, the Trust would go over trajectory.</p>	
	<p><i>Action: A presentation on the pressure relieving review would be provided to the Quality Effectiveness Committee.</i></p>	DP / QEC Agenda
	<p>The Board noted that wards assessed as amber in the Hard Truths report were assessed by the nursing team - using the nursing accreditation system which gave ownership of actions back to the ward.</p>	

	<p>David Purdue confirmed that recruitment had recently taken place to fill vacancies in maternity and that work would now take place on turnover rates.</p> <p><u>Workforce</u></p> <ul style="list-style-type: none"> - Set training on target on target to achieve 90%. A report to focus leaders on action areas was being provided to the Trust's WERC meetings; - Long term sickness absences had increased. This was being reviewed to ensure that action plans were in place; - The Trust's lead for wellbeing had left the organisation but the post would be re-recruited to. <p>Members noted that triangulation on health and wellbeing placed the Trust as high performing but there was still high sickness. The quantity of sickness absence due to stress was not shown in the report.</p>	
	<p>Action: A deep dive on Sickness Absence would be reported to a future Quality Effectiveness Committee meeting.</p>	KB / QEC Agenda
	<p>The Board:</p> <ul style="list-style-type: none"> - Received and noted the Quality Performance Report. 	
P19/10/D2	<p><u>Winter Plan (Enclosure D2)</u></p>	
	<p>Becky Joyce introduced the Winter Plan which summarised National requirements and evidence and the local evaluation. The report included:</p> <ul style="list-style-type: none"> - Appendix A – funded plan £463k on prioritised schemes; - Appendix B – full plan (elements which are cost neutral); - System plan – provided for context. <p>The Board noted that the themes of the organisation plan were internal flow and bed occupancy. The plans for staffing in the context of extra beds being opened were included, as was information on funding for transport on which discussions were currently being held with the CCG.</p> <p>The Board discussed the risks and mitigations included in the plan, noting that activity in ED continued to increase and that some staffing issues remained. A reliance on IT for some parts of the plan was noted.</p> <p>The current plan was based on expectations but there were some unknowns. The uncertainty caused by EU Exit and its potential impact on the winter plan was acknowledged and a period of Purdah would also add an increased level of scrutiny on the NHS.</p> <p>A discussion on how the Trust could protect elective capacity with increased activity, took place and members noted that adjustments for activity in the two weeks after Christmas were made, after which a daily review took place.</p>	

	<p>The variable that the Trust was in control of was elective work and the priority was to ensure that patient were safe so elective work would be flexed as required. Work to ensure that community capacity was maximised was in place but the proposed intermediate care service would not be ready until December 2019. Neil Rhodes expressed that, as the Trust redesigned its services it should look to compartmentalise work/design around 'open corridors' to protect elective work.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Received and noted the Quality Performance Report.</i> 	
P19/10/E1	<u>EU Exit (Enclosure E1)</u>	
	<p>The Board noted a summary of arrangements in place for the UK's exit from the EU.</p> <p>One high level risk – relating to medical supplies and medications was highlighted. The National guidance for medicines was to not stockpile locally.</p> <p>Regional work was taking place on the possible impacts on ports – including Hull. The Trust had ascertained that, should road travel be affected around the Hull port, approximately 200 staff's journeys to work could be impacted.</p> <p>The Trust would step up its governance around EU Exit as required to respond to the National situation. Whilst there was no funding at present, Trust expenses directly attributable to EU Exit should be reclaimable from a National allocation.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the update on EU Exit preparations.</i> 	
P19/10/E2	<u>NHS EPRR Core Standards Return (Enclosure E2)</u>	
	<p>The Board noted the annual report which was based on a self-assessment of 64 standards.</p> <p>The Trust was stating compliance for 59 standards with 5 noted as amber (some actions to take within 12 months). The outcome from the self-assessment was that the Trust would complete a return of 'substantial compliance'.</p> <p>Members queried the lead times for actions in the attached plan. Becky Joyce advised of the intention to use an external partner for some of the work and that the proposed timeframes met the requirements of NHS England.</p>	

