

**Board of Directors Meeting Held in Public  
To be held on Tuesday 17 December 2019 at 9:15am  
in the Fred and Ann Green Board Room, Montagu Hospital**

## AGENDA

		LEAD	ACTION	TIME / ENC	TIME/ MINS
<b>A</b>	<b>MEETING BUSINESS</b>				<b>9:15</b>
A1	Apologies for absence	NR	Note	Verbal	5
A2	Declarations of Interest	NR	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.	NR	Note	Verbal	
A3	Actions from previous meeting	NR	Review	A3	
<b>B</b>	<b>PRESENTATION</b>				<b>9:20</b>
B1	Election Outcome – Update via NHS Providers	RP	Note	Verbal	5
<b>C</b>	<b>STRATEGY</b>				<b>9:25</b>
C1	ICS Update	RP	Note	C1	5
<b>D</b>	<b>QUALITY, PERFORMANCE AND SAFETY</b>				<b>9:35</b>
D1	Quality and Performance Report	RJ	Note	D1	25
<b>E</b>	<b>CAPACITY AND CAPABILITY</b>				<b>10:00</b>
E1	Workforce Plan	KB	Note	E1	20
E2	Winter Plan	RJ	Note	Verbal	5

E3	Nursing Workforce		DP	Note	E3	10
E4	EU Exit		RJ	Note	E4	5
<b>BREAK</b>						<b>10:40</b>
<b>F</b>	<b>FINANCE AND CONTRACT MATTERS</b>					<b>10:55</b>
F1	Finance Report – 30 November 2019		JS	Note	F1	25
<b>G</b>	<b>GOVERNANCE AND RISK</b>					<b>11:20</b>
G1	Chairs Assurance Logs for Board Committees		PD/NR	Note		5
	Quality and Effectiveness Committee	11 Dec 2019			G1	
	Finance and Performance Committee	16 Dec 2019			F&P = Verbal	
G2	Use of Trust Seal		RP	Note	G2	5
<b>H</b>	<b>INFORMATION ITEMS (To be taken as read)</b>					<b>11:30</b>
H1	Chair and NEDs' Report		NR	Note	H1	10
H2	Chief Executive's Report		RP	Note	H2	
H3	Minutes of the Quality and Effectiveness Committee, 23 October 2019		PD	Note	H3	
H4	Minutes of the Finance and Performance Committee, 22 November 2019		NR	Note	H4	
H5	Meeting Schedule for 2020		JR	Note	H5	
H6	Board Work Plan		JR	Note	H6	
<b>I</b>	<b>OTHER ITEMS</b>					<b>11:40</b>
I1	Minutes of the meeting held on 26 November 2019		NR	Approve	I1	5
I2	Any other business (to be agreed with the Chair prior to the meeting)		NR	Note	Verbal	5
I3	Governor questions regarding the business of the meeting (10 minutes)*		NR	Note	Verbal	10
I4	Date and time of next meeting:		NR	Note	Verbal	
	Date: 14 January 2020					
	Time: 9.15am					

Venue: Board Room, Doncaster Royal Infirmary

15	<b>Withdrawal of Press and Public</b>	NR	Note	Verbal
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.				

<b>J</b>	<b>MEETING CLOSE</b>	<b>12:00</b>
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#### **\*Governor Questions**

The Board of Directors meetings are held in public but they are not 'public meetings' and, as such the meetings, will be conducted strictly in line with the above agenda.

For Governors in attendance, the agenda provides the opportunity for questions to be received at an appointed time.

In respect of this agenda item, the following guidance is provided:

- Questions at the meeting must relate to papers being presented on the day.
- There is no need for questions to be submitted in advance, although this may mean that it is not always possible to provide an answer at the meeting. In such cases a response will be provided to the Governor following the meeting and added as a 'post meeting note' to the minutes of the meeting.
- Questions will be taken in rotation and limited to one question per Governor, to ensure those wishing to raise questions have equal opportunity, within the limited time available (10 minutes in total).
- Members of the public and Governors are welcome to raise questions at any other time, on any other matter, either verbally or in writing through the Trust Board Office, or through any other Trust contact point.



**Suzy Brain England, OBE**  
**Chair of the Board**



Action notes prepared by: Jeannette Reay  
Updated: 12/12/2019

# Action Log

**A3**

<b>Meeting:</b>	Public Board of Directors	KEY	
<b>Date of latest meeting:</b>	26 November 2019	<b>Completed</b>	<b>On Track</b>
		<b>In progress, some issues</b>	<b>Issues causing progress to stall/stop</b>

No.	Minute No.	Action	Lead	Target Date	Update
1.	P19/7/19	<b>Virtual Meetings</b> - The potential to improve the Trust's systems for streaming and conference calling meetings between the Trust's three sites would be examined.	KA	<del>October 2019</del> December 2019	Update - The business case has been submitted to be heard at November's CIG meeting and an update would be provided to the December 2019 Board meeting.
2.	P19/9/C4	<b>Council Motion on Climate and Biodiversity Emergency</b> - 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	<del>December 2019</del> January 2020	Update – A presentation on these matters will be provided to the Board meeting in January 2020.
3.	P19/10/B1	<b>CQC Use of Resources and Well Led</b> - Data issues would be examined by the Executive Directors and in a Qi process.	Execs / MP	December 2019	
4.	P19/10/D1	<b>Quality and Performance Report</b> - An update on 'perfect week' would be provided to the Board of Directors in November 2019.	DP	<del>November 2019</del> January 2020	Update - David to provide an update at the January 2020 Board meeting.



Action notes prepared by: Jeannette Reay  
Updated: 12/12/2019

No.	Minute No.	Action	Lead	Target Date	Update
5.	P19/11/B1	<b>Freedom to Speak Up</b> – The FTSUG agreed to provide some anonymised case studies to a future Board meeting.	KB	March 2020	
6.	P19/11/D1	<b>Quality and Performance Report</b> – Information on the use of theatres at Mexborough and day case income would be brought the January 2020 Board meeting.	JS / SS	January 2020	
7.	P19/11/D1	<b>Quality and Performance Report</b> – Information on psychological services would be brought to the January 2020 Board meeting.	DP	January 2020	
8.	P19/11/I3(i)	<b>Governor Questions – Doncaster and Bassetlaw Healthcare Services</b> - The Company Secretary would arrange for the new Managing Director to attend a future Governor Briefing session.	JR	December 2019	Close – Added to forward plan for Governor Briefing sessions.



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

<b>Title</b>	<b>ICS Update – December 2019</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>17 December 2019</b>
<b>Author</b>	<b>Richard Parker, Chief Executive</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

<b>Executive summary containing key messages and issues</b>
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 November 2019.
<b>Key questions posed by the report</b>
The information is to note.
<b>How this report contributes to the delivery of the strategic objectives</b>
Information in support of partnership working.
<b>How this report impacts on current risks or highlights new risks</b>
Performance metrics – highlighting areas of risk - are included in the dashboards at the end of the report.
<b>Recommendation(s) and next steps</b>
The Board is asked to note the update from the ICS.

Delivery Report

**SOUTH YORKSHIRE AND BASSETLAW  
INTEGRATED CARE SYSTEM  
HEALTH EXECUTIVE GROUP**

10 December 2019

<b>Author(s)</b>	Alison Knowles		
<b>Sponsor</b>	Alison Knowles		
<b>Is your report for Approval / Consideration / Noting</b>			
For consideration			
<b>Links to the STP (please tick)</b>			
<input checked="" type="checkbox"/> <b>Reduce inequalities</b>	<input checked="" type="checkbox"/> <b>Join up health and care</b>	<input checked="" type="checkbox"/> <b>Invest and grow primary and community care</b>	<input checked="" type="checkbox"/> <b>Treat the whole person, mental and physical</b>
<input checked="" type="checkbox"/> <b>Standardise acute hospital care</b>	<input checked="" type="checkbox"/> <b>Simplify urgent and emergency care</b>	<input checked="" type="checkbox"/> <b>Develop our workforce</b>	<input checked="" type="checkbox"/> <b>Use the best technology</b>
<input checked="" type="checkbox"/> <b>Create financial sustainability</b>	<input checked="" type="checkbox"/> <b>Work with patients and the public to do this</b>		
<b>Are there any resource implications (including Financial, Staffing etc)?</b>			
Resources are contained within each organisation's agreed operational plan for 2019/20			
<b>Recommendations</b>			
<p>The Health Executive Group is asked to:</p> <ol style="list-style-type: none"> <li>1. discuss the current position against the ICS operational plan and note the actions being taken to improve delivery; and</li> <li>2. agree the approach to cancer 62-day improvement proposed by the Cancer Alliance Board.</li> </ol>			

**Delivery Report  
Update to the Health Executive Group  
SOUTH YORKSHIRE AND BASSETLAW  
INTEGRATED CARE SYSTEM**

**10 December 2019**

## **1. Purpose**

The report provides an update to the Health Executive Group on the ICS progress against its operational plan for 2019/20.

## **2. Key issues**

### **2.1 Delivery**

At month 5, the overall ICS performance against national standards remains challenging but in most areas the ICS continues to out-perform performance in the North East & Yorkshire and across the rest of England. We failed to deliver on 5 national standards:

<b>Standard</b>	<b>SYB ICS</b>	<b>NEY Region</b>	<b>England</b>
UEC 4-hour (95%)	89%	85.3%	83.6%
RTT (92%)	91.1%	86.2%	84.8%
52-week wait (0)	6 (CCG) / 5 (provider)	106	1305
62-day CWT (85%)	80.3%	77.5%	76.9%
IAPT Access (5.13%)	4.4%	4.57%	4.73%

### **2.2 Urgent & Emergency Care**

The ICS continues to fail to deliver the 4-hour standard but over the last six weeks has outperformed other systems in the region. Sheffield and Rotherham remain the highest risk systems for urgent and emergency care, however, performance at Doncaster & Bassetlaw remains below plan.

ED attendances continue at 1.2% above plan (6.3% year on year growth) but this is not translating into growth in admissions where overall the ICS remains below plan. Within this overall admission figure, zero length of stay admissions are growing faster than > 1-day admissions, reflecting the shift to same day emergency care.

There have been zero 12-hour waits from decision to admit.

From unvalidated sitrep data, there is evidence of growing pressure in the system at the end of November and into December. Respiratory admissions have increased, and influenza is circulating in Yorkshire & the Humber. For week ending 28 November, the influenza-like illness (ILI) consultation rate in Yorkshire and Humber (5.1 per 100,000) was higher than the previous week (3.8). At week ending 27 November:

w/e 27 Nov	Barnsley			Doncaster & Bassetlaw			Sheffield Children's			Sheffield Teaching			Rotherham		
	week	6-week	% change	week	6-week	% change	week	6-week	% change	week	6-week	% change	week	6-week	% change
4-hour	75.08	88.69	-13.6%	85.56	88.2	-2.64%	94.02	95.29	-1.27%	83.16	82.23	0.93%	-	-	
Total attend	2291	2047	11.9%	4100	3685	11.3%	1572	1358	15.8%	4774	4589	4.0%	2186	1969	11.0%
Beds occupied	416	396	5.1%	693	685	1.2%	123	111	10.8%	1322	1298	1.8%	423	413	2.4%
Escalation beds	41	29	41.4%	42	34	23.5%	0	0		22	19	15.8%	31	24	29.2%

The focus of improvement work in November has been on improving resilience. Key points to note:

- (i) TRFT have recruited to staff the additional 62 beds in its winter plan through a successful "arrive and allocate" campaign. This approach is now being adopted by other acute providers in SYB.
- (ii) TRFT have recruited to vacant consultant posts in stroke, paediatrics and cardiology to improve medical capacity over the winter and going forward. A risk remains around recruitment to acute physician posts.
- (iii) STH and the Sheffield system have continued to deliver on their improvement plan, as detailed in previous reports. The SDEC pathways at the Northern General commence from 1 December, following successful pilot work over the summer, and a new Clinical Director has been appointed.
- (iv) STH continue to work on their new model of medical staffing (single assessment and changes to the middle-grade rota). The full roll out and benefits from this are expected to accrue through the winter period.
- (v) All Trusts continue to focus on managing inpatient capacity as we go into the peak winter period. Each place is achieving the standard for delayed transfers of care. On long length of stay (> 21 days) SYB is 20 patients above its planned trajectory for the year to date. Within this, Barnsley have already achieved their year end position, DBHFT is 2 patients above plan, and STH and TRFT are 18 and 12 patients above plan, respectively.
- (vi) The Chief Operating Officers and Directors of Commissioning have reviewed winter plans and the streaming model in ED to identify areas of good practice for implementation within this year.

## 2.3 Elective Care

In elective care, the ICS performance has improved slightly at 91.1% and continues to outperform the regional and national position.

Pressure in theatre and anaesthetic capacity at Sheffield Children's Hospital continues to impact on their performance but the key issue for the ICS remains the position in Doncaster & Bassetlaw.

DBHFT performance continued to improve from 85.7% to 86.4% in October with actions underway to validate the waiting list, deliver additional activity within the Trust and to outsource activity to NHS and IS providers.

SCH performance in October has dropped further to 88.2%. The Trust has commenced working with NECS to validate its waiting list and is in discussion with the specialised commissioning team

about alternate capacity in Yorkshire and the Humber for some surgical cases. The Chief Operating Officers and Directors of Commissioning are reviewing the SCH waiting list to consider whether suitable alternate capacity can be identified in SYB providers.

On 52-week breaches, there have been 6 breaches for CCGs and five for providers in SYB. On the provider breaches, the four at Barnsley relate to validation of the waiting list. Improvement actions are in place at both Barnsley and Sheffield Children's based on the learning from the root cause analyses.

At the ICS Focus Meeting in October, Richard Barker (Regional Director) emphasised the importance of reducing the total number of patients waiting back to the March 2018 position. Currently, SYB's total waiting list is 10.3% above the March 2018 position. For providers:

Trust	Baseline	Change from baseline											
	Mar-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
Sheffield Children's NHS Foundation Trust	7,998	-336	-137	-301	+304	+439	+577	+1,065	+1,144	+1,045	+986	+1,033	
Barnsley Hospital NHS Foundation Trust	12,068	-325	-397	-399	-40	+529	+698	+859	+744	+1,539	+1,507		
The Rotherham NHS Foundation Trust	13,558	+998	+1,198	+943	+687	+1,125	+2,234	+1,900	+1,352	+846	+1,130	+1,172	
Sheffield Teaching Hospitals NHS Foundation Trust	43,521	+1,903	+715	+280	+910	+1,488	+1,018	+2,287	+2,669	+2,939	+3,813	+4,597	
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	31,421	+1,760	+827	+167	+577	-222	-155	+304	+811	+1,098	+1,388	+938	
Spamedica (Sheffield)	0	+459	+369	+506	+524	+557	+493	+527	+532	+516	+482	+468	
Newmedica Community Ophthalmology - Bassetlaw - Retford Primary Care Centre	76	0	+4	+4	-21	-27	-29	-20	-9	-15	-32	-22	
Pioneer Healthcare Limited	119	+143	+155	+157	+187	+199	+188	+200	+202	+156	+208	+207	
Aspen - Claremont Hospital	812	+116	+176	+195	+267	+235	+281	+224	+284	+361	+445	+485	
Park Hill Hospital	160	-131	-117	-111	-113	-63	-24	+33	+5	-30	+27	+80	
Bmi - Thornbury Hospital	263	-44	-42	-51	-68	-44	-32	-19	-32	+9	+15	-6	
The One Health Group Ltd	2,003	+432	+358	+337	+413	+367	+395	+332	+224	+202	+180	+284	
<b>South Yorkshire And Bassetlaw STP</b>	<b>111,999</b>	<b>+4,975</b>	<b>+3,109</b>	<b>+1,727</b>	<b>+3,627</b>	<b>+4,050</b>	<b>+5,475</b>	<b>+7,531</b>	<b>+8,041</b>	<b>+7,871</b>	<b>+10,201</b>	<b>+10,770</b>	

For the independent sector, Sheffield CCG are leading work with Spamedica, Claremont and One Health Group on behalf of all SYB CCGs to validate and reduce the waiting list in these providers. The growth in the waiting list at Pioneer Healthcare relates to the transfer of specialised spinal activity from Leeds Teaching Hospitals.

The Chief Operating Officers and Directors of Commissioning have agreed to produce improvement plans by the end of December to reduce the total numbers of patients waiting in 2019/20.

At their improvement workshop in November, the Chief Operating Officers and Directors of Commissioning agreed to start work on "fragile" specialties' across SYB to develop and implement system level actions. The first of these services is neurology.

## 2.4 Cancer

The monthly performance in September has been maintained with the ICS meeting three out of the four national standards – 2-week wait, 2-week wait for breast pathway, and 31-day standard. For the fourth standard, 62-days, the overall performance at month 5, improved slightly to 80.3%

In line with the commitment by CEOs in January 2019, all providers are achieving 85% against the 62-day standard for local (wholly-owned) pathways. Four out of five patients are treated on local pathways and the overall performance for these patients is 86.1% year to date.

The performance on shared pathways has improved in September (most recent available data) in Barnsley, DBHFT and Rotherham.

Data completeness has, however, deteriorated and will be a focus in coming months to ensure that 100% of transfer dates are captured, as when these records are included, IPT drops to 46%.

Inter Provider Transfer	< 38 day	> 38 day	Unknown Date	Total	% < 38 day*
<b>Aug-19</b>					
Barnsley	7	8	5	20	46.6%
Doncaster & Bassetlaw	8	10	6	24	44.4%
Sheffield Teaching		1		1	0.0%
Rotherham	10	10	3	23	50.0%
Total	<b>25</b>	<b>29</b>	<b>14</b>	<b>68</b>	
Overall Percentage	36.8%	42.6%	20.6%		
<b>Sep-19</b>					
Barnsley	13	2	2	17	86.7%
Doncaster & Bassetlaw	12	1	5	18	92.3%
Sheffield Teaching	1			1	100.0%
Rotherham	8	4	10	22	66.7%
Total	<b>34</b>	<b>7</b>	<b>17</b>	<b>58</b>	
Overall Percentage	58.6%	10.3%	25.0%		

\*performance is calculated excluding records where IPT date is unknown.

The Cancer Alliance Board discussed the improvement plan for 62-days at its meeting on 1 November and agreed the following approach for the remainder of this year:

- Continued roll-out of straight to test pathways and achievement of 7-day polling range to improve delivery of two-week wait pathways;
- Focus on the Faster Diagnostic Standard with 80% achievement of the 28-day standard. The learning from the CRS pilot in DBHFT and CRHFT will be shared.
- Delivery of the national timed pathways in each tumour group with a focus on lower GI, upper GI and lung. This follows on from the improvements that have been seen in Head and Neck through the introduction of a timed pathway;
- Strengthening of operational procedures, reporting and breach analysis for 38-days IPT and the overall 62-day target

Progress against these ambitions and actions will be reported to the Cancer Alliance Board on a bi-monthly basis and tracked through the Operational Management Group. The data and root cause analyses will be made available to individual Boards and Governing Bodies through their local Cancer Boards.

In addition to the actions agreed at the Cancer Alliance Board, the improvement workshop for the Chief Operating Officers and Directors of Commissioning resulted in a commitment to:

- A second round of deep dive meetings with each provider to review their administrative approach to cancer management;
- A review of access policies across providers to embed best practice and ensure a consistent approach; and
- The re-introduction of clinical peer review for individual tumour pathways.

## 2.5 Improving Access to Psychological Therapies

The ICS is failing to deliver the expected level of access of 5.13% in 2019/20, across four places. Only Bassetlaw is achieving the required level of access.

At the Performance and Delivery Group, each place agreed to ensure that it is reporting performance in line with the national definitions and to develop improvement actions to secure the access target in quarter 4.

### **3. Recommendation**

The Health Executive Group is asked to:

- (i) discuss the current position against the ICS operational plan and note the actions being taken to improve delivery; and
- (ii) agree the approach to cancer 62-day improvement proposed by the Cancer Alliance Board.

Alison Knowles  
Locality Director



# South Yorkshire and Bassetlaw Integrated Care System



## Delivery Report December 2019

Report presented to: ICS Health Executive Group  
December 2019



# South Yorkshire & Bassetlaw Integrated Care System

## Delivery Report

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# South Yorkshire & Bassetlaw Integrated Care System Delivery Report

## 1. Delivery of National Standards and Operating Plan



# South Yorkshire & Bassetlaw Integrated Care System

## 1a. Performance against National Standards – ICS grouped by place

- Achieving constitutional standard
- Not achieving constitutional standard

National	SYB ICS Delivery			Barn CCG BHFT SWYPFT			Notts HC RDASH Donc CCG DBHFT					Roth CCG TRFT RDASH			Sheff CCG SCH STH SHSC			
	Standard	Period	SYB ICS	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
	A&E - Maximum 4-hour wait	95% Oct-19	●		●						●		Pilot			●	●	
	12 hour trolley waits	0 Oct-19	●		●						●		●			●	●	
	DOOC	3.5% Sep-19	●		●	●			●		●		●	●		-	●	●
	Cancelled Urgent Operations	0 Sep-19	●		●						●		●			●	●	
	RTT - 18 week wait	92% Sep-19	●	●	●		●			●	●	●	●		●	●	●	
	RTT - 52 ww	0 Sep-19	●	●	●		●			●	●	●	●		●	●	●	
	Diagnostics	1% Sep-19	●	●	●		●			●	●	●	●		●	●	●	
	Primary Care - Extended GP Access	100% Feb-19	●	●			●			●		●			●			
	Primary Care - Satisfaction	82.9% 2019	●	●			●			●		●			●			
	Cancer 2 week wait	93% Sep-19	●	●	●		Pilot			Pilot	Pilot	●	●		●	●	●	
	Cancer 2 week wait breast	93% Sep-19	●	●	●		Pilot			Pilot	Pilot	●	●		●	●	●	
	Cancer 31 day	96% Sep-19	●	●	●		●			●	●	●	●		●	●	●	
	Cancer 28 Days FDS	80% Sep-19	●		●						●		●				●	
	Cancer 38 days																	
	Cancer - 62-day treatment	85% Sep-19	●	●	●		●			●	●	●	●		●	●	●	
	Mental Health - IAPT access	5.13% Aug-19	●	●			●			●		●			●			●
	Mental Health - IAPT recovery*	50.00% Aug-19	●	●		●	●	●	●	●		●		●	●			●
	Mental Health - 6 week*	75.00% Aug-19	●	●		●	●	●	●	●		●		●	●			●
	Mental Health - 18 week*	95.00% Aug-19	●	●		●	●	●	●	●		●		●	●			●
	Mental Health - EIP	56% Sep-19	●	●		●	●	●	●	●		●		●	●			●
Quality	Statutory measures			Barn CCG BHFT SWYPFT			Notts HC RDASH Donc CCG DBHFT					Roth CCG TRFT RDASH			Sheff CCG SCH STH SHSC			
	Standard	Period	SYB ICS	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
	CCG IAF Assessment QOL	RAG Q4 18-19		G*			G*			G*		G*			A			
	CCG IAF Assessment - Finance	RAG Q4 18-19		G			G			G		G			G			
	Organisations in Special Measures	NO 2018-19		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	CQC Inspection rating - under new approach	0 Oct-19			GOOD	GOOD			REQ IMP	GOOD	REQ IM		REQ IM	GOOD		GOOD	GOOD	REQ IMP
	NHSI - Single Oversight Framework Segmentation	0 Oct-19			2	2			2	1	2		3	1		2	2	2
	Protecting from avoidable harm			Barn CCG BHFT SWYPFT			Notts HC RDASH Donc CCG DBHFT					Roth CCG TRFT RDASH			Sheff CCG SCH STH SHSC			
	Standard	Period	SYB ICS	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
	Cdiff	0 Sep-19	●	●	●		●			●	●	●	●		●	●	●	
	MRSA	0 Sep-19	●	●	●		●			●	●	●	●		●	●	●	
	MSA breaches	0 Sep-19	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	MSSA - No of cases	Lower is Better Sep-19	39	4	2		3			14	6	7	1		11	0	3	
	E-Coli - No of cases	Lower is Better Sep-19	126	13	1		9			25	4	21	3		58	0	15	
	Never events declared - number	0 Sep-19	●		●	●		●	●		●		●	●		●	●	●

\*Mental Health Provider data is reporting one month behind the Commissioners



# South Yorkshire & Bassetlaw Integrated Care System

## 1b. Performance against National Standards – grouped by place

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

National	SYB Commissioner Statutory Bodies					Barnsley CCG			Bassetlaw CCG					Rotherham CCG			Sheffield CCG			
	Standard / Eng Value	Period	Better is...	SYB ICS	BHNFT	SWYPFT	Notts HC	RDASH	Doncaster CCG	DBHFT	TRFT	RDASH	SCH	STH	SHSC					
	A&E - Maximum 4-hour wait	95%	Oct-19	H	89.0%					90.3%										
	12 hour trolley waits	0	Oct-19	L	0					0										
	DTOC	3.5%	Sep-19	L	2.8%	1.1%	1.3%	-	9.6%	1.9%	2.7%	9.6%	-	2.6%	0.9%					
	Cancelled Urgent Operations	0	Sep-19	L	18	0				0	0		4	14						
	RTT - 18 week wait	92.0%	Sep-19	H	91.1%	93.6%	93.8%				92.2%	92.2%	92.8%	88.2%	92.8%					
	RTT - Waiting List	Against March 18 position	Sep-19		104242	18140	13575			23833	32359	18071	14730	35700	9031	48118				
	RTT - 52 ww	0	Sep-19	L	6	4	4			1	0	1	0	0	1	0				
	Diagnostics	1.0%	Sep-19	L	0.4%	0.2%	0.1%			0.7%	0.7%	0.1%	0.0%	0.4%	1.6%	0.3%				
	Primary Care - Extended GP Access	100%	Feb-19	H	100%	100%				100%		100%		100%						
	Primary Care - % overall experience	82.9%	2019	H	82.9%	80.6%				81.0%		83.4%		84.1%						
	Mental Health - IAPT access	5.13%	Aug-19	H	4.49%	3.58%				4.24%		4.47%		4.79%						
	Mental Health - IAPT recovery**	50.0%	Aug-19	H	52.9%	50.7%	50.0%	54.8%	49.8%	52.4%	56.9%	56.3%	52.4%	48.5%		47.1%				
	Mental Health - 6 week**	75.0%	Aug-19	H	90.5%	90.5%	69.8%	100.0%	69.9%	89.3%	94.1%	88.0%	89.3%	86.8%		87.2%				
	Mental Health - 18 week**	95.0%	Aug-19	H	98.3%	95.2%	90.7%	100.0%	98.8%	98.7%	100.0%	98.0%	98.7%	97.8%		99.1%				
	Mental Health - EIP	56.0%	Sep-19	H	83.3%	66.7%	84.0%	100.0%	77.9%	75.8%	83.3%	60.0%	75.8%	100.0%		86.5%				
	Cancer 2 week wait	93.0%	Sep-19	H	94.9%	93.6%	93.7%	Pilot		Pilot	Pilot	92.1%	91.2%	95.5%	100.0%	95.9%				
	Cancer 2 week wait breast	93.0%	Sep-19	H	97.6%	98.1%	98.1%	Pilot		Pilot	Pilot	92.2%	91.8%	98.1%	-	97.7%				
	Cancer 31 day	96.0%	Sep-19	H	97.2%	98.6%	100.0%	100.0%		95.9%	100.0%	94.2%	96.6%	98.6%	100.0%	94.2%				
Cancer -28 Days FDS*	80.0%	Sep-19	H	74.0%		73.7%				76.8%		77.1%		74.0%	69.3%					
Cancer - 38 Days***		Sep-19	H			86.7%				92.3%		66.7%								
Cancer - 62-day treatment	85%	Sep-19	H	80.3%	85.2%	93.5%			88.7%	95.0%	68.7%	74.8%	78.6%	-	67.9%					
Quality	Organisations in Special Measures					NO	NO	NO	NO	NO	NO	NO	NO	NO	NO					
	CCG IAF Assessment					Outstanding			Outstanding		Outstanding		Good							
	CCG IAF Assessment - QOL					G*			G*		G*		A							
	CCG IAF Assessment - Finance					G			G		G		G							
	CQC Inspection rating - new approach						GOOD	GOOD		REQ IMP		REQ IM	GOOD		GOOD	GOOD	REQ IMP			
	NHSI - Single Oversight Fwk Segmentation						2	2		2		3	1		2	2	2			
	Protecting from avoidable harm					Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
	Cdiff	0	Sep-19	L	39	5	3		2			3	3	5	3		24	1	16	
	MRSA	0	Sep-19	L	2	0	0		1			1	1	0	0		0	0	0	
	MSA breaches	0	Sep-19	L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA - No of cases	Lower is Better	Sep-19	L	39	4	2		3			14	6	7	1		11	0	3		
E-Coli - No of cases	Lower is Better	Sep-19	L	126	13	1		9			25	4	21	3		58	0	15		
Never events declared - number	0	Sep-19	L	2		0	0		No data	0		0		0	0		0	2	0	

\* SYB Cancer Alliance Position included in SYB ICS column

\*\* Mental Health Provider data is reporting one month behind the commissioners

\*\*\* Data is a snapshot and is unvalidated data. Data will change when trusts update IPT fields.



# South Yorkshire & Bassetlaw Integrated Care System

## 1c. Performance against Operational Plan – ICS system against Operational Plan

		ICS (Comm)			ICS (Prov)				
		Plan	Actual	Period Var from plan (%)	Plan	Actual	Period Var from plan (%)	Below Provider Plan	Above CCG Plan
<b>Elective Care</b>	<b>Period</b>								
RTT - 18 week wait	Sep-19	91.7%	91.1%	-0.6%	92.2%	90.7%	-1.5%		
RTT - 52 ww	Sep-19	0	6	600%	0	5	500%		
RTT - Waiting List (CCG)	Sep-19	92,500	104,242	12.7%	109,732	117,813	7.4%		
RTT - Waiting List (CCG Against March 18 position)	Sep-19	94,543	104,242	10.3%	108,443	117,813	8.6%		
Diagnostics	Sep-19	0.9%	0.4%	-0.5%	0.9%	0.4%	-0.5%		
Cancer 2 week wait	Sep-19	93.5%	94.9%	1.5%	94.1%	95.0%	0.9%		
Cancer 2 week wait breast	Sep-19	93.7%	97.6%	4.2%	93.3%	97.8%	4.8%		
Cancer 31 day 1st Treatment	Sep-19	96.3%	97.2%	0.9%	95.3%	96.1%	0.9%		
Cancer 31 day - Surgery	Sep-19	95.4%	93.9%	-1.6%	90.8%	93.8%	3.3%		
Cancer 31 day Drug	Sep-19	98.8%	99.6%	0.8%	99.6%	99.7%	0.1%		
Cancer 31 day Radiotherapy	Sep-19	95.4%	91.1%	-4.5%	94.1%	90.2%	-4.1%		
Cancer - 62-day Urgent	Sep-19	85.6%	80.3%	-6.1%	84.0%	77.7%	-7.5%		
Cancer 62 Day - Screening	Sep-19	94.0%	87.5%	-6.9%	87.4%	86.0%	-1.6%		
Cancer 62 Day - Consultant Upgrade	Sep-19	88.9%	81.2%	-8.6%	88.2%	83.4%	-5.4%		
<b>Urgent Care</b>	<b>Period</b>								
A&E - Maximum 4-hour wait	Oct-19				91.8%	89.0%	-3.1%		
12 hour trolley waits	Oct-19				0	0	0		
DTOC	Sep-19					2.8%	2.8%		
<b>Activity</b>	<b>Period</b>	<b>Plan</b>	<b>Actual</b>	<b>Period Var from plan (%)</b>	<b>Plan</b>	<b>Actual</b>	<b>Period Var from plan (%)</b>	<b>Year on year 12 month growth</b>	<b>Year on year 12 month growth</b>
GP referrals (YTD)	Sep-19	174,483	179,830	3.1%	188,984	197,805	4.7%	0.0%	-0.1%
Other referrals (YTD)	Sep-19	115,927	120,576	4.0%	138,759	142,978	3.0%	5.2%	5.2%
Total referrals (YTD)	Sep-19	290,410	300,406	3.4%	327,743	340,783	4.0%	2.0%	2.0%
1st Outpatients (YTD)	Sep-19	269,296	300,329	11.5%	361,698	370,364	2.4%	4.2%	4.5%
Follow-up outpatients (YTD)	Sep-19	531,627	564,739	6.2%	718,303	755,778	5.2%	2.6%	2.8%
Total Elective Admissions (YTD)	Sep-19	115,210	119,496	3.7%	148,084	149,425	0.9%	2.4%	2.2%
AE attendances (YTD)	Sep-19	301,343	307,506	2.0%	302,281	306,135	1.3%	5.9%	6.3%
A&E Type 1 (YTD)	Sep-19	266,403	270,209	1.4%	270,141	276,426	2.3%	6.2%	6.7%
Non elective activity (YTD)	Sep-19	87,505	86,784	-0.8%	96,028	95,257	-0.8%	2.8%	2.7%
Zero LoS Non elective spells (YTD)	Sep-19	23,829	23,729	-0.4%	25,126	25,538	1.6%	4.8%	5.0%
1+ LoS Non elective spells (YTD)	Sep-19	63,676	63,055	-1.0%	70,902	69,719	-1.7%	2.0%	1.9%

# South Yorkshire & Bassetlaw Integrated Care System

## 1d. Performance against Operational Plan – Organisations grouped in place

Below Provider Plan  
Above CCG Plan

		ICS Comm		ICS Provider		Barnsley CCG		BHFT		Bassetlaw CCG		Doncaster CCG		DBHFT		Rotherham CCG		TRFT		Sheffield CCG		SCHFT		STHFT	
Elective Care		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
RTT - 18 week wait	Sep-19	91.7%	91.1%	92.2%	90.7%	92.0%	93.6%	95.1%	93.8%	91.5%	87.8%	91.3%	87.0%	91.3%	86.4%	92.0%	92.2%	92.0%	92.2%	92.0%	92.8%	92.0%	92.8%	92.0%	92.8%
RTT - 52 ww	Sep-19	0	6	0	5	0	4	0	4	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0
RTT - Waiting List	Sep-19	92,500	104,242	109,732	117,813	15,383	18,140	12,480	13,575	7,697	8,498	23,450	23,833	29,898	27,953	15,937	18,071	13,912	14,730	31,438	35,700	8,988	9,031	44,454	48,118
RTT - Waiting List (Against March 18 position)	Sep-19	94,543	104,242	108,443	117,813	15,756	18,140	12,068	13,575	7,825	8,498	24,026	23,833	31,074	27,953	15,945	18,071	13,782	14,730	30,991	35,700	7,998	9,031	44,521	48,118
Diagnostics	Sep-19	0.9%	0.4%	0.9%	0.4%	0.9%	0.2%	0.5%	0.1%	1.0%	0.0%	1.0%	0.0%	0.8%	0.7%	0.4%	0.1%	0.9%	0.0%	1.0%	0.4%	0.9%	1.6%	1.0%	0.3%
Cancer 2 week wait	Sep-19	93.5%	94.9%	94.1%	95.0%	95.9%	93.6%	95.6%	93.7%	93.3%	Pilot	93.0%	Pilot	93.4%	Pilot	93.2%	92.1%	93.4%	91.2%	93.0%	95.5%	100.0%	100.0%	94.3%	95.9%
Cancer 2 week wait breast	Sep-19	93.7%	97.6%	93.3%	97.8%	93.2%	98.1%	93.6%	98.1%	96.4%	Pilot	93.5%	Pilot	93.2%	Pilot	94.1%	94.1%	93.7%	91.8%	93.1%	98.1%	-	-	93.5%	97.7%
Cancer 31 day 1st Treatment	Sep-19	96.3%	97.2%	95.3%	96.1%	96.3%	98.6%	97.0%	100.0%	96.2%	100.0%	96.2%	95.9%	98.0%	100.0%	96.5%	94.2%	96.9%	96.6%	96.3%	98.6%	100.0%	100.0%	93.6%	94.2%
Cancer 31 day - Surgery	Sep-19	95.4%	93.9%	90.8%	93.8%	92.6%	95.2%	100.0%	100.0%	100.0%	100.0%	96.2%	94.7%	100.0%	100.0%	96.4%	93.1%	94.1%	94.1%	95.7%	92.2%	0.0%	100.0%	87.9%	92.3%
Cancer 31 day Drug	Sep-19	98.8%	99.6%	99.6%	99.7%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	100.0%	94.1%	100.0%	98.9%	99.1%	100.0%	100.0%	100.0%	99.6%
Cancer 31 day Radiotherapy	Sep-19	95.4%	91.1%	94.1%	90.2%	96.8%	100.0%	-	-	94.7%	80.0%	95.1%	90.5%	0.0%	-	95.6%	90.9%	94.1%	-	95.0%	91.5%	-	-	94.1%	90.2%
Cancer - 62-day Urgent	Sep-19	85.6%	80.3%	84.0%	77.7%	85.5%	85.2%	86.0%	93.5%	87.5%	90.9%	85.7%	88.7%	86.0%	95.0%	85.7%	68.7%	85.3%	74.8%	85.1%	78.6%	-	-	81.5%	67.9%
Cancer 62 Day - Screening	Sep-19	94.0%	87.5%	92.4%	85.0%	92.9%	100.0%	92.3%	100.0%	100.0%	71.5%	84.5%	76.6%	90.5%	77.3%	93.3%	86.3%	85.7%	80.0%	93.3%	86.3%	0.0%	-	88.2%	82.2%
Cancer 62 Day - Consultant Upgrade	Sep-19	88.9%	81.2%	88.2%	83.4%	92.3%	78.6%	92.3%	82.6%	66.7%	80.0%	85.7%	40.0%	87.5%	82.4%	90.2%	85.0%	89.8%	85.5%	87.5%	100.0%	-	-	83.0%	81.7%
Urgent Care		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
A&E - Maximum 4-hour wait	Oct-19			91.8%	89.0%			95.0%	95.2%					92.3%	90.3%			89.0%	Pilot			95.0%	97.8%	90.0%	82.9%
12 hour trolley waits	Oct-19			0	0									0	0			0	0			0	0	0	0
DTOC (19/20 BCF Plan TBC)	Sep-19			TBC	2.8%			TBC	1.1%					TBC	1.9%			TBC	2.7%			TBC	-	TBC	2.6%
Activity		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
GP referrals (YTD)	Sep-19	174,483	179,830	188,984	197,805	27,677	31,581	25,987	28,903	14,827	14,680	38,219	38,128	55,074	56,296	28,212	27,808	24,527	23,472	65,548	67,633	7,607	9,792	75,789	79,342
Other referrals (YTD)	Sep-19	115,927	120,576	138,759	142,978	21,199	22,732	16,213	17,212	8,680	9,508	23,296	22,672	30,111	28,670	21,103	20,903	16,837	16,015	41,649	44,761	11,580	15,031	64,018	66,050
Total referrals (YTD)	Sep-19	290,410	300,406	327,743	340,783	48,876	54,313	42,200	46,115	23,507	24,188	61,515	60,800	85,185	84,966	49,315	48,711	41,364	39,487	107,197	112,394	19,187	24,823	139,807	145,392
1st Outpatients (YTD)	Sep-19	269,296	300,329	361,698	370,364	45,594	48,646	40,614	44,756	17,860	19,025	50,886	53,206	73,683	74,702	33,907	40,235	30,341	35,516	121,049	139,217	26,825	26,502	190,235	188,888
Follow-up outpatients (YTD)	Sep-19	531,627	564,739	718,303	755,778	119,244	125,942	101,882	112,693	33,199	34,905	80,236	90,703	123,867	121,309	78,221	97,372	61,614	86,032	220,727	215,817	45,545	44,762	385,395	390,982
Total Elective Admissions (YTD)	Sep-19	115,210	119,486	148,084	149,425	20,341	22,180	15,424	16,426	8,670	8,883	25,308	26,075	29,866	30,134	18,836	19,407	15,448	15,496	42,055	42,942	10,021	9,383	77,325	77,986
AE attendances (YTD)	Sep-19	301,343	307,506	302,281	306,135	55,983	56,084	49,879	52,104	22,192	23,477	64,005	65,526	92,665	93,813	52,749	54,225	51,610	51,750	106,414	108,194	27,288	28,550	80,839	79,918
A&E Type 1	Sep-19	266,403	270,209	270,141	276,426	51,886	52,347	49,879	52,104	20,812	22,037	55,745	57,138	78,998	83,688	49,488	50,469	51,610	51,750	88,472	88,218	26,779	28,550	62,875	60,334
Non elective activity (YTD)	Sep-19	87,505	86,784	96,028	95,257	18,810	19,444	17,397	18,799	7,017	7,113	19,352	18,371	26,944	26,250	13,971	13,556	12,954	12,404	28,355	28,300	3,217	3,000	35,516	34,804
Zero LoS Non elective spells (YTD)	Sep-19	23,829	23,729	25,126	25,538	5,090	5,496	4,604	5,385	2,468	2,517	6,773	6,260	9,354	9,133	2,526	2,518	2,058	2,053	6,972	6,938	566	594	8,544	8,373
1+ LoS Non elective spells (YTD)	Sep-19	63,676	63,055	70,902	69,719	13,720	13,948	12,793	13,414	4,549	4,596	12,579	12,111	17,590	17,117	11,445	11,038	10,896	10,351	21,383	21,362	2,651	2,406	26,972	26,431
Activity		YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth	YTD var from plan (%)	Year on Year 12mth growth
GP referrals (YTD)	Sep-19	3.1%	0.0%	4.7%	-0.1%	14.1%	6.1%	11.2%	11.6%	-1.0%	1.3%	-0.2%	4.1%	2.2%	1.9%	-1.4%	0.1%	-4.3%	-1.3%	3.2%	-4.7%	28.7%	10.8%	4.7%	-5.7%
Other referrals (YTD)	Sep-19	4.0%	5.2%	3.0%	5.2%	7.2%	8.8%	6.2%	11.5%	9.5%	13.1%	-2.7%	0.4%	-4.8%	1.7%	-0.9%	0.1%	-4.9%	-1.3%	7.5%	6.9%	29.8%	13.0%	3.2%	5.4%
Total referrals (YTD)	Sep-19	3.4%	2.0%	4.0%	2.0%	11.1%	7.2%	9.3%	11.5%	2.9%	5.5%	-1.2%	2.7%	-0.3%	1.8%	-1.2%	0.1%	-4.5%	-1.2%	4.8%	-0.4%	29.4%	12.1%	4.0%	-1.0%
1st Outpatients (YTD)	Sep-19	11.5%	4.2%	2.4%	4.5%	6.7%	4.7%	10.2%	8.5%	6.5%	4.7%	4.6%	4.9%	1.4%	3.8%	18.7%	2.9%	17.1%	1.0%	15.0%	4.0%	-1.2%	12.8%	-0.7%	3.6%
Follow-up outpatients (YTD)	Sep-19	6.2%	2.6%	5.2%	2.8%	5.6%	5.1%	10.6%	10.2%	5.1%	0.4%	13.0%	2.7%	-2.1%	-3.9%	24.5%	-0.3%	39.6%	-0.1%	-2.2%	3.0%	-1.7%	8.2%	1.4%	3.1%
Total Elective Admissions (YTD)	Sep-19	3.7%	2.4%	0.9%	2.2%	9.1%	3.0%	6.5%	3.7%	2.5%	2.1%	3.0%	3.1%	0.9%	0.5%	3.0%	-0.1%	0.3%	-3.4%	2.1%	2.8%	-6.4%	2.2%	0.9%	3.8%
AE attendances (YTD)	Sep-19	2.0%	5.9%	1.3%	6.3%	0.2%	9.3%	4.5%	12.1%	5.8%	10.0%	2.4%	5.0%	1.2%	5.8%	2.8%	5.9%	0.3%	5.2%	1.7%	4.0%	4.6%	5.3%	-1.1%	4.5%
A&E type 1	Sep-19	1.4%	6.2%	2.3%	6.7%	0.9%	10.1%	4.5%	12.1%	5.9%	10.4%	2.5%	6.3%	5.9%	7.7%	2.0%	6.1%	0.3%	5.2%	-0.3%	3.2%	6.6%	5.3%	-4.0%	3.0%
Non elective activity (YTD)	Sep-19	-0.8%	2.8%	-0.8%	2.7%	3.4%	10.3%	8.1%	12.6%	1.4%	9.0%	-5.1%	-2.4%	-2.6%	-0.3%	-3.0%	1.9%	-4.2%	2.1%	-0.2%	0.6%	-6.7%	0.1%	-2.0%	0.7%
Zero LoS Non elective spells (YTD)	Sep-19	-0.4%	4.8%	1.6%	5.0%	8.0%	16.7%	17.0%	19.6%	2.0%	11.4%	-7.6%	-3.7%	-2.4%	-0.8%	-0.3%	12.9%	-0.2%	16.9%	-0.5%	0.3%	4.9%	-2.0%	-2.0%	1.6%
1+ LoS Non elective spells (YTD)	Sep-19	-0.98%	2.03%	-1.7%	1.9%	1.7%	8.08%	4.9%	10.1%	1.0%	7.79%	-3.7%	-1.78%	-2.7%	-0.1%	-3.6%	-0.30%	-5.0%	-0.3%	-0.1%	0.72%	-9.2%	0.5%	-2.0%	0.4%
