	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the self-assessment process;</i> - <i>Approved the Statement of Substantial Compliance;</i> - <i>Approved the Improvement Plan.</i> 	
P19/10/F1	<u>Finance Report – 30 September 2019 (Enclosure F1)</u>	
	<p>The report had been considered in detail at the Finance and Performance Committee meeting held on 22 October 2019. The following points were highlighted to the Board:</p> <ul style="list-style-type: none"> - Finances on plan; - PSF monies had been achieved; - Substantial cash balances; - Monies for capital schemes received; - Slightly ahead on CIP. <p>The Trust was negotiating with the CCGs on payments for procedures of limited value (£4.5m) and on first to follow up appointments (£1.5m).</p> <p>A detailed action plan had been provided to the Finance and Performance Committee meeting on 22 October 2019. Neil Rhodes confirmed that members had been assured by the data and action plans in place. Further clarity on the current year would be provided within the next few weeks following discussions with the CCG. Any arbitration would have to go through ICS and then to NHSI.</p> <p>Jon Sargeant advised that the Trust had received a five year set of controls totals from the centre which had been discussed in detail at the Finance and Performance Committee meeting on 22 October 2019. The totals for DBTH were undeliverable as a single organisation – the support of the ICS would be required to deliver the target. This year’s planning was earlier and more complex than prior years as there was a need to balance individual organisational financial plans, PLACE and those of the ICS to an unfixed end point.</p> <p>During the last week the Trust had put in bids for capital from central pots. These included for a Rapid Diagnostic Centre (RDC) at Mexborough, a new MRI scanner and two mammography machines. NHSI has enquired if the Trust was in a position to spend any outstanding capital bids on backlog maintenance.</p> <p>Members welcomed the opportunity to submit bids but commented on the ad-hoc nature of the request which they felt would benefit from better planning.</p> <p>The Trust was required to resubmit its five-year plan and had met with the ICS and NHSI on 25 October 2019 to look at ways to close the funding gap.</p>	

	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Received and noted the Finance Report and Cost Improvement position for September 2019;</i> - <i>Received and noted the forecast financial position and risks;</i> - <i>Noted the requirement for a recovery plan to deliver the control total.</i> 	
P19/10/F2	<u>Use of Trust Seal (Enclosure F2)</u>	
	<p>The Trust seal had been applied twice on 9 October 2019:</p> <ul style="list-style-type: none"> - For the contract for Phase 1A Fire Improvement Works at DRI; - For the Architect contracts for Aseptic Suite at DRI. 	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Approved the uses of the Trust seal – 114 and 115.</i> 	
P19/10/G1	<u>Chairs Assurance Logs for Board Committees (Enclosure G1)</u>	
P19/10/F3(i)	<u>Charitable Funds Committee – 24 September 2019 (G1)</u>	
	<p>Sheena McDonnell highlighted the key points considered by the Committee:</p> <ul style="list-style-type: none"> - The completion of the Charitable Fund accounts which were submitted three month's early; - That work would be progressed to promote the charity; - A need to formalise strategic plans. 	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the update from the Charitable Funds Committee meeting held on 24 September 2019;</i> - <i>Thanked the finance team for its work on the Charitable Fund accounts.</i> 	
P19/10/F3(ii)	<u>Finance and Performance Committee – 22 October 2019 (G1)</u>	
	<p>Neil Rhodes confirmed, as reported during the BOD meeting, that detailed reviews of the Quality and Performance Report (P19/10/D1) and Finance Report (P19/10/F1) had been undertaken at the meeting.</p>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the update from the Finance and Performance Committee meeting held on 22 October 2019.</i> 	

P19/10/F3(iii)	<u>Quality Effectiveness Committee – 23 October 2019 (Verbal)</u>	
	<p>Pat Drake provided a verbal update from the meeting, highlighting:</p> <ul style="list-style-type: none"> - Marie Purdue was now a member of the Committee – looking at how Qi was reported through to the Board; - There were no escalations to report to the Board; - The Committee's thanks to be shared with staff regarding preparations for the CQC visits; - A full and comprehensive review of the Committee's work plan; - A commitment for action plans arising from Committee meetings to be provided with two working days of the meeting; - The receipt of the quality assurance report on breast imaging; - The receipt of three enabling strategy presentations; - Recognition of the work that had taken place on the accessible information standard; - The target on open incidents had not been achieved – focused work to address this was taking place in the Divisions; - An audit of elective HSMR admissions would be provided to the Committee in December 2019; - A report on safer staffing would be provided to the Committee in December 2019; - A focus to enable learning was to be included in reports. 	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the update from the Quality Effectiveness Committee meeting held on 23 October 2019.</i> 	
P19/10/G2	<u>Corporate Risk Register (G2)</u>	
	<p>The Board was reminded of its obligations in terms of risk management and received an update on the current work on risk management processes which was addressing the actions arising from the recent Internal Audit review on risk management.</p> <p>The purpose of the Corporate Risk Register was to capture and aid the management of extreme risks to operational delivery within the Trust (risks scoring 15 or above).</p> <p>The review and approval of the Corporate Risk Register was undertaken by the Trust's Management Board on a monthly basis and the version dated 10 October 2019 had been approved at the Management Board meeting on 14 October 2019.</p> <p>The Corporate Risk Register was provided to meetings of Trust Board Committees (ARC, F&P and QEC) and on a quarterly basis to the Board of Directors for information.</p> <p>The Trust's current top three risks were confirmed as Workforce, Finance and Capital.</p>	