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















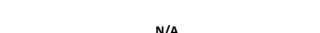


<b>Title</b>	<b>INTEGRATED PERFORMANCE REPORT (IPR)</b>		
<b>Report to</b>	<b>Board of Directors - Public</b>	<b>Date</b>	<b>17/12/19</b>
<b>Author</b>	<b>Rebecca Joyce – Chief Operating Officer</b> <b>Sewa Singh – Medical Directors</b> <b>David Purdue – Director of Nursing, Midwifery and AHP's</b> <b>Karen Barnard – Director of People and Organisational Development</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

<b>Executive summary containing key messages and issues</b>
<p>Please find attached the monthly Integrated Performance Report (IPR) for the trust. The report is split into two parts:</p> <ol style="list-style-type: none"> <li>1. At A Glance Charts – showing performance against the set of indicators</li> <li>2. Performance Exception Report – this analysis is provided by operational teams where targets have not been met.</li> </ol> <p>Headlines from the report include:</p> <ul style="list-style-type: none"> <li>• 4 Hour Access – 85.92% achievement against national target of 95%. Continued increase in attendances remain challenging with the Trust seeing a 9.17% increase in footfall during November 2019.</li> <li>• RTT –in November the Trust delivered 87.2% performance within 18 weeks. This was below the recovery trajectory of 88.1%. A full action plan to improve performance was submitted to Finance &amp; Performance committee in September 2019 and is now being mobilised, to ensure 92% by year end.</li> </ul>



<p>The Trust has reported 1 x 52 week breach in November 2019 for ENT / Respiratory (Bassetlaw CCG)</p> <ul style="list-style-type: none"> <li>• Diagnostics – in November the Trust did not achieve the target with a performance of 98.72% achievement against a target of 99%. This was largely due to the Urodynamics position and was expected – full details were shared at last month’s F&amp;P meeting.</li> </ul> <p>Within Cancer, a largely positive performance is reported, with some areas for improvement:</p> <ul style="list-style-type: none"> <li>• Cancer 31 days – 100% achievement against national targets of 94%-98%</li> <li>• Cancer 62 days – 50% - 84.1% achievement against national targets of 85% - 90% - Action plan to improve performance submitted to Cancer Programme Board – November 2019.</li> </ul>
<b>Key questions posed by the report</b>
Are the committee sufficiently assured by the actions taken to ensure that the operational performance of the trust for 2019/20 delivers the various performance targets?
<b>How this report contributes to the delivery of the strategic objectives</b>
<p>This report relates to strategic aims 2 and the following areas as identified in the Trust’s BAF and CRR.</p> <ul style="list-style-type: none"> <li>• F&amp;P 6 - Failure to achieve compliance and delivery aspects of the SOF, CQC and other regulatory standards.</li> <li>• F&amp;P 19 - Failure to achieve income targets arising from issues with activity</li> </ul>
<b>How this report impacts on current risks or highlights new risks</b>
Update on the risks relating to the delivery of 2019/20 operational performance and for that of 2020/21 going forwards.
<b>Recommendation(s) and next steps</b>
The Board of Directors are asked to note and comment as appropriate on the attached.






Category	Indicator	Latest Month Reported	National Target	Peer Benchmarking	National Benchmarking	CURRENT MONTH			YEAR-TO-DATE			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	Nov 19	95%	83.6%	83.6%	91.2%	85.9%	-5.3%	92.0%	89.73%	-2.3%	95.0%	88.7%	-6.3%			
	Max time of 18 weeks from point of referral to treatment- incomplete pathway	Oct-19	92%	74.3%	84.8%	87.10%	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%	99.6%	3.6%	96.0%	99.6%	3.6%			
	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%	83.9%	-0.9%	85.0%	85.6%	0.6%	85.0%	86.2%	1.2%			
	62 day wait for first treatment from consultant screening service referral	Sep-19	90.0%	83.5%	86.9%	90.0%	100.0%	10.0%	90.0%	85.2%	-4.8%	90.0%	84.3%	-5.7%			
Activity	ED Attendances	Nov-19	N/A	N/A	N/A		14747			113490							
	Daycase Activity - Discharges	Nov-19	.N/A	.N/A	.N/A	4,388	4,167	(221)	33,526	33,351	(175)						
	Other Elective Activity - Discharges	Nov-19	.N/A	.N/A	.N/A	826	730	(96)	5,605	6,058	453						
	Outpatient new activity (Contracted levels achieved)	Nov-19	.N/A	.N/A	.N/A	11,716	12,028	312	93,170	92,936	(234)						
	Outpatient Follow Up activity (Contracted levels achieved)	Nov-19	.N/A	.N/A	.N/A	23,680	24,267	587	188,319	190,930	2,611						
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)	Sep-19	48.0%	.N/A	.N/A	48.0%	54.7%	6.7%	48.0%	48.7%	0.7%	48.0%	48.7%	0.7%			
	Proportion directly admitted to a stroke unit within 4 hours of clock start	Sep-19	90.0%	.N/A	.N/A	90.0%	51.0%	-39.0%	75.0%	54.5%	-20.5%	75.0%	52.8%	-22.2%			
	Percentage of eligible (according to RCP Guideline minimum threshold) given Thrombolysis (Trust)	Sep-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	Sep-19	40.0%	.N/A	.N/A	40.0%	73.3%	33.3%	24.0%	79.4%	55.4%	24.0%	81.1%	57.1%			
	Percentage discharged given a named person to contact after discharge	Sep-19	95.0%	.N/A	.N/A	95.0%	97.8%	2.8%	80.0%	96.6%	16.6%	80.0%	99.5%	19.5%			
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	Nov-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	Nov-19		.N/A	.N/A	4.5%	14.1%	9.6%	4.5%	13.6%	9.1%	4.5%	15.5%	11.0%			
	Theatre Utilisation	Nov-19		.N/A	.N/A	87.0%	82.9%	-4.1%	87.0%	83.9%		87.0%					
	Clinic Utilisation	Nov-19		.N/A	.N/A	95.0%	87.7%	-7.3%	95.0%	89.9%		95.0%					
Effective	Emergency Readmissions within 30 days (PbR Methodology)	Oct-19		.N/A	.N/A		3.0%			6.3%							
	Length of Stay (21 Days) - Number of Patients As at 28/11/2019	Nov-19		N/A	N/A	71	67	-4		67							
	Length of Stay (21 Days) - Number of days As at 28/11/2019	Nov-19		N/A	N/A		2444			2444							
	DTOC - Total Delays	Oct-19		N/A	N/A	N/A	413										
	DTOC - Total Whole Bed Days	Oct-19		N/A	N/A	N/A	21581										
	DTOC - %	Oct-19		3.72%	4.68%	3.0%	1.91%	-1.09%									
Safe	Infection Control C.Diff	Nov-19		.N/A	.N/A	3	5	2	6	32	27						
	Infection Control MRSA	Nov-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	Nov-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		
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SPECIFIC THEMES :

NHS England NHFD Benchmarking

Fractured Neck of Femur	% of patients achieving Best Practice Tariff Criteria	Nov-19		63.50%		54.9%			50.1%			50.6%				
	36 hours to surgery Performance	Nov-19				56.9%			56.6%			57.2%				
	72 hours to geriatrician assessment Performance	Nov-19				96.1%			91.2%			91.7%				
	% of patients who underwent a falls assessment	Nov-19		95.70%		100.0%			96.5%			97.0%				
	% of patients receiving a bone protection medication assessment	Nov-19		93.70%		100.0%			97.3%			97.6%				
	% who underwent a pre-operative AMTS Assessment (Delirium Assessment)	Nov-19		94.60%		98.0%			96.2%			95.3%				
	Mortality-Deaths within 30 days of procedure	Nov-19				5.9%			7.0%			6.5%				

# Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

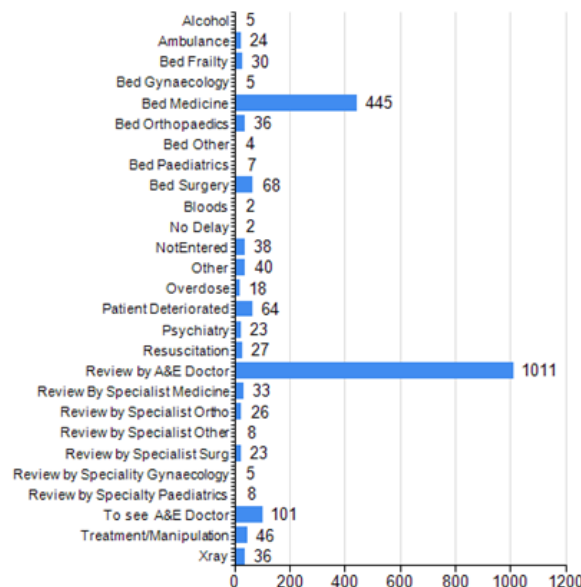
## PERFORMANCE EXCEPTION REPORT – November 2019

### (A) 4hr Access Target

#### Trust

The 4 hour access target was not met in November 2019 with 85.92% achievement against a target of 95% - in comparison to 92.78% in November 2018. The Trust managed 15453 ED attendances across sites and streams, during November 2019. This is 1417 more patients than in November 2018, a 9.17% increase. 2176 patients were not treated within 4 hours – this is 1162 more than in November 2018. Breach reasons are outlined below with the main two categories remaining “Review by A&E doctor” and “Medical beds”. Both sites have seen a significant increase in acuity of patients attending ED, this is demonstrable by the increase in resus activity on both sites. Both sites have also seen a considerable increase in paediatric attendances.

**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 November include

- Qii Event held in November / Early December to review CDU & future working of Same Day Emergency Care (SDEC) – report out of the 3 events due to take place 9.12.19
- Appointment of a new substantive Clinical Director for EDs started 4th November 2019
- Organisational development – preliminary report received by COO in December 2019, next steps being discussed.
- Additional ED Staffing – Band 6s now recruited to start early 2020 – ANPs advert still live
- Mexborough Urgent Treatment Centre in partnership with FCMS went live on 2<sup>nd</sup> December 2019

## Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

### PERFORMANCE EXCEPTION REPORT – November 2019

#### Doncaster Royal Infirmary

The 4 hour access target was not met in November 2019 with 81.09% achievement against a target of 95% - in comparison to 91.08% in November 2018. DRI managed 9621 ED attendances across streams, during November 2019. This is 909 more patients than in November 2018 seeing an increase of 8.5%.

In November 2019 19.62% of attendances were streamed from FDASS compared to 13.88% streamed in November 2018, this is the highest % of patients streamed over the last 13 months.

#### Bassetlaw District General Hospital

The 4 hour access target was not met in November 2019 with 91.77% achievement against a target of 95% - in comparison to 94.06% in November 2018

BDGH managed 4558 ED attendances across streams during November 2019. This is 569 more patients than in November 2018 seeing an increase of 12.48%. During November 2019 BDGH saw the highest full year attendance ever recorded for the site, with 1 month left in the calendar year, demonstrating the month on month increase in attendances that have been recorded during 2019 to date.

In November 2019 9.19 % of attendances were streamed from FDASS compared to 10.05% streamed in November 2018. This is a reduction due to last year's figures including minor injuries streaming to support the vacancies at ENP level within the Department. 9.19% is purely minor illness streaming so not a true comparison. It is anticipated the streaming figure will increase when the navigation nurse & early senior assessment trial is implemented in late December 2019 / early January 2020.

### Ambulance Breaches

#### OCTOBER DATA BELOW – NOVEMBER DATA NOT YET AVAILABLE

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 – November 2019

### (B) Referral to Treatment (RTT)

The Trust has continued to deliver its recovery plan during November 2019 to get back to the national 92% standard by the end of the financial year. In November 2019 the performance was 87.2% against a recovery plan trajectory of 88.1%. This is an improvement on October 2019, however not meeting the recovery plan trajectory. The main drivers of the position were:

- Multiple cancellations in Orthopaedics (elective cases) due to trauma demand
- Increased waits for routine MRI scans due to increase in demand (see diagnostics below)
- Activity levels below forecast

#### Key areas of focus for December include:

- Continued 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
- Additional admin support dedicated to outsourcing to ensure all outsourcing opportunities are maximised.
- Further SY&B wide RTT workshop to be arranged – sharing best practice (initial meeting held 3.12.19 at DBTH with representatives from STH, Barnsley, Rotherham & Sheffield Children's)
- Enhancement of Activity Flashcards, originally rolled out in November 2019 to enable services to see 'at a glance' activity data both historic and forthcoming to enable mitigating actions to account for shortfalls in contracted activity.
- Creation of service level Integrated Performance Reports to provide services with clear performance data covering a wide range of metrics impacting on overall performance of the specialty.

The following table gives the CCG breakdown for RTT and PTL achievement for November 2019 rated against recovery trajectories (waiting list trajectories are at Trust level only).

Incomplete Pathways	November 2019	October 2019
Total (Trust)	31296	32276
% under 18 Weeks (Trust)	87.2%	87.1%
Total (Doncaster CCG)	19017	19722
% under 18 Weeks (Doncaster CCG)	87.0%	86.7%
Total (Bassetlaw CCG)	6223	6640
% under 18 Weeks (Bassetlaw CCG)	87.9%	87.9%

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

## Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

### PERFORMANCE EXCEPTION REPORT – November 2019

Specialty	Under 18 Weeks	18 Weeks and over	Total	Percentage
BREAST SURGERY	343		343	100.0%
CARDIOLOGY	1779	248	2027	87.8%
CLINICAL HAEMATOLOGY	159	3	162	98.1%
COMMUNITY PAEDIATRICS	22		22	100.0%
DERMATOLOGY	1907	144	2051	93.0%
DIABETIC MEDICINE	587	95	682	86.1%
ENDOCRINOLOGY	3		3	100.0%
ENT	2488	492	2980	83.5%
GENERAL MEDICINE	1732	351	2083	83.1%
GENERAL SURGERY	2237	300	2537	88.2%
GERIATRIC MEDICINE	196	31	227	86.3%
GYNAECOLOGY	1327	58	1385	95.8%
MEDICAL OPHTHALMOLOGY	244	13	257	94.9%
NEPHROLOGY	123	4	127	96.9%
OPHTHALMOLOGY	2288	397	2685	85.2%
ORAL SURGERY	1709	226	1935	88.3%
ORTHODONTICS	59	5	64	92.2%
PAEDIATRIC CARDIOLOGY	108	7	115	93.9%
PAEDIATRIC ENDOCRINOLOGY	42	3	45	93.3%
PAEDIATRIC EPILEPSY	21		21	100.0%
PAEDIATRIC RESPIRATORY MEDICINE	1		1	100.0%
PAEDIATRICS	510	23	533	95.7%
PAIN MANAGEMENT	285	11	296	96.3%
PODIATRIC SURGERY	9	5	14	64.3%
PODIATRY	177	15	192	92.2%
RESPIRATORY MEDICINE	867	106	973	89.1%
RESPIRATORY PHYSIOLOGY	12	1	13	92.3%
RHEUMATOLOGY	732	192	924	79.2%
TRAUMA & ORTHOPAEDICS	5182	976	6158	84.2%
UPPER GASTROINTESTINAL SURGERY	77	25	102	75.5%
UROLOGY	1535	242	1777	86.4%
VASCULAR SURGERY	520	42	562	92.5%
Grand Total	27281	4015	31296	87.2%

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 – November 2019

#### 52 Week Breaches

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

- ENT / Respiratory – Bassetlaw CCG

A full breach report has been completed. The patient was not visible on the PTL and was identified via validation due to an incorrect clock stop being administered.

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.

#### (C) Diagnostics

The Diagnostic target was not met for November 2019 with 98.72% achievement against a target of 99%. The Trust was aware of the risks to the Diagnostic Target for November 2019 and this was communicated to Trust and CCG colleagues last month.

Exam Type	<6W	>=6W	Total	Performance	Longest Breach (weeks)
MRI	1893	47	1940	97.58%	9 (x2)
CT	2176	0	2176	100.00%	-
Non-Obstetric Ultrasound	2647	2	2649	99.92%	6
Barium Enema	0	0	0		-
DEXA	188	0	188	100.00%	-
Audiology	120	4	124	96.77%	13
Echo	166	0	166	100.00%	-
Nerve Conduction	173	1	174	99.43%	8
Sleep Study	40	0	40	100.00%	-
Urodynamic	69	28	97	71.13%	27 (x2)
Colonoscopy	284	0	284	100.00%	-
Flexible Sigmoidoscopy	112	0	112	100.00%	-
Cystoscopy	324	29	353	91.78%	10 (x4)
Gastroscopy	382	0	382	100.00%	-
<b>Total</b>	<b>8574</b>	<b>111</b>	<b>8685</b>	<b>98.72%</b>	<b>27</b>

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

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	8574	111	8685	98.72%
NHS Doncaster	5511	61	5572	98.91%
NHS Bassetlaw	2215	39	2254	98.27%

## **Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust**

### **PERFORMANCE EXCEPTION REPORT – November 2019**

#### **Missed Targets:**

- MRI – 97.58% - 47 breaches out of 1940 waiters. 430 MRI requests last month with a 22% increase (116 requests) from GP surgeries. The increased demand has continued in December. Additional van days and extended sessions on the static scanners have been implemented to support meeting the increased demand. Demand over the coming weeks will be assessed as to whether this is a temporary increase, or if baseline capacity needs to be reviewed.
- Audiology – 96.77% -4 breaches out of 124 waiters. The team continue to monitor capacity and where possible undertake additional activity to manage demand. This is an improvement from last month.
- Urodynamic – 71.13% -28 breaches out of 97 waiters. A full recovery plan has been circulated to Trust & CCG colleagues during November / December 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 continues to implement improved processes and are still predicting performance recovery from January 2020
- Cystoscopy – 91.78% - 29 breaches out of 353 waiters. The service reported a significant increase in demand during November 2019, which has continued into December. A new process has been implemented by the service during November 2019 to ensure that any long-waiting patients are escalated in a timely manner to ensure mitigating actions can be agreed to avoid diagnostic target breaches.

#### **(D) Cancer Performance**

##### **October 2019**

The 31 day position continues to perform well. Challenges continue with the 62 day standard standards, with a fall in performance in 3 / 4 nationally reported metrics, however we have seen an improvement in the 62 day screening standard for October 2019. There were 21 breaches in total for all 62 day standards combined. 14 / 21 breaches related to shared care patients with the majority having complex pathways.

Work continues to take place to improve compliance with all cancer standards – an action plan was presented at Cancer Programme Board in November 2019 to demonstrate this. A summary of the actions were included in the October 2019 Performance Exception Report

In addition, the way in which individual patients are tracked through the system will change from December 2019 with the introduction of a joint PTL meeting for both routine and cancer patients, ensuring services are sighted on individual patient pathways from day 0, enabling proactive pathway management to support the achievement of Day 28 FDS and the wider Cancer standards.

# Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

## PERFORMANCE EXCEPTION REPORT – November 2019

### Cancer Performance – October 2019

Standard	Local Performance
31 Day	100%
31 Day Sub – Surgery	100%
31 Day Sub – Drugs	100%
62 Day – IPT Scenario Split	83.9%
62 Day 50/50 Split	84.1%
62 Day – Local Performance	89.5%
62 Day – Shared Performance only 50/50 Split	50%
62 Day Screening	100%
62 Day Consultant Upgrades	75%

### 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
<b>Operational Standard</b>	<b>96%</b>	<b>94%</b>	<b>98%</b>	<b>94%</b>	<b>85%</b>	<b>85%</b>	<b>90%</b>	<b>TBA</b>
<b>Breast</b>	100%	100%	100%		90.2%	90.2%	100%	
<b>Gynaecology</b>	100%				77.8%	63.6%		100%
<b>Haematology</b>	100%		100%		100%	100%		
<b>Head &amp; Neck</b>	100%				33.3%	33.3%		
<b>Lower GI</b>	100%	100%			72.7%	76.2%	100%	100%
<b>Lung</b>	100%				90%	87.5%		50%
<b>Skin</b>	100%				100%	100%		
<b>Upper GI</b>	100%				72.7%	80%		
<b>Urological</b>	100%		100%		80%	80%		
<b>Performance</b>	100%	100%	100%		84.1%	83.9%	100%	75%

### Cancer Performance Exceptions – September 2019

CWT Standard	Tumour Group	Performance against standard	High Level View
<b>62 day (using 6 scenario data)</b>	Gynaecology	63.6%	2 Patients – Both Shared care, 1 Complex pathway, 1 pathway delays to investigations compounded by patient choice
	H&N	33.3%	4 Patients– All Shared care, 3 complex pathway, 1 OPD capacity at STH
	Lower GI	76.2%	5 Patients – 4 shared care – 2 complex pathways, 1 OPD capacity at STH, Medical Reason. 1 Local Pathway - diagnostic delays

## Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

### PERFORMANCE EXCEPTION REPORT – November 2019

	Upper GI	80%	2 Patients – 1 Shared care - complex diagnostic pathway. 1 local Pathway – Medical Reasons
	Urology	80%	4 Patients – All Local Pathway - All pathway delays linked to diagnostic tests
<b>62 day Con Upgrade</b>	Lung	50%	4 Patients – 3 Shared Care - 2 complex, 1 patient choice. 1 Local patient – patient choice

#### 62 Day Cancer Performance by CCG – 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 – not available	62 Day Screening	62 Day Consultant Upgrades
<b>Operational Standard</b>	96%	94%	98%	94%	85%	85%	90%	TBA
<b>Doncaster CCG</b>	100%	100%	100%		81.25%		100%	60%
<b>Bassetlaw CCG</b>	100%	100%	100%		77.77%		100%	100%

	Tumour Group	Number of Breaches
<b>Bassetlaw</b>	Breast	1
	Gynaecology	1
	Head & Neck	1
	Lower GI	1
	Urology	2
<b>Doncaster</b>	Breast	1
	Gynaecology	1
	Head & Neck	3
	Lower GI	3
	Lung	1
	Upper GI	2
	Urology	1
<b>Other (Vale of York)</b>	Urology	1

### (E) Stroke

#### Performance September 2019

The Direct Admission to Stroke Unit target was not met in September 2019 with 51% achievement against a target of 75%

The scan within 1 hour target was met for September 2019 with 54.7% achievement against a target of 48%.

## Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

### PERFORMANCE EXCEPTION REPORT – November 2019

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	1	20	1	1	3	26
No	6	17	0	0	2	25
<b>Grand Total</b>	7	37	1	1	5	51
Performance	<b>14.3%</b>	<b>54.1%</b>	<b>100%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>51%</b>

Category	Sub Category	Total
<b>Organisational</b>	Further Investigation Required	2
	Stroke Staff Availability	1
<b>Pathway</b>	Delay in Transfer from ED	2
	Delay - transport BDGH to DRI	2
<b>Clinical</b>	Patient Presentation: secondary / late diagnosis of stroke.	14
	Patient Needs	5
	Neurosurgery Delay	1
	Exclude – Hospital Stroke	3

Longest delay for direct admission – 3 days 14hrs 53 minutes - *admitted to Frailty Assessment Unit initially as unwell, seen by stroke nurse and history not consistent with stroke at time of initial referral.*

#### (F) Cancelled Operations

The cancelled operations on the day (for non-clinical reasons) target was not met in November 2019 with 1.26% achievement against a target of 1%. This equated to 64 operations being cancelled.

CCG Name	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Year to Date
<b>TRUST</b>	<b>0.83%</b>	<b>0.98%</b>	<b>0.91%</b>	<b>1.47%</b>	<b>0.91%</b>	<b>1.13%</b>	<b>1.63%</b>	<b>1.26%</b>	<b>1.15%</b>
Of which Theatre Cancellations	0.39%	0.52%	0.59%	0.96%	0.66%	0.66%	0.51%	0.79%	0.64%
Of which Non-Theatre Cancellations	0.43%	0.46%	0.32%	0.51%	0.25%	0.47%	1.13%	0.47%	0.51%
<b>NHS DONCASTER CCG</b>	<b>0.77%</b>	<b>1.11%</b>	<b>1.05%</b>	<b>1.15%</b>	<b>0.92%</b>	<b>1.11%</b>	<b>1.58%</b>	<b>1.25%</b>	<b>1.13%</b>
Of which Theatre Cancellations	0.38%	0.56%	0.65%	0.93%	0.70%	0.68%	0.46%	0.82%	0.65%
Of which Non-Theatre Cancellations	0.38%	0.56%	0.40%	0.23%	0.22%	0.43%	1.12%	0.43%	0.48%
<b>NHS BASSETLAW CCG</b>	<b>1.02%</b>	<b>0.79%</b>	<b>0.85%</b>	<b>2.53%</b>	<b>1.04%</b>	<b>1.15%</b>	<b>1.91%</b>	<b>0.97%</b>	<b>1.28%</b>
Of which Theatre Cancellations	0.65%	0.44%	0.76%	0.94%	0.66%	0.53%	0.52%	0.62%	0.63%
Of which Non-Theatre Cancellations	0.37%	0.35%	0.09%	1.59%	0.38%	0.62%	1.39%	0.35%	0.65%

## **Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust**

### **PERFORMANCE EXCEPTION REPORT – November 2019**

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

Insufficient time – 20 patients

12 were due to problems with the previous case, 3 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 November 2019, there were 0 cases that breached the 28 day target.

#### **Length of Stay (21 Days)**

DBTH continues to achieve length of stay targets with 67 patients reported as per the Discharge Patients Tracking List (DPTL) submission on 28<sup>th</sup> November 2019, against a target of 71 patients, with an average LOS over both sites at 36.4 days

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 in November focused on:-

Therapy Flow Co-ordinator at BDGH

- Monitoring/Review of bed days saved due to the work of the co-ordinator to explore any opportunities to reduce LOS

Perfect Flow Week – “Where best next”

- 2<sup>nd</sup> week of Jan 2020
- To review obstacles and opportunities to optimise patient flow across the organisation
- Relaunch of red2green bed days tool
- Relaunch of EDDs and boards

E-Observations will enable an electronic Red to green bed days tool (currently manual)

- Development of management information reporting to be taken from the E-Observations to highlight hot spots for red2green, LoS, EDD

Ongoing Development of LoS weekly dashboard to identify areas of focus for improvement

A review of the Trusts number of bed days to comparable hospitals to explore opportunities

Review of weekend discharges at Bassetlaw

Same day Emergency Care (SDEC)

- SDEC Opportunities to be explored

# **Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust**

## **PERFORMANCE EXCEPTION REPORT – November 2019**

### **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 November the performance was 87.2% against a recovery plan trajectory of 88.1%. This is an improvement on October 2019, however not meeting the recovery plan trajectory. The main drivers of the position were:

- Multiple cancellations in Orthopaedics (elective cases) due to trauma demand
- Increased waits for routine MRI scans due to increase in demand (see diagnostics below)
- Activity levels below forecast

#### **Key areas of focus for December include:**

- Continued 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
- Additional admin support dedicated to outsourcing to ensure all outsourcing opportunities are maximised.
- Further SY&B wide RTT workshop to be arranged – sharing best practice (initial meeting held 3.12.19 at DBTH with representatives from STH, Barnsley, Rotherham & Sheffield Children's)
- Enhancement of Activity Flashcards, originally rolled out in November 2019 to enable services to see 'at a glance' activity data both historic and forthcoming to enable mitigating actions to account for shortfalls in contracted activity.
- Creation of service level Integrated Performance Reports to provide services with clear performance data covering a wide range of metrics impacting on overall performance of the specialty.

#### **RTT & Waiting List – Performance vs Trajectories**

The table below highlights the current position for RTT achievement and Waiting List size. For November 2019, the RTT recovery trajectory was not achieved (87.2% achievement against a target of 88.1%).

However, the waiting list position has decreased since last month and the Trust is currently 707 patients below month end trajectory of 32,003

# Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

## PERFORMANCE EXCEPTION REPORT – November 2019

### Appendix 1

	TFC	Speciality	RTT Aug 19	Wg List Aug 19	RTT Sept 19	Wg List Sept 19	RTT Oct 19	Wg List Oct 19	RTT Nov 19	Wg List Nov 19	RTT Dec 19	Wg List Dec 19	RTT Jan 20	Wg List Jan 20	RTT Feb 20	Wg List Feb 20	RTT Mar 20	Wg List Mar 20
Trajectory	100	GENERAL SURGERY	82.0%	2776	82.0%	2776	82.0%	2776	84.3%	2776	86.6%	2776	88.9%	2776	91.2%	2776	93.7%	2776
Actual			84.8%	2808	85.6%	2741	88.1%	2780	88.2%	2537								
Trajectory	100	UPPER GI SURGERY	69.5%	130	69.5%	130	73.3%	130	77.0%	130	82.0%	130	87.0%	130	90.0%	130	93.4%	130
Actual			69.5%	82	72.8%	81	78.3%	75	75.5%	102								
Trajectory	101	UROLOGY	79.5%	1638	82.9%	1630	84.4%	1622	85.9%	1614	87.4%	1606	88.9%	1598	90.4%	1595	92.4%	1592
Actual			82.9%	1646	83.7%	1688	83.9%	1757	86.4%	1777								
Trajectory	103	BREAST SURGERY	97.3%	481	97.3%	481	97.3%	481	97.3%	481	97.3%	481	97.3%	481	97.3%	481	98.0%	481
Actual			97.3%	255	97.3%	260	99.4%	324	100.0%	343								
Trajectory	107	VASCULAR SURGERY	89.0%	618	89.2%	593	90.1%	568	91.1%	543	92.0%	518	93.0%	493	94.0%	468	95.9%	448
Actual			90.4%	643	93.1%	591	93.0%	564	92.5%	562								
Trajectory	110	TRAUMA & ORTHOPAEDICS	84.3%	6549	84.5%	6452	84.6%	6355	86.2%	6258	87.8%	6161	89.3%	6064	90.9%	5967	92.6%	5868
Actual			83.1%	6646	84.1%	6440	84.3%	6308	84.2%	6158								
Trajectory	320	CARDIOLOGY	88.5%	2123	88.5%	2102	88.5%	2081	89.5%	2060	90.5%	2039	91.0%	2018	91.5%	1997	92.0%	1977
Actual			85.2%	2144	87.3%	2058	87.6%	2099	87.8%	2027								
Trajectory	120	ENT	81.2%	3164	80.9%	3164	81.1%	3164	81.3%	3164	81.4%	3164	81.6%	3164	81.8%	3164	82.1%	3164
Actual			82.1%	3147	82.7%	3117	83.9%	3128	83.5%	2980								
Trajectory	130	OPHTHALMOLOGY	84.5%	3084	85.0%	3035	85.5%	2986	86.0%	2937	87.0%	2888	88.0%	2839	89.0%	2790	90.5%	2742
Actual			85.7%	3133	84.7%	3022	85.8%	3112	85.2%	2685								
Trajectory	140	ORAL SURGERY	90.4%	1911	89.8%	1911	90.3%	1911	90.9%	1911	91.4%	1911	91.9%	1911	95.5%	1911	93.4%	1911
Actual			89.4%	1559	89.2%	1714	90.5%	1725	88.3%	1935								
Trajectory	143	ORTHODONTICS	90.0%	110	91.0%	105	92.0%	100	93.0%	95	94.0%	90	95.5%	85	97.0%	80	98.9%	78
Actual			91.0%	100	91.1%	101	92.5%	70	92.2%	64								
Trajectory	191	PAIN MANAGEMENT	95.8%	404	96.0%	404	96.2%	404	96.4%	404	96.6%	404	96.8%	404	97.5%	404	98.7%	404
Actual			97.4%	305	95.4%	324	96.1%	294	96.3%	296								
Trajectory	300	GENERAL MEDICINE	78.8%	2223	78.8%	2191	81.1%	2159	83.4%	2127	85.7%	2095	88.0%	2063	90.3%	2031	92.7%	2000
Actual			78.8%	2255	79.0%	2144	79.0%	2189	83.1%	2083								
Trajectory	303	CLINICAL HAEMATOLOGY	95.2%	215	95.6%	210	96.0%	205	96.4%	200	96.8%	195	97.2%	190	97.6%	185	98.5%	182
Actual			98.5%	194	98.8%	160	96.6%	183	98.1%	162								
Trajectory	307	DIABETIC MEDICINE	84.4%	700	84.5%	690	84.6%	680	86.8%	670	89.0%	660	91.2%	650	93.4%	645	96.3%	640
Actual			82.4%	670	85.7%	684	87.8%	730	86.1%	682								
Trajectory	330	DERMATOLOGY	93.5%	1954	93.9%	1935	94.2%	1916	94.6%	1897	94.9%	1878	95.3%	1859	95.6%	1840	96.3%	1825
Actual			93.5%	1973	93.3%	1913	93.3%	2439	93.0%	2051								
Trajectory	340	RESPIRATORY MEDICINE	88.4%	1043	87.5%	1015	88.5%	987	89.5%	959	90.5%	931	91.5%	903	92.5%	875	94.0%	854
Actual			87.5%	1071	89.9%	997	89.6%	983	89.1%	973								
Trajectory	361	NEPHROLOGY	92.4%	153	92.4%	149	93.3%	145	94.3%	141	95.2%	137	96.1%	133	97.0%	129	98.1%	126
Actual			98.1%	157	96.7%	153	95.5%	136	96.9%	127								
Trajectory	410	RHEUMATOLOGY	78.4%	982	78.4%	969	78.5%	956	78.6%	943	78.7%	930	78.8%	917	78.9%	904	79.5%	888
Actual			78.9%	995	79.9%	969	81.2%	964	79.2%	924								
Trajectory	420	PAEDIATRICS	93.3%	717	94.0%	717	94.5%	717	95.0%	717	95.5%	717	95.6%	717	95.7%	717	96.0%	717
Actual			92.9%	566	95.5%	558	97.1%	522	95.7%	533								
Trajectory	321	PAEDIATRIC CARDIOLOGY	89.0%	152	89.0%	152	90.0%	152	91.0%	152	92.0%	152	93.5%	152	95.0%	152	96.6%	152
Actual			89.0%	127	92.2%	141	89.6%	119	93.9%	115								
Trajectory	653	PODIATRY	91.3%	228	91.3%	227	91.8%	226	92.2%	225	92.7%	224	93.1%	223	93.6%	221	96.3%	220
Actual			91.3%	229	92.0%	201	93.3%	212	92.2%	192								
Trajectory	430	GERIATRIC MEDICINE	88.1%	235	89.5%	234	89.9%	233	90.3%	232	92.8%	231	94.2%	230	96.6%	227	98.1%	225
Actual			89.5%	237	91.7%	229	89.4%	241	86.3%	227								
Trajectory	460	MEDICAL OPTHALMOLOGY	85.0%	321	85.0%	321	87.0%	321	90.0%	321	92.0%	321	92.5%	321	93.5%	321	94.3%	321
Actual			90.6%	235	84.5%	193	90.1%	230	94.9%	257								
Trajectory	502	GYNACEOLOGY	96.1%	1568	96.2%	1543	96.3%	1518	96.4%	1493	96.5%	1468	96.6%	1443	96.7%	1418	97.3%	1394
Actual			95.8%	1593	96.5%	1592	95.5%	1655	95.8%	1385								
Trajectory		TRUST TOTAL	86.1%	32609	86.2%	32407	87.1%	32205	88.1%	32003	89.1%	31801	90.0%	31599	91.0%	31397	92.0%	31199
Actual			85.7%	32811	86.4%	32362	87.10%	32277	87.20%	31296								

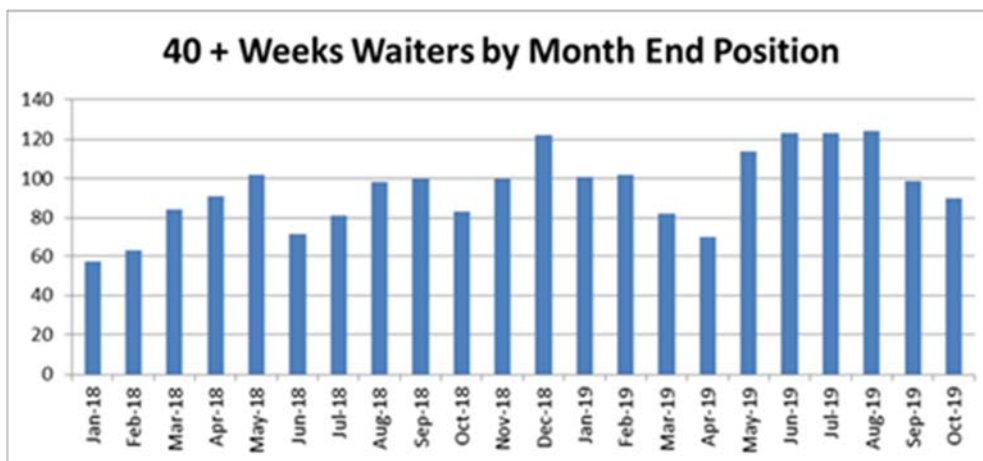


# Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

## PERFORMANCE EXCEPTION REPORT – November 2019

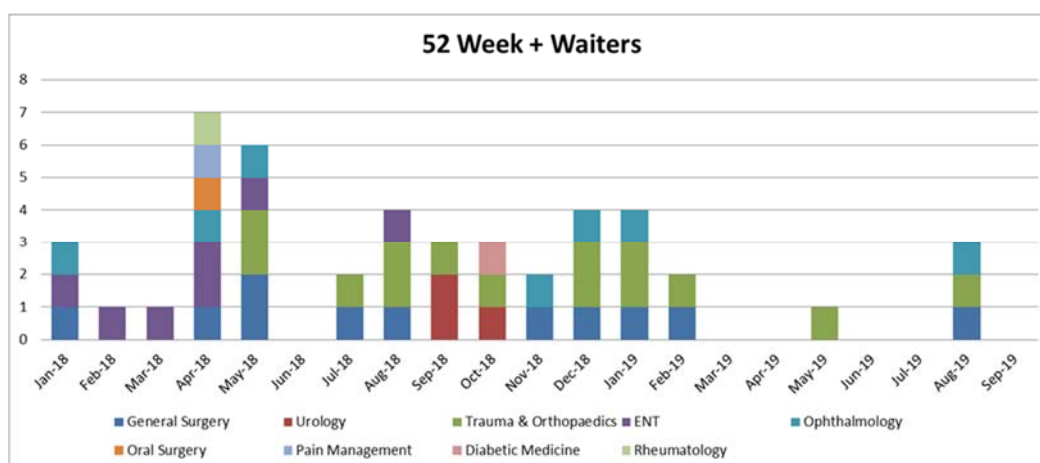
### Appendix 1

#### 40+ week waiters – 2018/19 / 2019/20 (table to be updated)



The number of 40+ week waiters decreased significantly in September & October 2019, however there has been a small increase of 13 in this cohort of patients during November 2019. However, the number of 45+ week patients has continued to decrease month on month. Due to both ICS & Trust scrutiny, 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. A weekly ICS submission is required to demonstrate all patients at 45+ weeks have a clear plan in place and all mitigating actions are being taken to prevent a 52 week breach.

#### 52 week breaches – 2018/19 / 2019/20 (table to be updated)



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 November 2019, the Trust has reported 1 x 52 week breach for a Bassetlaw CCG Respiratory / ENT 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 refreshed escalation process for long waiters was implemented In November to ensure prompt investigation, escalation and learning from any historic breaches.

## **Quality & Patient Safety - Executive Summary Board of Directors**

**December 2019**

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

### **Mortality**

With rebasing of HSMR, the Trust's overall rolling 12 month HSMR at the end of August 2019 is 99.1. However, our rolling 12 month elective HSMR has risen to 120. There were 3 elective deaths in the month of August 2019. We have reviewed these deaths 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. Achievement of BPT has improved in month to nearly 60%. The delivery of the trauma service is currently under review and has been the focus of a quality improvement review.

### **Safety**

#### **Serious Incidents**

We reported 9 SIs in the month of November 2019. Six of these were category 3 HAPU whilst 3 were care issues. Two of the care issues were continuity of surveillance issues for long term conditions. We also reported a case of meconium aspiration. The HAPU SIs are described in the section below.

#### **Falls**

There have been a total of 41 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). There has been no falls identified as a serious incident this quarter.

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).

#### **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 57 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.

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).

## Hard Truths

Themes	Positives	Concern
Accreditation Performance (Quarter 2)	<p><u>Nutrition</u> 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>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> 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 &amp; Control</u> 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> 2 ward achieved Blue for quarter two, 7 wards Green.</p>	<p><u>Nutrition</u> 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 their quarter two RAG.</p> <p><u>Falls</u> 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> 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> 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,</p>

	25 wards achieved Green overall again performing well in all aspects of the accreditation.	there are 4 modules that each ward has to have at least one person trained in all 4 champion modules.
<b>Overall Quality outcome</b>	<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"> <li>- No Serious Incidents and has worked towards Quality Accreditations</li> </ul>	<p>11 wards were overall amber for quality.</p> <p>The themes from the amber ward are;</p> <ul style="list-style-type: none"> <li>- Accreditation performance</li> <li>- Results of Observation Audit</li> <li>- Low FFT response rates</li> <li>- Safety thermometer results</li> <li>- falls with severe harm</li> <li>- C-Difficile with no lapses in care identified</li> <li>- pressure ulcer's &gt; Category 2</li> <li>- pressure ulcers reported to STEIS</li> <li>-Drug delay and omission results</li> <li>-Complaints &amp; Concerns</li> </ul>
<b>C-Difficile (Year to date)</b>	26 year to date total C-Difficile cases, no lapses in care identified.	
<b>Pressure Ulcers (Year to date)</b>	20 wards have had no Hospital Acquired Pressure Ulcers above Category 2 / reportable to STEIS	<p>15 pressure ulcers of category 3 reported to STEIS, 1 in a non inpatient area.</p> <p>38 pressure ulcers of above category 2, 4 have been acquired in non-inpatient areas</p>
<b>Nursing Assessment and Accreditation System (NAAS)</b>	<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"> <li>- Wards felt confident in the End of Life care they deliver.</li> <li>- Their environments were safe for patients, staff and visitors</li> <li>- Observations are completed correctly and deterioration is communicated to relevant people.</li> </ul> <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"> <li>- 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.</li> <li>- 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 of 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.</li> <li>- 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.</li> </ul>

<b>Workforce</b>	<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>
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### **Infection Prevention and Control**

#### **Clostridium difficile**

There have been 32 cases of Clostridium difficile with 22 cases hospital onset, hospital acquired (HOHA) and 10 cases community onset, hospital acquired (COHA).. 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]

Learning from a number of cases has highlighted that known patients with CDiff are being tested when they do not have symptoms. A process has been agreed that only registered nurses can agree to sample. The functionality of ICE is being reviewed to ensure only appropriate samples are tested.

The deep clean annual plan has been agreed and the process to ensure beds are available for cleaning to take place.