	<p>The timeline and progress for the refresh of the Corporate Risk Register was provided to the Board.</p> <p>Kath Smart welcomed the work and plan to refresh the Corporate Risk Register and Risk Management Strategy but she highlighted that the Board had not considered its risk appetite for some time.</p> <p>A detailed query on the risk relating to ligature points was raised. This was currently listed as reporting to the Finance and Performance Committee but it should be to the Quality Effectiveness Committee.</p>	
	Action: Work on the Trust's risk appetite would be scheduled for February or March 2020.	JR / Board work plan
	Action: The reporting line for the ligature point risk would be amended – to report to the Quality Effectiveness Committee.	JR / KEJ
	<p>The Board:</p> <ul style="list-style-type: none"> - Noted the Corporate Risk Register and the work to refresh the document during 2019. 	
P19/10/G3	<u>Board Assurance Framework (G3)</u>	
	<p>The Board was reminded of the purpose of the Board Assurance Framework - to provide 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.</p> <p>The strategic risks were monitored on behalf of the Board by the Board's Committees – via the presentation of the Board Assurance Framework to meetings of Trust's Board Committees (ARC, F&P and QEC).</p> <p>The Board Assurance Framework was currently approved by the Board of Directors on a quarterly basis but the intention was to present it to all meetings of the Board from January 2020 – following its refresh.</p> <p>Jeannette Reay advised that the Trust's Board Assurance Framework and Corporate Risk Register appeared to have become combined and that both were in need of an update to ensure that they were distinct documents and fully served their different purposes. A process to update had begun.</p> <p>The Board Assurance Framework refresh would lead to a Board workshop in November 2019 when the Board would be requested to approve its format and content – specifically the Strategic Risks contained within it.</p> <p>An early extract (covering performance) of the proposed format for the Board Assurance Framework was provided to the Board for information.</p>	
	<p>The Board:</p> <ul style="list-style-type: none"> - Approved the Board Assurance Framework; - Noted the plan to refresh the document and the proposed format. 	

P19/10/H1-H6	<u>Information Items (Enclosures H1 – H6)</u>	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Noted the Chair and NED's Report;</i> - <i>Noted the Chief Executive's Report;</i> - <i>Noted the Minutes of Charitable Funds Committee, 21 May 2019;</i> - <i>Note the Minutes of the Management Board, 6 September 2019;</i> - <i>Noted the Minutes of the Quality Effectiveness Committee, 21 August 2019;</i> - <i>Noted the Minutes of the Finance and Performance Committee, 20 September 2019;</i> - <i>Noted the Board Work Plan;</i> - <i>Noted the Meeting Dates for 2020;</i> - <i>Noted the Guardian Update.</i> <p>Richard Parker provided a verbal update to the Chief Executive's Report (H2), formally advising the meeting that Sewa Singh's contract as Medical Director was due to end on 31 March 2020. The Board formally thanked Sewa Singh for his eight years as Medical Director - noting particularly the improvements that he had effected during his career as a Vascular Surgeon and Executive Director. A recruitment process to appoint a replacement Medical Director would now commence.</p> <p>From the Guardian Update (H6), Karen Barnard highlighted that the relocation of the Junior Doctors Mess was being part funded by Health Education England.</p>	
P19/10/I1	<u>Minutes of the Meeting held on 24 September 2019 (Enclosure I1)</u>	
	Moira Hardy was incorrectly included in the attendance list.	
	<p><i>The Board:</i></p> <ul style="list-style-type: none"> - <i>Received and Approved the Minutes of the Public Meeting held on 24 September 2019, subject to the amendment above.</i> 	
P19/10/I2	<u>Any Other Business (Verbal)</u>	
P19/10/12(i)	<p><u>Purdah</u></p> <p>During the course of the meeting, the date of the forthcoming General Election was announced and it was noted that the period of Purdah would commence on 30 November 2019.</p>	

P19/10/I3	<u>Governor Questions Regarding the Business of the Meeting (Verbal)</u>	
P19/10/I3(i)	<u>Geoffrey Johnson</u> <ul style="list-style-type: none"> - Thanked the Trust for sharing communications on a local social care consultation, via a link in Buzz. - Queried whether the Trust was aware of Dr Link – an online tool to direct patients to the right care source, including to Emergency Departments. <p>In response to the query David Purdue advised that Dr Link was a tool used in primary care, posing receptionist questions in an electronic mode.</p>	
	<i>The Board:</i> <ul style="list-style-type: none"> - <i>Noted the Governor queries raised, and information provided in response.</i> 	
P19/10/I4	<u>Date and Time of Next meeting (Verbal)</u>	
	<i>The Board:</i> <ul style="list-style-type: none"> - <i>Noted the date and time of the next meeting:</i> <p><i>Tuesday 26 November 2019</i> <i>9:15am</i> <i>The Board Room, Bassetlaw Hospital</i></p> 	
P19/10/J	<u>Close of meeting (Verbal)</u>	
	The meeting closed at 12.15pm.	