#### **MRSA bacteraemia**

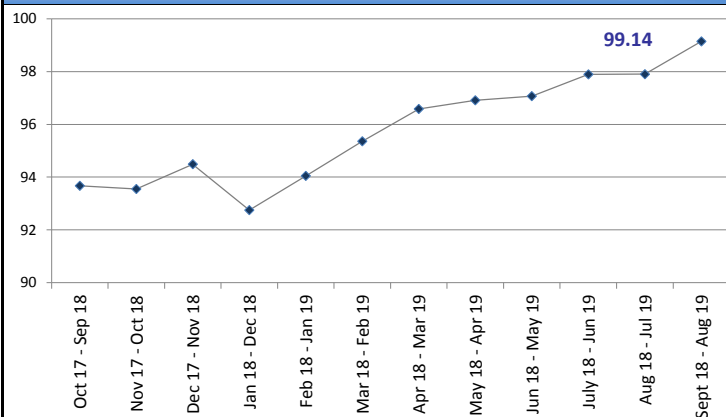
There have been no cases of MRSA bacteraemia reported in November.

**Mr Sewa Singh - Medical Director**

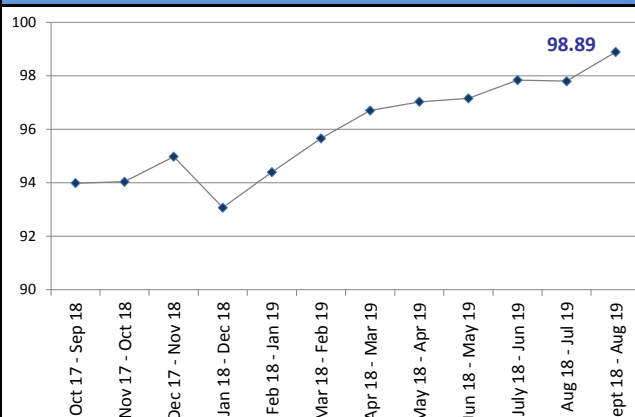
**David Purdue - Deputy CEO/DoNMAHP**

## Hospital Standardised Mortality Ratio (HSMR) - August 2019 (Month 5)

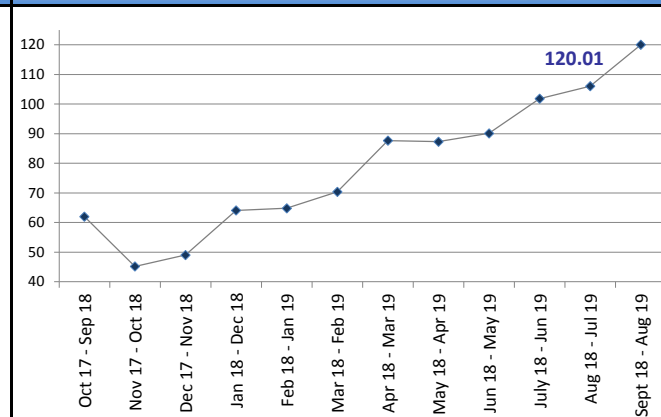
**Overall HSMR (Rolling 12 months)**



**HSMR - Non-elective Admission (Rolling 12 months)**



**HSMR - Elective Admission (Rolling 12 months)**

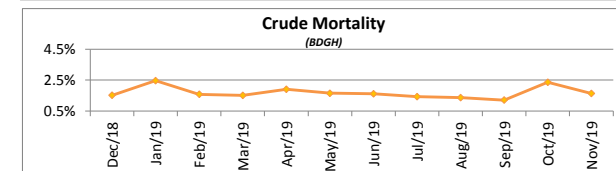
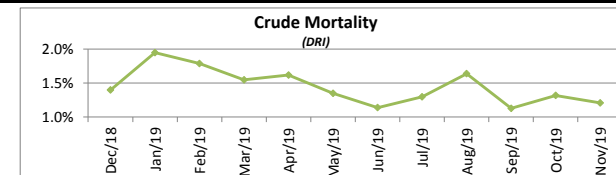
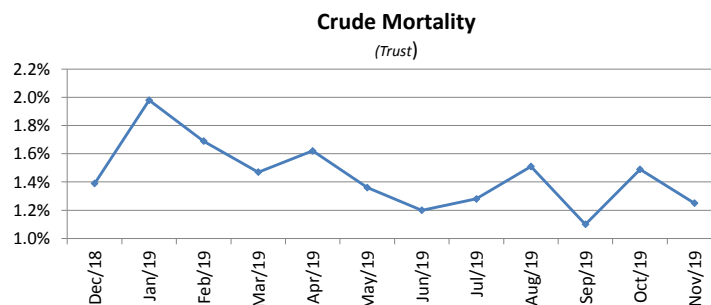


**HSMR Trend (monthly)**

	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	102.58
May	101.15	96.60	92.08	94.64
June	80.27	93.67	90.32	101.73
July	92.56	97.73	107.78	107.94
August	100.27	87.52	95.03	112.20
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) - Nov 2019 (Month 8)**

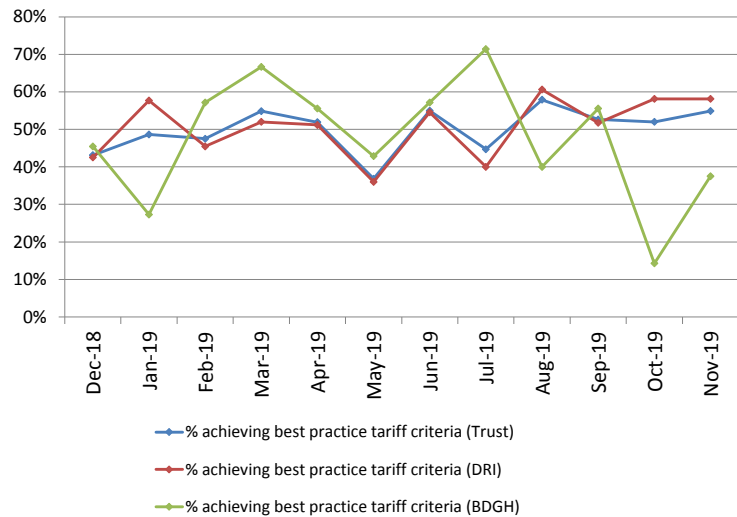
(number of deaths/number of patient discharged)



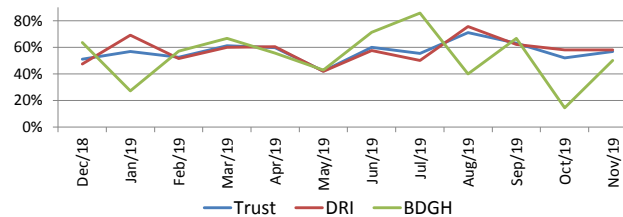
	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Trust	1.36%	1.98%	1.69%	1.47%	1.62%	1.36%	1.20%	1.28%	1.49%	1.12%	1.49%	1.25%
DRI	1.45%	1.95%	1.79%	1.55%	1.62%	1.36%	1.14%	1.30%	1.60%	1.15%	1.32%	1.21%
BDGH	1.26%	2.47%	1.58%	1.51%	1.91%	1.65%	1.61%	1.43%	1.36%	1.20%	2.36%	1.64%

## NHFD Best Practice Pathway Performance -Nov 2019 (Month 8)

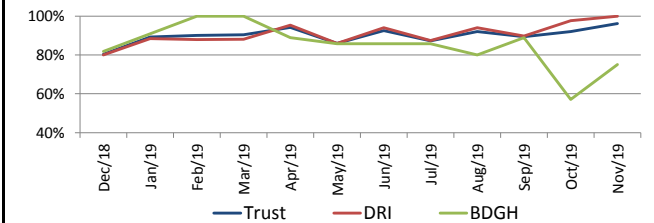
### Best Practice Criteria Performance



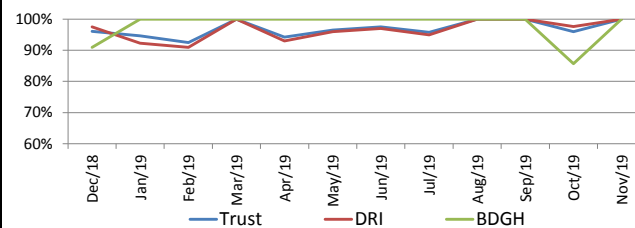
### 36 Hours to Surgery Performance



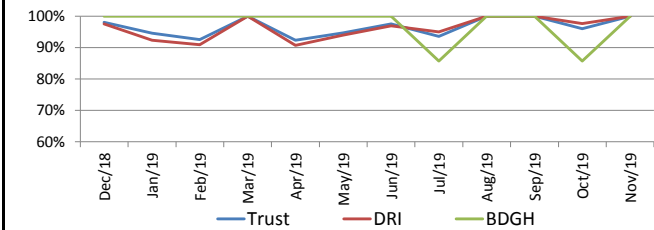
### 72 hours to Geriatrician Assessment Performance



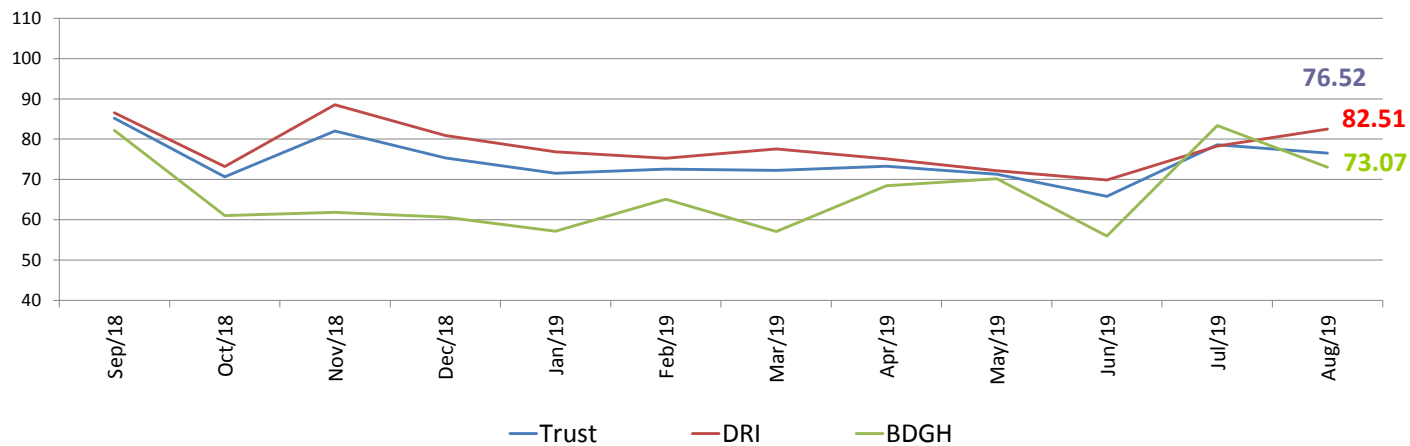
### Bone Protection Medication Assessment



### Falls Assessment Performance



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



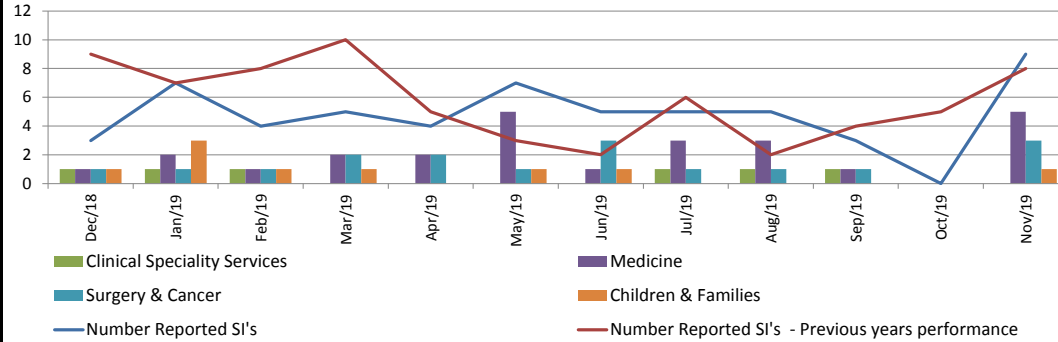
## Serious Incidents - Nov 2019 (Month 8)

(Data accurate as at 05/12/2019)

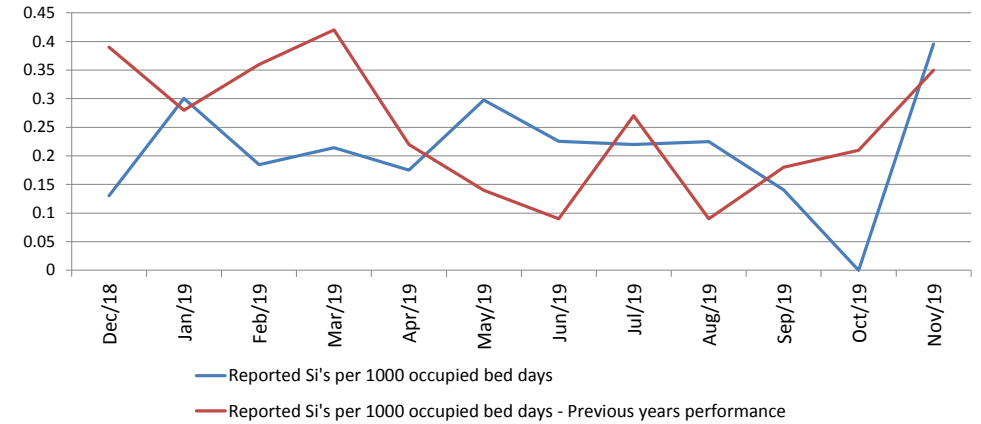
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

### Overall Serious Incidents

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



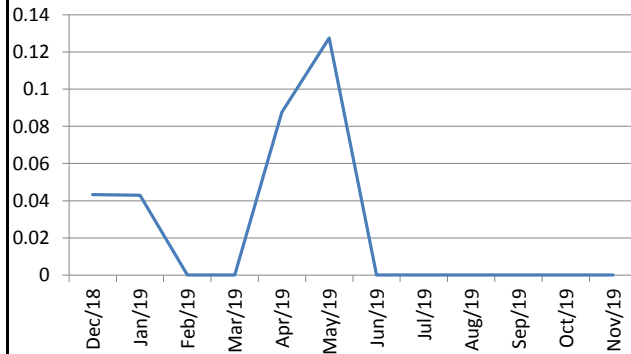
**Serious Incidents per 1000 occupied bed days**



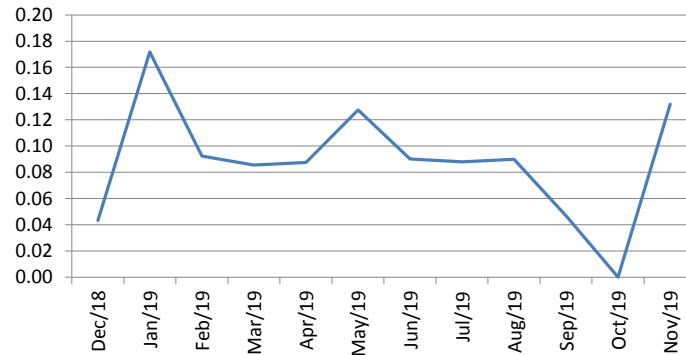
Current YTD reported Si's (April-Nov 19)	38	Number reported Si's (Apr-Nov 18)	37
Current YTD delogged Si's (April-Nov 19)	3	Number delogged Si's (Apr-Nov 18)	5

### Themes

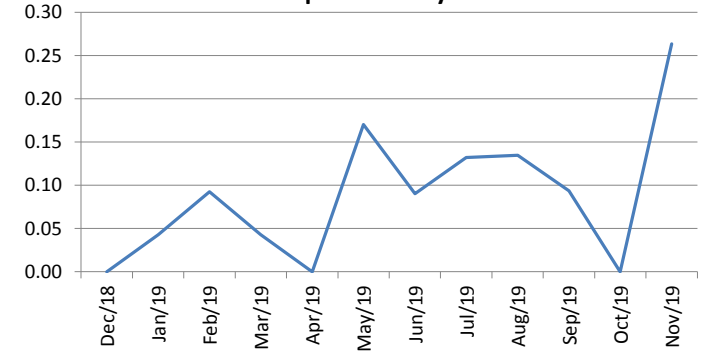
**Serious Falls per 1000 occupied bed days**



**Care Issues per 1000 occupied bed days**



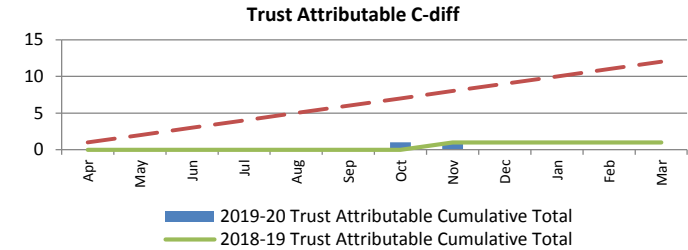
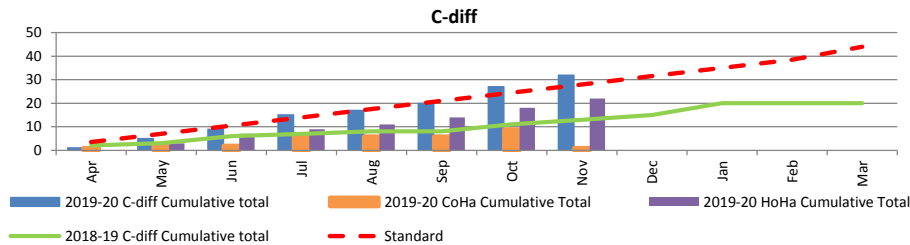
**Pressure Ulcers - Cat 3 & 4 (HAPU) per 1000 occupied bed days**





**Infection Control C.Diff - Nov 2019 (Month 8)**  
(Data accurate as at 09/12/2019)

	Standard	Qtr 1	Qtr 2	Oct	Nov	Dec	Qtr 3	YTD		Qtr 1	Qtr 2	Oct	Nov	Dec	Qtr 3	YTD
2019-20 Infection Control - C-diff	44 Full Year	9	11	7	5		7	32	HOHA	7	7	4	4		8	22
2018-19 Infection Control - C-diff	39 Full Year	6	2	3	2		3	13	COHA	2	4	3	1		4	10
2019-20 Trust Attributable	12	0	0	1	0		0	1								
2018-19 Trust Attributable	12	0	0	0	0		0	0								

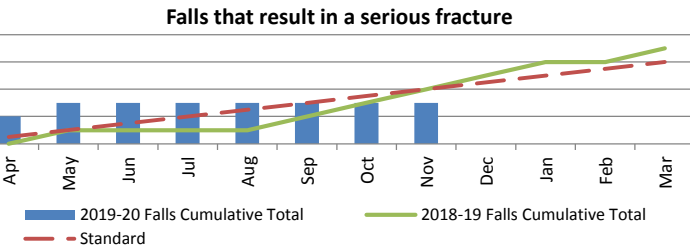


**Pressure Ulcers & Falls that result in a serious fracture - Nov 2019 (Month 8)**  
(Data accurate as at 11/11/2019)

	Standard	Qtr 1	Qtr 2	Oct	Nov	Dec	Qtr 3	YTD
2019-20 Serious Falls	6 Full Year	3	0	0	0		0	3
2018-19 Serious Falls	10 Full Year	2	3	1	0		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	21	11	4		15	54
2019-20 Pressure Ulcers (Severe Harm SI)		9	6	5	0		5	20
2019-20 Pressure Ulcers (Other)		9	15	6	4		10	34



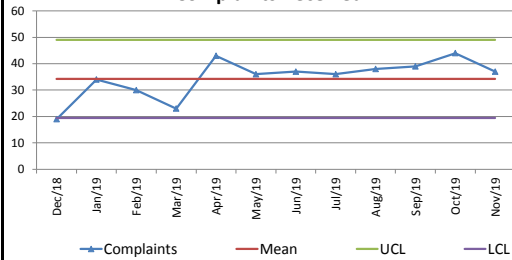
**Please note:** At the time of writing this report there were 5 PU cases awaiting the RCA process.

## Complaints & Claims - Nov 2019 (Month 8)

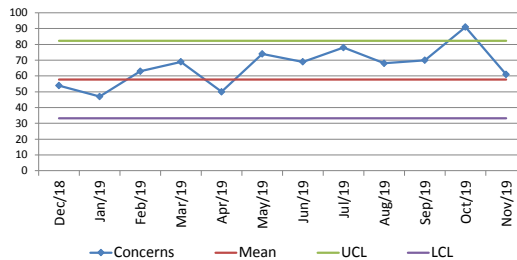
Data accurate as at 05/12/2019

### Complaints

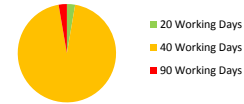
#### Complaints Received



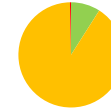
#### Concerns Received



#### November 2019 Complaints Received Risk Breakdown

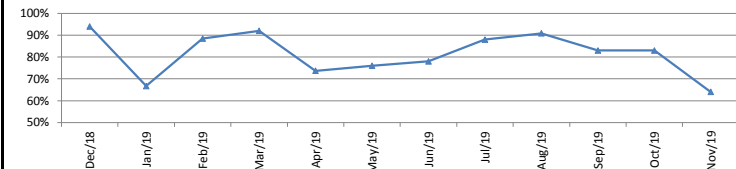


#### Year to Date Complaints Received Risk Breakdown



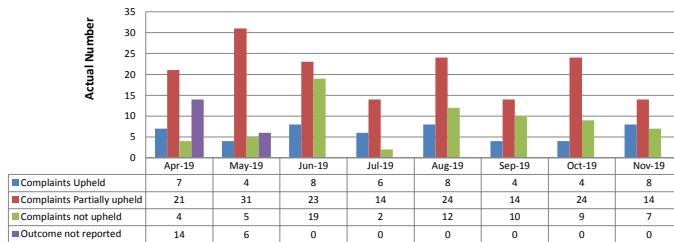
### Complaints - Resolution Performance (% achieved resolution within timescales) Complaints Closed - Outcome

#### 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)

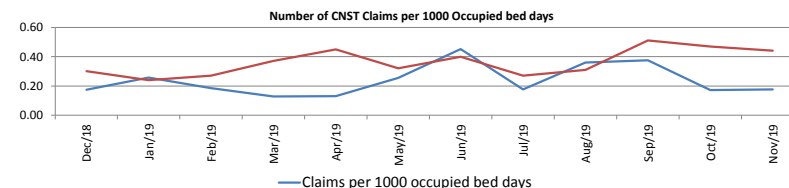
Month	Number of cases referred for investigation	Number Currently Outstanding
Nov-19	0	4

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

### Claims

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	2019/20	4	4	10	7	8	8	4	4					49
	2018/19	10	7	9	6	7	13	11	4	10	6	4	3	90
Liabilities to Third Parties Scheme (LTPS)	2019/20	5	3	1	4	0	1	4	2					20
	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



## Care Hours Per Patient Day (CHPPD) - Nov 2019 (Month 8)

(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 November 2019 are shown below

Site Name	Registered midwives/ nurses	Care Staff	Reg NA	Non Reg NA	Overall
BASSETLAW HOSPITAL					0.00
DONCASTER ROYAL INFIRMARY					0.00
MONTAGU HOSPITAL					0.00
TRUST					0.00

[narrative needed]

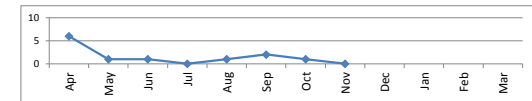
## Childrens & Young People - Quality Metrics

Nov 2019 (Month 8)

(Data accurate as at 5/12/2019)

### 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	0					12
Number of complaints received - 2018/19	5	3	3	2	3	1	3	1	0	0	1	2	24



#### Thematic breakdown (Apr 19 - Nov 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	33	36	38					266
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 <i>(including de-logged)</i>	0	0	0	0	0	0	0	0					0
Number of Serious Incidents Reported - 2018/19 <i>(including de-logged)</i>	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

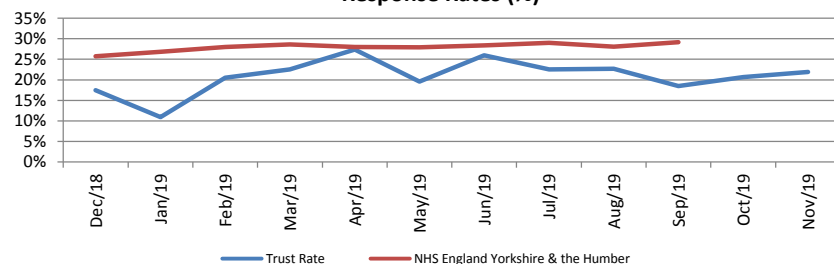
# Friends & Family - Nov 2019 (Month 8)

(Data accurate as at 09/12/2019)

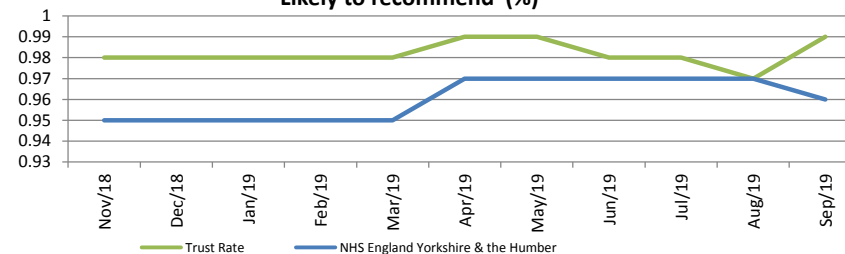
## Inpatients

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

Response Rates (%)



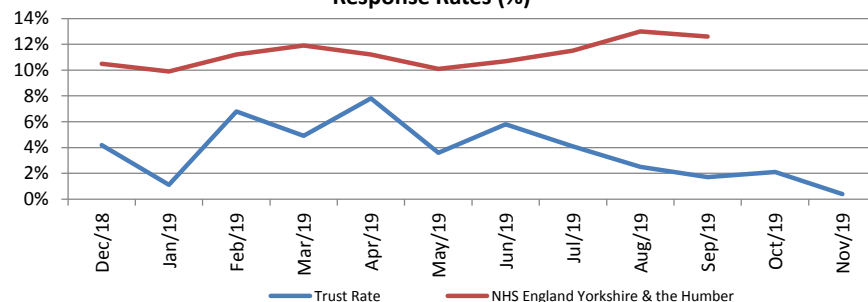
Likely to recommend (%)



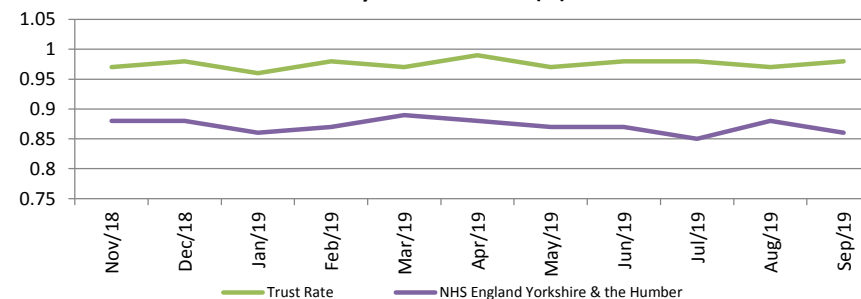
## Accident & Emergency

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 - November 2019 (Month 8)**

### **Sickness absence**

Due to the timing of the Board meeting it has not been possible to provide this data.

### **Appraisals**

The annual appraisal figure has risen to 85.5% compliance as at the end of November. 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.

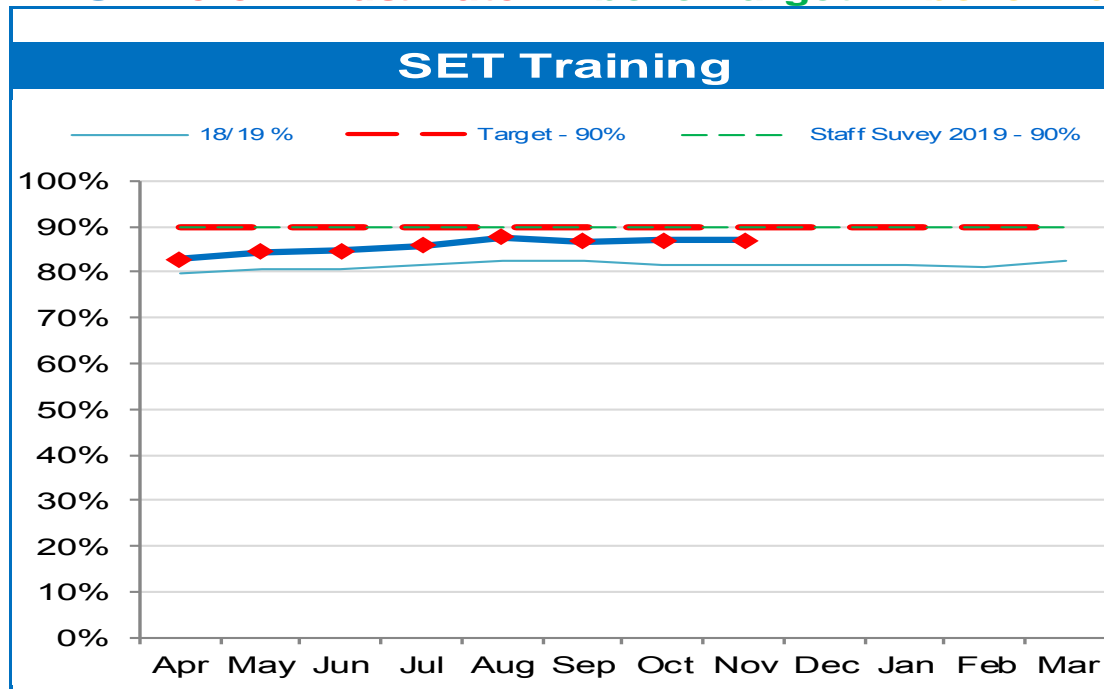
### **SET**

SET compliance remains at a high level of 87.01% as at the end of November 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.

## Workforce: SET Training - November (Month 8)

### CG & Directorate SET Training - November 2019 (Q3)

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



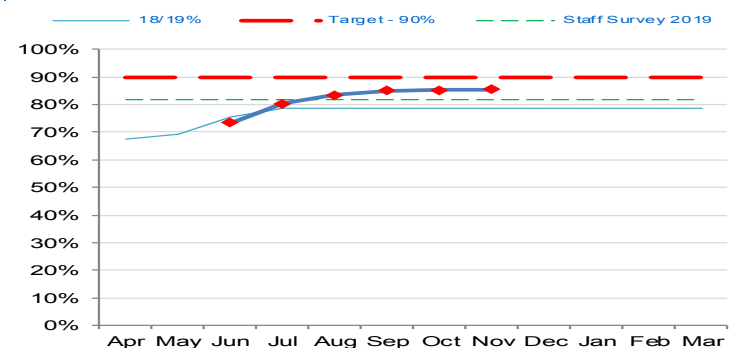
	% Compliance
<b>Doncaster &amp; Bassetlaw Teaching Hospitals NHS FT</b>	<b>87.01%</b>
Chief Executive Directorate	94.12%
Children & Families Division	87.52%
Clinical Specialist Division	88.85%
Directorate Of Strategy & Improvement	98.61%
Estates & Facilities	87.55%
Finance & Healthcare Contracting Directorate	95.17%
IT Information & Telecoms Directorate	93.63%
Medical Director Directorate	100.00%
Medicine Division	84.74%
Nursing Services Directorate	88.40%
People & Organisational Directorate	96.59%
Performance Directorate	89.09%
Surgery & Cancer Division	82.93%

## Workforce: Appraisals - November (Month 8)

### CG & Directorate Appraisals - November 2019 (Q3)

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

#### sal AFC Reviews



#### AFC 12 Months (NHSI)

	% Completed
<b>Doncaster &amp; Bassetlaw Teaching Hospitals NHS FT</b>	<b>85.50</b>
Chief Executive Directorate	100.00
Children & Families Division	82.67
Clinical Specialist Division	86.08
Directorate Of Strategy & Improvement	100.00
Estates & Facilities	91.59
Finance & Healthcare Contracting Directorate	95.20
IT Information & Telecoms Directorate	97.10
Medical Director Directorate	100.00
Medicine Division	81.06
Nursing Services Directorate	93.10
People & Organisational Directorate	94.39
Performance Directorate	92.45
Surgery & Cancer Division	82.73

#### M&D 12 Months (NHSI)

	% Completed
<b>Doncaster &amp; Bassetlaw Teaching Hospitals NHS FT</b>	<b>56.21</b>
Chief Executive Directorate	100.00
Children & Families Division	54.76
Clinical Specialist Division	56.58
Medical Director Directorate	100.00
Medicine Division	58.88
Surgery & Cancer Division	52.13

#### M&D 15 Months

	% Completed
<b>Doncaster &amp; Bassetlaw Teaching Hospitals NHS FT</b>	<b>70.19</b>
Chief Executive Directorate	100.00
Children & Families Division	60.98
Clinical Specialist Division	72.97
Medical Director Directorate	100.00
Medicine Division	76.92
Surgery & Cancer Division	63.33



Workforce: Appraisals Seasonal - November (Month 8)

**CG & Directorate Seasonal Appraisals - November 2019 (Q3)** \*as at 31/07/2019

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

	% Completed
<b>Doncaster &amp; Bassetlaw Teaching Hospitals NHS FT</b>	<b>85.69</b>
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



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

<b>Title</b>	Update on Workforce Plan 2019-21		
<b>Report to</b>	Board of Directors	<b>Date</b>	December 2019
<b>Author</b>	Karen Barnard, Director of People & Organisational Development		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance	✓	
	Information		

**Executive summary containing key messages and issues**

In July the Board approved the Trust workforce/recruitment plan which had particular focus on how we:

- Retain our staff, making Doncaster and Bassetlaw Teaching Hospitals the employer of choice
- Develop existing talent into new and existing roles;
- Attract new workers, from current and future generations of working adults, into priority health, care and support careers; and
- Introduce a robust approach to workforce planning

This paper provides an update in relation to recruitment activity and work in relation to nursing and midwifery retention.

Nationally the NHS People Plan is expected to be published in January 2020 – the People & OD strategy will be refreshed in the New Year and broaden to become the Trust's People Strategy as an overarching strategy with various component parts contained within. The key areas are expected to mirror the national NHS People Plan but with a local focus. As a reminder the headline sections within the interim plan are:

- Make the NHS the best place to work
- Have an improved leadership culture
- Addressing urgent workforce issues in nursing
- Deliver 21st century care
- Introduce a new operating model for workforce.

<b>Key questions posed by the report</b>
Is the Board assured of the ongoing work to fill vacancies and retain our staff?
<b>How this report contributes to the delivery of the strategic objectives</b>
<i>People</i> – As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.
<b>How this report impacts on current risks or highlights new risks</b>
<p>F&amp;P 8 Inability to recruit right staff and have staff with right skills leading to:</p> <ul style="list-style-type: none"> <li>(i) Increase in temporary expenditure</li> <li>(ii) Inability to meet FYFV and Trust strategy</li> <li>(iii) Inability to provide viable services</li> </ul> <p>Q&amp;E 6 Failure to improve staff morale leading to:</p> <ul style="list-style-type: none"> <li>(i) Recruitment and retention issues</li> <li>(ii) Impact on reputation</li> <li>(iii) Increased staff sickness levels</li> </ul>
<b>Recommendation(s) and next steps</b>
Members of the Board are asked to receive the update to the workforce plan

## **Workforce/Recruitment Plan Update**

### **1 Introduction**

The DBTH workforce plan seen by the Board in July 2019 was developed to ensure that, as a Trust, we have robust workforce plans in place to deliver high class care to our patients. The plans have been informed by our 'We Care' values, our vision to be the 'Safest Trust in England, outstanding in all that we do' as well taking into consideration respective Doncaster and Bassetlaw Place Plans.

The plan demonstrated how we as an organisation are addressing our current workforce gaps and challenges and how in the longer term our workforce needs to adapt and change in line with our strategic direction.

We know that Doncaster and Bassetlaw share many of the challenges faced across the country - workforce growth has not kept up with the increasing demands on the NHS and other health and care services; an ageing workforce; insufficiency of the right people with the right experience and qualifications to meet growing and changing need; staff leaving due to workload pressures and other employment issues and more recently the impact of pensions on our medical staff in particular.

Therefore a number of key priorities were outlined:

- Retention of the current workforce
- Development of career pathways identifying development opportunities
- Identification of current workforce gaps and plans to address those gaps
- Improving recruitment processes
- Attracting new employees into the Trust

The purpose of this paper is to provide Board colleagues with an updated position in relation to the progress that has been made since the paper was presented to Trust Board in addressing the current gaps that we have within the workforce.

### **2 Newly Qualified Nurse and Midwife Recruitment and Health Care Assistant Recruitment**

The Trust operates a cohort recruitment process for newly qualified nurses and midwives. Our recent recruitment campaigns have been very successful resulting in the following numbers of staff taking up roles within the Trust:

Newly Qualified Midwives:	18	
Newly Qualified Nurses	56	(+ 2 additional Nurses due to start in January 2020)
Health Care Assistants	26	(+ 9 additional HCA s due to start in January 2020)

Due to ongoing vacancies within the Divisions of Medicine and Clinical Specialties we are recruiting nurses from the Philippines to commence during the first months of 2020 – it is anticipated that they would sit their OSCE within 2 months of joining us – the company we are using has a 100% success rate of passing OSCEs at the first attempt – they are a local company who have worked closely with Hull and Derby over recent years. As a consequence of this process we have needed to increase our certificate of sponsorship allocation – the current increased allocation will be in place through to

March 2020 when a new allocation comes into being. We hope to recruit up to 30 before March, the cost of which is funded through the then reduction in agency spend once they are in post.

Members will recall the introduction of Assistant Practitioners and Nurse Associates – the first cohort of TAPs are now qualified with a further cohort of 14 students in train and further recruitment planned for April 2020. We have two cohorts of TNAs in progress totalling 31 students with a further cohort of 17 planned for March 2020.

As nursing is the greatest workforce challenge nationally (43,000 vacancies nationally equating to 12%) two workshops have been run across the ICS to consider what the options are to increase our nursing workforce and how Trusts might collaborate. The options range from international recruitment, increasing the numbers of undergraduate places (including clinical placements), expansion of Nursing Associates and their transition into registered nurses, return to practice, student nurse apprenticeships, graduates into pre-registration nursing and improved retention rates. Many of these options require additional funding and as such a proposition has been made to the Health Executive Group at the ICS which has been agreed in principle with detailed plans now being developed – a detailed discussion regarding this was undertaken at QEC.

Options around increasing the nursing supply as well as retaining our current staff are vital to ensure we have a sustainable workforce going forward. The Trust is working closely with partner Higher Educational Institutions to ensure that training for nurses, midwives and AHP's can be delivered locally and that we have access routes which cover the needs of the local populations. The Trust will support additional training places for the HEI's but it is vital that there is investment in the learning environments and in Learner Environment Managers to ensure a positive placement for our learners.

### **3 Medical staff recruitment**

An update is provided below on recruitment within the medical staff group. There continue to be some hard to recruit to posts – some companies have approached us regarding international recruitment; a paper will be provided to Management Board to determine the process for deciding which company(ies) we will work with.

Histopathology – following the difficulties in recruiting to these posts we have entered into a joint arrangement with Sheffield Teaching Hospitals which has resulted in one joint appointment to date with further discussions ongoing.

Emergency Department – recent recruitment resulted in two Consultants being appointed, both of whom were Trust locums who had achieved entry onto the GMC Specialist Register through the CESR programme – whilst this has not resulted in an increase in numbers of Consultants we hope it will have encouraged other doctors who are undertaking a CESR programme. A further advert will be placed in the New Year in order to seek external interest.

Intensivists – whilst we were successful in attracting a former employee back to the Trust one of existing colleagues decided to retire.

Ophthalmology – we continue to struggle to recruit at Consultant level but do have success at SAS level – a recent workforce planning workshop was held in order to review service configuration and workforce models. We do have a live advert currently with one applicant to date.

Anaesthesia – we have had successful recruitment to specialty doctor posts and are due to interview in January for Consultant posts at both DRI and Bassetlaw.

ENT – we are due to interview shortly for a second Consultant role and have appointed one who is undergoing pre-employment checks

Obstetrics/Gynaecology – a Consultant with special interest in Fetal Medicine is due to commence in March 2020.

Cardiology – a Consultant has been appointed and is due to commence in February 2020.

Stroke medicine – one post has been appointed to

A number of Consultants have been appointed within surgical specialties - GI surgery, Colorectal, Bariatric, Breast with a range of start dates.

Adverts are due to be placed in the New Year for Consultants in Rheumatology (new post) and Gastroenterology and SAS doctors in Medical Gastro, with recent adverts having been placed for Consultants in Dermatology and Anaesthesia

Members will recall the recruitment to a cohort of doctors from Nepal for a 4 year programme – the first cohort of 10 doctors were due to join us in November – unfortunately due to delays with the Royal College and visa process they have not yet joined the Trust but are expected in the New Year.

Medical trainees – as at October we continue to have 23 trainee gaps, predominantly within the Emergency department and Obstetrics/Gynaecology- there is no indication that we are allocated less than our 'fair' share of posts. As a Trust we have also been offered additional trainee posts, in particular GP trainees as part of the planned national expansion which we are pursuing. These gaps are filled through locum cover or longer term MTI doctors.

#### **4 Other staff groups**

##### **Medical Imaging**

Recruitment from the newly qualified students was successful with 12 radiographers joining us; following the introduction of 'run through' progression and opportunity to develop within the specialist modalities we have seen staff move from plain film into those specialist areas. As such we continue to have a number of vacancies and will be advertising in the New Year. We have undertaken successful recruitment to the Band 2 roles to complement the new rotas which are in the process of being introduced.

##### **Service Assistants**

Following the changes to the recruitment process the number of vacancies have now reduced to circa 9 wte which is a significant improvement.

##### **Clinical admin**

Feedback has been received that indicates the Trust is struggling to recruit to some administrative roles – we are introducing a cohort approach to this recruitment in a similar manner to healthcare

assistants and also reviewing the training programme we might put in place in order to ensure we can recruit staff who have the aptitude for these roles but perhaps not the full skill set. In order to provide additional admin resource to cover current gaps staff have been offered additional hours leading up to Christmas trialling working from home.

## 5 Overview of All Recruitment Activity

Since the introduction of the TRAC Recruitment System in May 2019, a total of 497 vacancies have been processed, this is an average of approximately 71 vacancies each month. The below table indicates the breakdown of recruitment activity by Division / Corporate area.

<b>Division / Corporate Area</b>	<b>Number of Vacancies Processed</b>
No Cost code Identified	33
Chief Executive Directorate	2
Children & Families Division	60
Clinical Specialties Division	117
Directorate Of Strategy & Improvement	1
Estates & Facilities	66
Finance & Healthcare Contracting Directorate	19
IT Information & Telecoms Directorate	13
Medicine Division	89
Nursing Services Directorate	8
People & Organisational Directorate	19
Performance Directorate	5
Surgery and Cancer Division	63
<b>Grand Total</b>	<b>497</b>

The same information has been collated by staff group, indicating the number of vacancies processed within each of the staff groups within DBTH.

<b>Staff Group</b>	<b>Number of Vacancies Processed</b>
Additional Clinical Services	27
Additional Professional Scientific and Technical	6
Administrative and Clerical	139
Allied Health Professionals	52
Estates and Ancillary	61
Healthcare Scientists	17
Medical and Dental	53
Nursing and Midwifery Registered	131
(blank)	11
<b>Grand Total</b>	<b>497</b>

Please note in both of the above tables there are some data quality issues which are currently being addressed through further training and support for those members of staff undertaking recruitment activities who are based in Directorates and Corporate areas to ensure that they are entering information onto the system correctly. The Recruitment Team are planning to undertake a data cleansing exercise in January 2020. Through the introduction of Trac regular reports will be provided to F&P and QEC regarding the time to recruit to posts from positions being entered onto Trac for approval at the vacancy control panel through to individuals starting in post. The F&P meeting in January will receive a first draft of the report to consider following which we will agree targets for the various stages of the process.

## **6 Grip & Control Meetings – Nursing & Medical**

Divisional Management Teams are required to participate in Grip & Control meetings which undertake a review of the temporary workforce spend by Directorates / Specialities, identifying both bank and agency usage and the reasons for the usage. Within the meeting the vacancies within areas are discussed and recruitment activity is also reviewed to ensure best possible use of Trust resources and funding.

The Grip and Control Meetings are separate, one set of meetings for medical staff and one set for meetings focusing on the nursing workforce. The nursing meetings are well established and also focus on the use of efficient and effective e-rostering. The medical grip and control meetings have not been as well established in recent months, however the standard operating procedure for the meetings has been revised and shared with Divisional Director colleagues and Paul Mapley, Efficiency Director, has been asked to chair the meetings for the foreseeable future.

The vacancies and the Divisions activity around recruitment processes are picked up and discussed through these meetings.

## **7 Development of the DBTH Workforce Planning Framework**

To support colleagues within Divisional Management Teams with the production of workforce plans for their areas and specialities, a Workforce Planning Workshop has been developed to facilitate the process of analysing workforce data, share learning and working with the team, and facilitate the production of workforce plans. The workshop has been piloted within Ophthalmology, utilising a range of data including:

- Capacity and Demand information
- Budget information, including CIP plans
- Business cases (approved and proposed)
- Turnover information
- Learning Needs Analysis
- Current establishment
- Recruitment information
- E Roster information

The feedback from the attendees at the workshop was very positive and determined some key actions/areas on which to focus attention:



- Improving the department reputation to attract staff to work there
- Improving engagement with the current workforce
- Recognition of existing good practice within the team
- Identifying work that could be done at DBTH that we do not currently provide but potentially could to increase the quality of patient care e.g. education of patients on how to put their eye drops in/occuloplastics
- Consideration of skill mixing tasks to other roles

In addition to the above attendees were asked for feedback as the session was run as part of a pilot, therefore the experiences of those participating in the workshop is key to the future development of the workshop. A quote from one attendee:

*“Can I say it was one of the most productive meetings I have attended and very much needed.*

*Thank you for supporting our service. Hopefully we can make a huge difference and encourage the rest of the trust to do the same.”*

The content of the workshop is currently being amended with a view to rolling out the delivery of the workshop across the Trust with Divisional Management Teams being asked to prioritise the specialties with their greatest workforce challenges through the annual planning process. Through the annual planning process divisions are being asked to identify the specialties where workshops will be required.

## **8 Executive Workforce Planning Group**

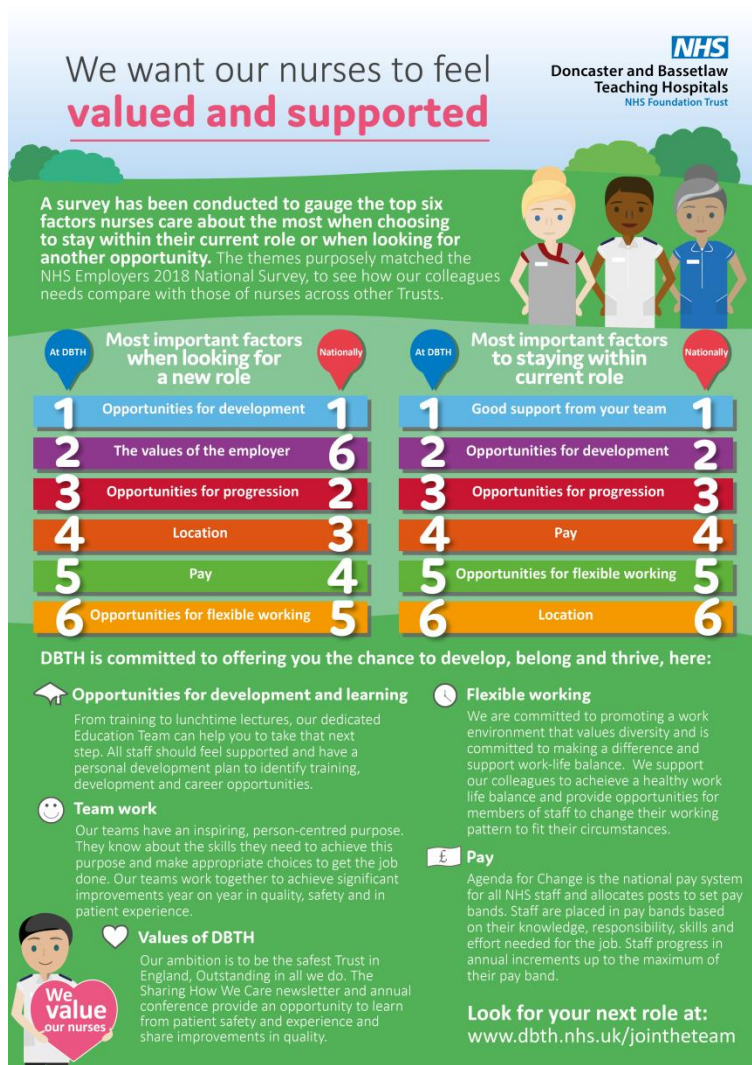
Following feedback from colleagues who attended a workforce planning session in February of this year, an Executive Workforce Planning Group has been introduced. The Group meets quarterly and has the remit of supporting colleagues in discussions regarding key suggested changes to service delivery models to enable and facilitate changes processes which allow more discussion and detailed planning around workforce issues.

## **9 Retention**

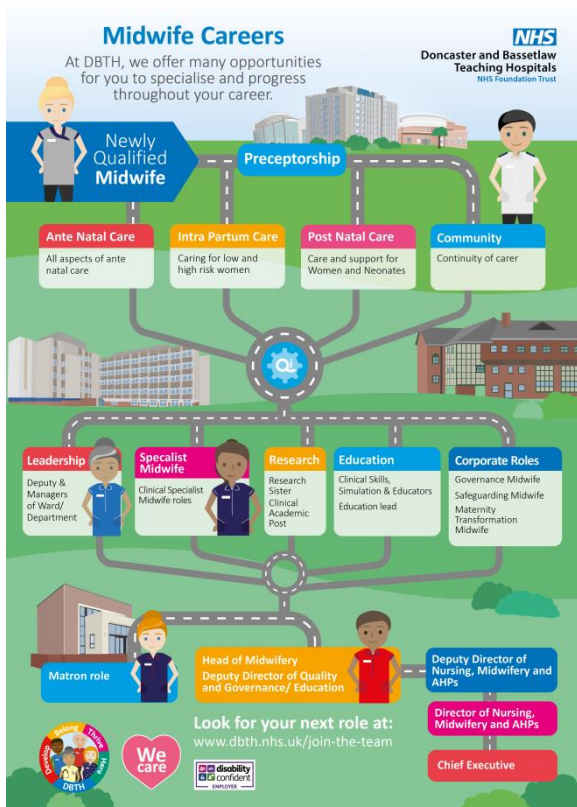
Benchmarking data from the model hospital portal indicates that DBTH benchmark well for nursing staff, healthcare assistants and AHPs when compared with Trusts with a CQC outstanding rating (and nationally) – the data relates to December 2018 with more recent data not yet available.

Staff group	DBTH	Peer median	National median
Nursing	91.3%	88.6%	87.4%
Midwifery	87%	90.5%	88.7%
HCA's	90.1%	85%	83.3%
Allied Health Professionals	86%	85.7%	83.7%

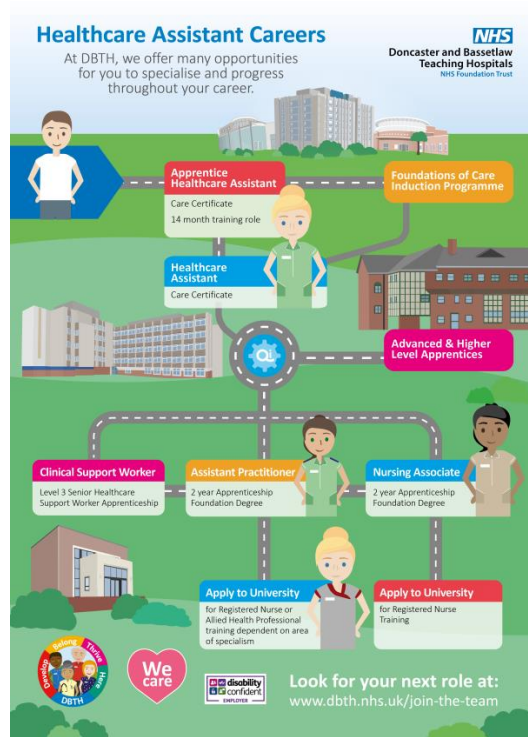
The Trust has been part of the ICS/NHSI Retention of RN/M work to be more proactive in how we retain our registered nurses and midwives. We started by asking our nurses and midwives the most important factors in looking for a new role and the most important factors to staying within the current role. Findings were benchmarked against national results from NHS employers below:



One key area we have been promoting from this work has been the opportunities for development for Registered Nurses and Registered Midwives. These have been turned into pull up banners and displayed in the education centers at BDGH and DRI. Further work is being planned around potential rotations and enhanced development opportunities for staff.



To also ensure opportunities to grow our own experienced and talented unregistered staff, we have mapped out future career options for health care assistant (below) and also promoting the leadership offer (below).





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

<b>Title</b>	<b>Nursing Workforce</b>		
<b>Report to</b>	<b>Board of Directors - PUBLIC</b>	<b>Date</b>	<b>17.12.19</b>
<b>Author</b>	<b>David Purdue, DoN,M,AHP</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

<b>Executive summary containing key messages and issues</b>
This report highlights the current position in nursing workforce and the potential gap over the next 5 years. The paper identifies the approaches the Trust is taking to address the recruitment and retention of the nursing workforce.
<b>Key questions posed by the report</b>
Is the Committee confident in the approaches being taken to maintain a sustainable workforce model.
<b>How this report contributes to the delivery of the strategic objectives</b>
A sustainable workforce supports the Trust to deliver safe, effective care. Having engaged staff leads to the delivery of outstanding care.
<b>Link to Board Assurance Framework</b>
Q&E5, delivery of quality service Q&E7, quality of complaints
<b>Link to Risks on Corporate Risk Register / New Risks</b>
F&P 8 Inability to recruit right staff and have staff with right skills Q&E14, Ability to maintain paediatric nurse rotas
<b>Recommendation(s) and next steps</b>
The Board of Directors is asked to <b>note</b> the content of the report.

## Workforce

### ICS Plan

The major issue facing most acute hospitals nationally, and locally, continues to be the challenge of filling registered nurse vacancies. South Yorkshire and Bassetlaw ICS is impacted by significant supply shortages across registered nursing, midwifery and health visiting. This forms part of a wider national issue which has been heavily publicised in recent months.

Due to projected rates of demand growth and attrition, this position is forecast to worsen significantly over the next four years up to 2023/24.

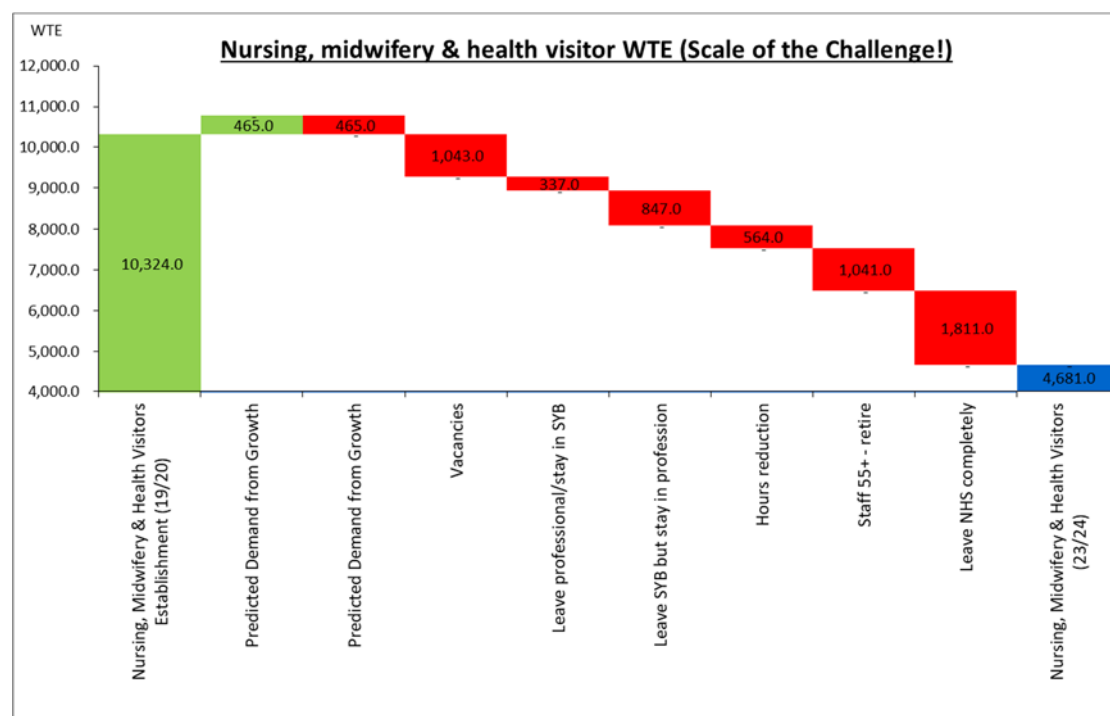
The SYB Acute Federation Committees in Common tasked the ICS to undertake steps that would increase the pace and scale of workforce solutions, recognising this to be a key priority which will require investment to mitigate.

Provider Trust Chief Nurses have worked together to develop a process to identify existing and forecast shortages, alternate supply routes to conventional recruitment and associated costs.

Informed by a large scale event which took place on 22 November 2019, Chief Nurses have presented recommended expansion proposals for each Trust, with a view to formal decision making on expansion in each Trust by March 2020.

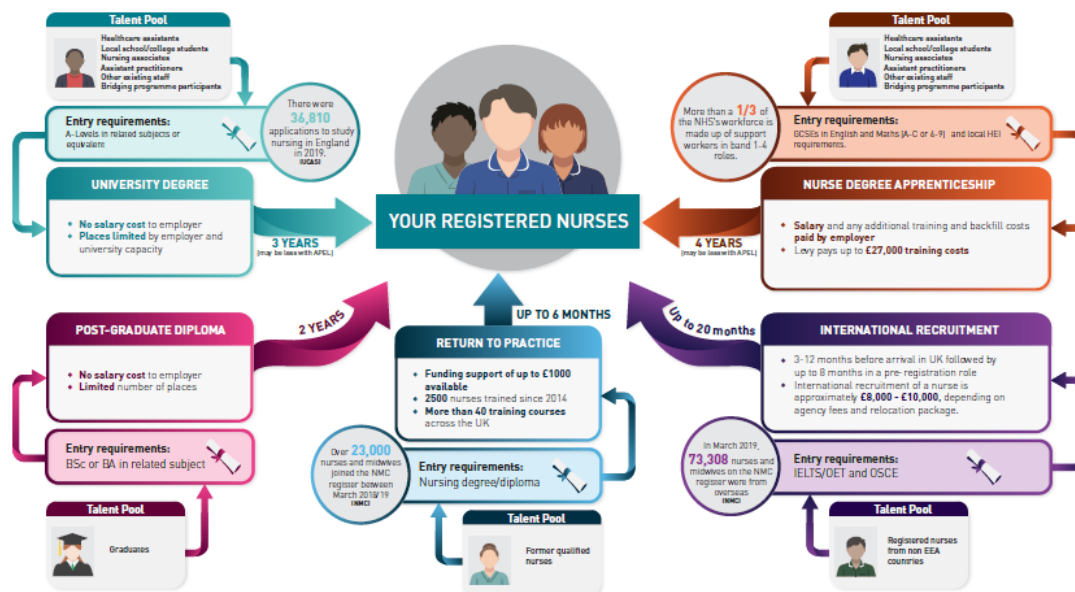
Nationally, a number of areas have seen a significant expansion in workforce numbers, junior doctor training numbers has increased by 38% since 2004, consultant workforce has increased by 67% since 2004, adult nursing numbers have increased by 1% since 2009.

The waterfall diagram below show the current establishments in South Yorkshire compared to the projected requirements in 2023/24



For DBTH, the projected shortfall against budgeted establishment rather than staff in post is 286 wtes.

## Nursing Supply Routes and Expansion



The above diagram has been developed at SYB ICS to simplify the different routes into nurse training. The Nurse Associate 2 by 2 process is not included in the diagram but will be added as it is a key access route for the Doncaster and Bassetlaw locality.

### International Recruitment

#### SYB

International recruitment is a process by which nursing gaps can be filled at relatively quick pace (8-10 weeks to commence in Trust, then 4-6 weeks OSCE preparation and sign-off).

Following no activity on nursing international recruitment across SYB in the last two years, four Trusts are now moving forward (CRHFT, DBTHFT, STHFT and TRFT) aiming for around 120 nurses to commence in post by end March 2020.

This will be a key pipeline for producing high calibre registered nurses for 2020/21 and the aim of the session was to support understanding of national context, process and costs.

#### DBTH NHS FT

The Trust has worked with a company called Resource Finder, 20 nurses from the Philippines were initially interviewed, the standard of the nurses were of a high calibre and all 20 were offered a post.

There has subsequently been an issue with our licences and we have agreed 4 staff can commence in January. We are now waiting for additional licences to employ additional staff. 11 further nurses are being interviewed.

The company has had success in Hull and Derby with recruitment and retention of their nurses. The company have a pipeline of nurses available as the Philippines over train nurses.

The costs to bring the nurses from the Philippines are around £8000-£10000 per nurse.

The Trust already employs nurses from the Philippines and the pastoral care to ensure the staff remain in the Trust is vital.



The workforce plan over the next 3 years is to recruit a further 55 nurses from the Philippines, if the first process is successful.  
The Trust does have alternative options for overseas recruitment either through NHSP or Global Learners.

### **Attracting graduates into pre-registration nursing**

University of Sheffield (UoS) and Sheffield Hallam University (SHU) both offer a post-graduate pre-registration 2 year Masters programme which since the loss of the bursary has struggled with recruitment. SHU offers this pathway for all branches and are recruiting successfully for mental health branch. UoS have currently suspended their programme as they offer Adult branch only which is recruiting poorly. Students do require between 650-750 practice hours to be completed before they commence the programme to meet NMC requirements.

This is a valuable pipeline for producing high calibre registered nurses in 2 years and the aim of the session was to re-establish this route into nursing.

There are a number of issues we need to address,

This workforce is ready in 2 years do we as a Trust consider offering some kind of sponsorship or support to make this an attractive option?

How can we as a Trust work in partnership with universities to make this course a really attractive option for graduates?

#### **DBTH NHSFT**

The workforce plan identifies that this is an attractive programme and we have identified we would support an additional 20 places for this course over the next 3 years  
Options we have reviewed

Contract to become a CSW for 6-12 months to gain the practice hours followed by zero hours/annualised contract to offer opportunities to continue working while on the programme

A high profile marketing campaign to current CSWs (and other groups of staff) to encourage them to apply for the programme, colleagues with a degree

Pre-cohort support and information between the Trust and the university

Keep placements local and offer block placements

A guaranteed job offer on completion

Potential for this to become an apprenticeship so students don't require an additional loan but can earn while they learn and course fees paid by the Levy?

### **Placement Expansion**

#### **SYB**

NHS Long Term Plan: Current total NHS vacancies for nurses, midwives and allied health professionals (AHPs) are almost 42,000 (9.4%)

SYB predicted workforce trends for adult nursing, 11.2% reduction by 2028/29

University applications, minimal growth expected over the next two years because of student demographics (earliest indication Jan 2020) however, applications are expected to be consistent with 19/21 intake This will provide SYB with an additional 260 nurses

To support current application rates over the next three years an additional 300 placement are required. This also provides us with a one to year window of opportunity to test and

implement new models of practice education that will support the growth of application post 2020/21

The challenge, create flexible placement opportunities that are high quality, engaging, meets the curriculum and priorities patient safety/care

Strategy to be developed at place via a consortium arrangement which brings together providers and commissioners to develop and implement a place-based plan

#### Opportunities

- Flexible Placement Experiences
  - Placement Pathways (across all health care settings)
    - Respiratory
    - MSK
    - Stroke
    - Mental health
    - Frailty
  - Manage expectations of the students and clinicians i.e. PIVO placements can be perceived not be their first choice, we need to change the profile (cultural changes)
  - Introduction of rotational placement across primary care, community and PIVO organisation (consideration will need to be given to tariff arrangements)
  - Expand placements in the social care settings via established networks i.e. Skills for Care who have a long-standing reputation for its ability to engage and communicate with the adult social care workforce
- Innovation in Practice Education
  - Introduction of Collaborative Learning in Practice (CLiP). This can support nursing, TNAs and AHPs
  - Incorporate virtual reality into part of the placement pathways that supports the learners understanding of the patient journey
- Educator support/development
  - Continue to fund planned university activities that supports the transition into the new NMC standards
  - Create a suite of virtual realities resources that supports further assessor/supervisor training

#### DBTH NHS FT

The Trust has committed to supporting a further 66 students over the next 3 years. We are looking at rotational posts between ourselves and RDASH to offer a full pathway experience.

We are piloting the Collaborative Learning in Practice.

Key to the expansion of student numbers is supporting the learning environment especially with the new requirements from the NMC. The Trust will require additional support for training to support students whilst in training.

#### Nursing Associates

##### SYB

- New model of delivering the partnership as both partnerships are merging Jan 2020 in to one SY&B TNA partnership



<ul style="list-style-type: none"> <li>• Strategic group led by chief nurse with other partners such as primary care/social care/hospices etc.</li> <li>• Local place-based placement groups managing placement circuit, with specialist providers covering SY&amp;B</li> <li>• Progression routes from NA to RN and how that can be factored into workforce planning</li> </ul>
<p>DBTH NHS FT</p> <p>Currently chair the strategic group</p> <p>Focussed work with Universities to provide a local training facility, aligned to the engagement with Colleges and Schools</p> <p>Current tNAs evaluating well.</p> <p>Plans to convert 24 registered NAs to RNs over the next 5 years. Plan to recruit a further 60 tNAs over the next 3 years.</p> <p>The Trust has also invested in Associate Practitioners, this staff group are working well within ED and OPD settings. There is currently no conversion program for associate practitioners to RN without undergoing the full training program but we are working with UoS to look if the APs can use their training to reduce some modules.</p>

The table below shows the DBTH plan for the additional nursing numbers to meet our projected workforce numbers by 2023/24

ICS Investment Requirements Nursing and Midwifery (Including Infrastructure)
Undergraduate Place Expansion
International Recruitment
Trainee Nurse Associates
Conversion of NAs to RNs
Registered Nurse Degree Apprenticeships Based on 4 year but 3 year to be available)
Return to Practice Scheme
Graduates into pre-registration nursing
Retire and Return / Improved Retention
<b>Total Per Year</b>
<b>Cumulative</b>

Other = Self Funded OU
------------------------

19/20	20/21	21/22	22/23	Total
12	18	18	18	<b>66</b>
20	25	20	10	<b>55</b>
31	25	20	15	<b>91</b>
	4	8	12	<b>24</b>
	2	2	2	<b>6</b>
3	6	6	6	<b>21</b>
1	7	7	6	<b>15</b>
0	2	2	2	<b>6</b>
<b>67</b>	<b>88</b>	<b>78</b>	<b>62</b>	<b>237</b>
	<b>155</b>	<b>233</b>	<b>295</b>	

	3	3	3	<b>9</b>
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## **Setting Establishments**

### **Approved Tools**

The Safer Nursing Care Tools (SNCT) calculates clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guides the required establishments for inpatient wards including paediatrics.

SNCT is endorsed by NICE and the licensing process is free of charge to NHS organisations in England. DBTH signed the licence agreement in 2019 and ran the data collection in April and September 2019 for adult inpatient wards, acute assessment units and children and young people's wards in acute hospitals.

This data, when triangulated with professional judgement and local intelligence helps the associate director of nursing, head of nursing and head of midwifery to set the ward establishment and agree the skill mix for each area with the Director of Nursing. SNCT will be run again in January and June 2020. A full paper on the SNCT results and actions will be prepared for the BoD.

Skill mix ideally on wards is a ratio of 65/35 registered to unregistered. The Trust uses the RCN guidance of 1 registered nurse per 8 beds as the bench mark. Our medical wards are made up in the majority of areas to be divisible by 8, which allows the Trust to safely manage areas.

The surgical and orthopaedic wards currently do not mirror this in most cases and the establishments are set using the SNCT.

The assessment units are set at a ratio of 1 to 5 to mirror the increased through put and dependency of these areas.

SNCT is currently used in the Department of Critical Care but the results do not reflect the requirements of the units due to the mandated staffing levels for level 3 and 2 patients.

Maternity services use Birthrate plus, to assess their midwifery numbers. National standard is assessed at a 1 to 28 ratio. Birthrate plus has just been completed and the results will be available in January.

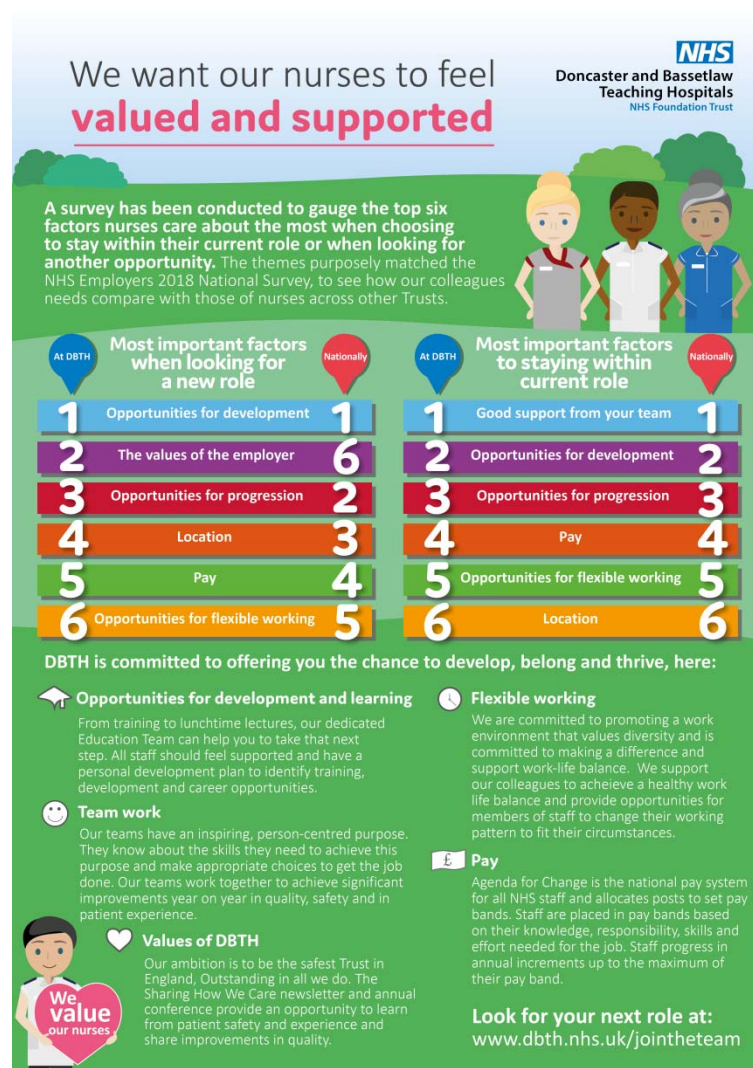
The Trust uses the BEST tool for the Emergency Departments, this is again repeated twice a year. The recently approved business case for additional investment into nurse staffing was as a result of the Best data.

To support an appropriate skill mix, the Trust has actively supported the training of nurse associates in areas following their clinical review of the SNCT.

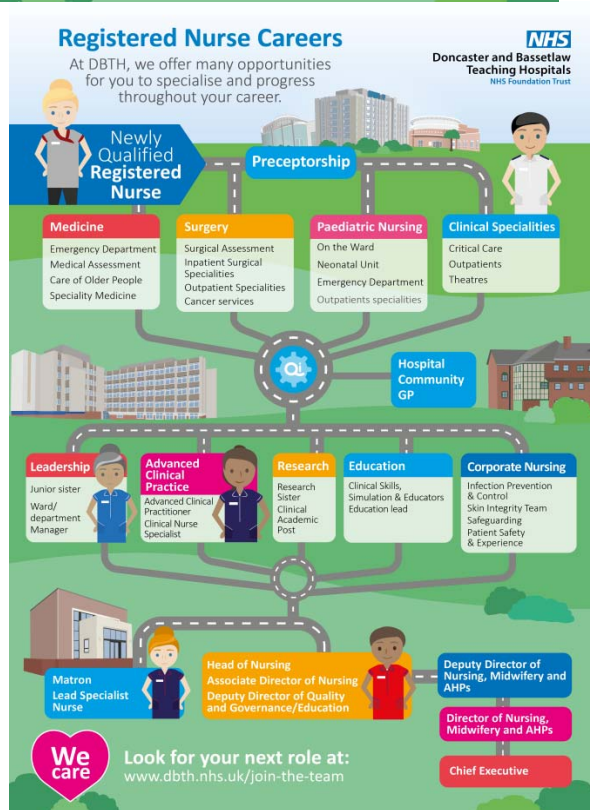
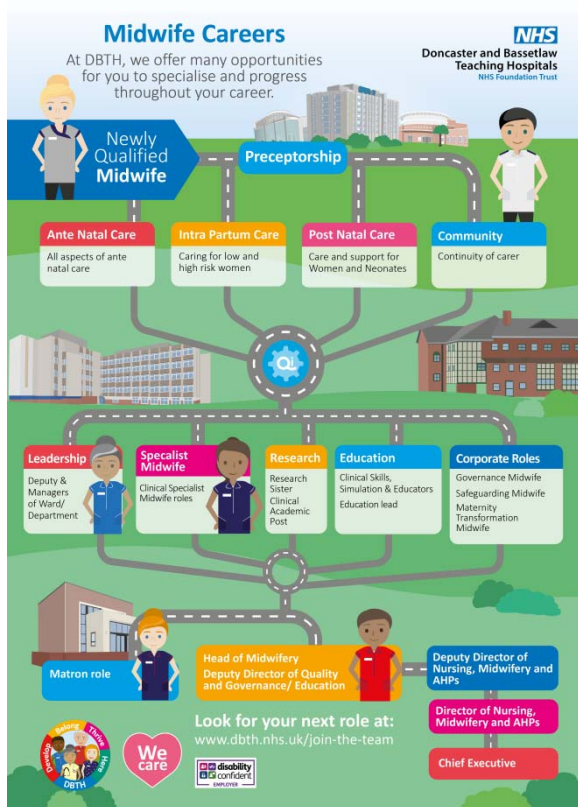
The Trust currently supports 31 tNAs across a number of specialties. The tNAs are now in their second year of training and once registered will remain in their hub training ward. The next cohort begins in March with a further 17 tNAs due to commence the course. Skill mix changes in these areas still maintain the minimum standards of 1 to 8 but enhance the skills of the team to deliver safe effective care.

## Retention

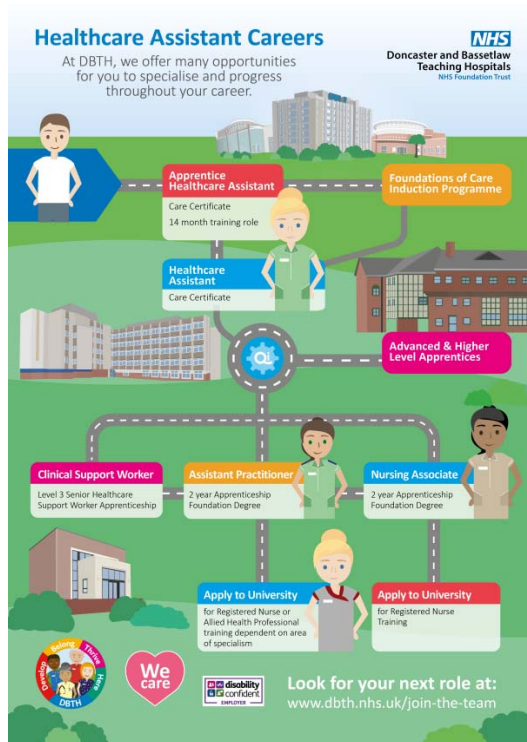
The Trust has been part of the ICS/NHSi Retention of RN/M work to be more proactive in how we retain our registered nurses and midwives. We started by asking our nurses and midwives the most important factors in looking for a new role and the most important factors to staying within the current role. Findings were benchmarked against national results from NHS employers below:



One key area we have been promoting from this work has been the opportunities for development for RN and RM. These have been turned into pull up banners and displayed in the education centers at BH and DRI



To also ensure opportunities to grow our own experienced and talented unregistered staff, we have mapped out future career options for health care assistant (below) and also promoting the leadership offer (below).



The above approaches are vital to ensure we have a sustainable workforce going forward. The Trust is working closely with partner Higher Educational Institutions to ensure that training for nurses, midwives and AHP's can be delivered locally and that we have access routes which cover the needs of the local populations. The Trust will support additional training places for the HEI's but it is vital that there is investment in the learning environments and in Learner Environment Managers to ensure a positive placement for our learners.

Working with the local schools and colleges we are promoting the different entry points for a career in Healthcare and expelling myths about who can work in health as well as providing locally based training for nurse associates and associate practitioners.

The above plans will help us to maintain our nursing, midwifery and AHP workforce over the next 5 years.



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

<b>Title</b>	<b>EU Exit Preparations for 31<sup>st</sup> January 2020</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>17<sup>th</sup> December 2019</b>
<b>Author</b>	<b>Rebecca Joyce, Chief Operating Officer</b>		
<b>Purpose</b>	To provide assurance to Board on the Trust's preparations for the UK leaving the EU without a withdrawal agreement on 31 <sup>st</sup> January 2020 following the result of the General Election.		Tick one as appropriate
	Decision		
	Assurance		✓
	Information		✓

**Executive summary containing key messages and issues**

The 12<sup>th</sup> December 2019 General Election resulted in a Conservative majority and as a result it is highly likely that the UK will leave the EU with a Withdrawal Agreement and Political Declaration on the 31<sup>st</sup> January 2020, and subsequently a transition period which will maintain the status quo regarding trading relations until 31<sup>st</sup> December 2020.

The Trust has undertaken extensive contingency planning, which compliments national planning arrangements under 'Operation Yellowhammer' in order to mitigate against any disruption that could have been caused by a 'no deal' EU exit, those arrangements are still being maintained.

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 an EU Exit 'No Deal' on the 31<sup>st</sup> January 2020 or at any future point.

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 31<sup>st</sup> January 2020 to manage any impacts arising.
- These planning arrangements should be maintained until the possibility of a 'no deal' EU exit is eliminated.





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

**Board of Directors**

**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE  
TRUST EU EXIT PREPAREDNESS**

**17th December 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 General Election took place on 12<sup>th</sup> December 2019 with a majority for the Conservative Party.

Following this result it is highly probable that the UK will leave the EU on the 31<sup>st</sup> January 2020 with the Withdrawal Agreement and Political Declaration deal agreed on the 17<sup>th</sup> October 2019 and then enter a transition period which currently expires on 31<sup>st</sup> December 2020, this means that the UK will continue to participate in the EU Customs Union and the Single Market (with all four freedoms) and all Union policies.

However, the default position currently stands that the UK will leave the EU on the 31<sup>st</sup> January 2020 with or without a deal.

### **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’.

While the General Election was taking place on 12<sup>th</sup> December 2019, opportunities were taken to consolidate these plans to ensure that if the UK leaves without a deal on 31<sup>st</sup> 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 18<sup>th</sup> 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 17<sup>th</sup> October and 18<sup>th</sup> October 2019 and daily reports being required on week days from 21<sup>st</sup> 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 30<sup>th</sup> 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 31<sup>st</sup> 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 arrangement 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 5<sup>th</sup> September 2019 and were involved in the regional exercise.

On the 23<sup>rd</sup> 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

<b>Title</b>	<b>Financial Performance – Month 8 – November 2019</b>		
<b>Report to</b>	<b>Trust Board</b>	<b>Date</b>	<b>17 December 2019</b>
<b>Author</b>	<b>Alex Crickmar – Deputy Director of Finance</b> <b>Jon Sargeant - Director of Finance</b>		
<b>Purpose</b>		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 8 (November 2019) was £1,516k which is an adverse variance against plan of £662k in month (£21k deficit including PSF, FRF and MRET which is £662k adverse against plan). The cumulative position to the end of month 8 is a £15,825k deficit (before PSF FRF and MRET), which is £2,004k adverse to plan (£7,171k deficit including PSF, FRF and MRET which is £2,004k adverse against plan). The Trust's position versus the Month 6 forecast was c. £200k adverse in month (the Month 6 forecast being £7.7m off control total before the impact of any unachieved PSF/FRF).

The month 8 income position is £524k adverse to plan in month, with a £893k favourable YTD position. The underlying under performance in month relates to commissioner income, which in month is £818k 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 £436k and in day cases of £219k.

In November 2019, CIP savings of £902k are reported, against a plan of £1,259k, an under achievement of £356k in month. Year to date the Trust has delivered £5.8m versus plan of £6.2m an under-delivery of £436k.

There continues to be significant risks to delivery of the Trust's financial control total. In month 6, the forecast year end position of the Trust showed a gap of £7.7m gap to achievement of the control total (excluding any impact of lost PSF/FRF). As previously reported to the Board a financial recovery plan has been developed to support closing this financial gap with the first meetings held at the end of November with Divisions. An update on the recovery plan will be discussed in further detail at the Finance and Performance Committee and Board.



<p>The key risks to delivery of the control total include:</p> <ul style="list-style-type: none"> <li>• CIPs - there is currently thought to be a £2.4m risk to delivery of the £13.2m CIP target. The recovery plan assumed that £1.2m of the £2.4m risk would need to be delivered to support achievement of the control total.</li> <li>• Delivery of RTT plans by Divisions is key to delivering the Trust's income position.</li> <li>• 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. Audits are currently in the process of being undertaken by the CCG.</li> <li>• 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.</li> <li>• 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.</li> <li>• Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m) in 2018/19.</li> <li>• 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.</li> <li>• There is a risk to the delivery of the capital programme in year, in particular around the Fire Enhancement Works and Theatre Works.</li> </ul>
<b>Key questions posed by the report</b>
Is the Board assured by actions taken to bring the financial position back in line with plan?
<b>How this report contributes to the delivery of the strategic objectives</b>
<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"> <li>• F&amp;P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications</li> <li>• F&amp;P 3 - Failure to deliver Cost Improvement Plans in this financial year</li> <li>• F&amp;P 19 - Failure to achieve income targets arising from issues with activity</li> <li>• F&amp;P 13 - Inability to meet Trust's needs for capital investment</li> <li>• F&amp;P – 14 - Reduction in hospital activity and subsequent income due to increase in community provision</li> <li>• F&amp;P 16 - Uncertainty over ICS financial regime including single financial control total</li> </ul>
<b>How this report impacts on current risks or highlights new risks</b>
Update on risk relating to delivery of 2019/20 financial plan.
<b>Recommendation(s) and next steps</b>
<p>The Board is asked to note:</p> <ul style="list-style-type: none"> <li>• The Trust's deficit (before PSF, FRF and MRET) for month 8 (November 2019) was £1,516k which is an adverse variance against plan of £662k in month (£21k deficit including PSF, FRF and MRET which is £662k adverse against plan). The cumulative position to the end of month 8 is a £15,825k deficit (before PSF FRF and MRET), which is £2,004k adverse to plan (£7,171k deficit including PSF, FRF and MRET which is £2,004k adverse against plan). The achievement with regards to the Cost Improvement Programme.</li> <li>• The forecast financial position, financial recovery plan and the risks set out in this paper.</li> </ul>



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

## **FINANCIAL PERFORMANCE**

**P8 November 2019**

**DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST**

**P8 November 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	35	660 A	7,286	1,990 A	15,491	Employee Expenses	445	323 A	2,597	730 A	7370
Income	(32,862)	524 A	(263,221)	(893) F	(411,669)	Drugs	109	(16) F	1,026	(541) F	861
Donated Asset Income	(14)	2 A	(114)	14 A	(195)	Clinical Supplies	(3)	41 A	(44)	217 A	347
Operating Expenditure	33,348	196 A	270,754	3,351 A	407,492	Non Clinical Supplies	0	0 A	0	0 A	0
Pay	23,176	352 A	182,717	(1,033) F	273,143	Non Pay Operating Expenses	180	78 A	1,533	256 A	3685
Non Pay & Reserves	10,173	(156) F	88,037	4,385 A	134,349	Income	171	(70) F	670	(228) F	937
Financing costs	1,044	(60) F	8,407	(468) F	4,177						
<b>I&amp;E Performance excluding PSF</b>	<b>1,516</b>	<b>662 A</b>	<b>15,825</b>	<b>2,004 A</b>	<b>15,296</b>						
PSF / FRF / MRET	(1,495)	0	(8,654)	0	(15,296)						
<b>I&amp;E Performance including PSF</b>	<b>21</b>	<b>662 A</b>	<b>7,171</b>	<b>2,004 A</b>	<b>0</b>	<b>Total</b>	<b>903</b>	<b>356 A</b>	<b>5,783</b>	<b>436 A</b>	<b>13,200</b>
F = Favourable A = Adverse						4. Other					
<b>Financial Sustainability Risk Rating</b>			<b>Plan</b>	<b>Actual</b>		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					
			Opening Balance	Closing balance	Movement in year	Funded WTE		Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
All figures £m						5953.74		5,412	254.32	105.62	5772.00
<b>Non Current Assets</b>			<b>206,773</b>	<b>208,093</b>	<b>1,320</b>	5955.11		5,444	256.52	102.81	5802.84
Current Assets			56,797	61,049	4,252	1.37		31.45	2.20	-2.81	30.84
Current Liabilities			-57,515	-67,389	-9,874						
Non Current liabilities			-82,091	-80,952	1,139						
<b>Total Assets Employed</b>			<b>123,964</b>	<b>120,801</b>	<b>-3,163</b>						
<b>Total Tax Payers Equity</b>			<b>-123,964</b>	<b>-120,801</b>	<b>3,163</b>						

**Key**

**Income**

Over-achieved F

Under-achievement A

**Expenditure**

Overspent A

Underspent F

## 1. Month 8 Financial Position Highlights

The Trust's deficit (before PSF, FRF and MRET) for month 8 (November 2019) was £1,516k which is an adverse variance against plan of £662k in month (£21k deficit including PSF, FRF and MRET which is £662k adverse against plan). The cumulative position to the end of month 8 is a £15,825k deficit (before PSF FRF and MRET), which is £2,004k adverse to plan (£7,171k deficit including PSF, FRF and MRET which is £2,004k adverse against plan).

The Trust's position versus the Month 6 forecast was c. £200k adverse in month (the Month 6 forecast being £7.7m off control total before the impact of any unachieved PSF/FRF). This was driven in part by elective/daycase income being behind forecast by c£250k in month.

The month 8 income position is £524k adverse to plan in month, with a £893k favourable YTD position. The underlying under performance in month relates to commissioner income, which in month is £818k adverse to plan when excluding the impact of non-PbR drugs.

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

- An under performance in both elective income of £436k and in day cases of £219k. Elective income being behind plan mainly in T&O and General Surgery where it is understood that Procedures of Limited Clinical Value were not carried out/cancelled, but were not backfilled with the same level of income/activity (this is being investigated further).
- Outpatients were £71k behind plan including the impact of the outpatient cap of £92k. Non-PbR Drugs were adverse to plan by £65k in month, but remain ahead of plan YTD (£664k).
- Emergency and non-elective income was £93k adverse to plan in month (£640k adverse YTD). However A&E over-performed in month against plan by £225k (£620k favourable YTD).
- Non NHS Clinical Income and Other Income is £358k favourable to plan in month 8 and £1,985k YTD. The over-achievement in month is related to over achievements against plan in Education and Recharges (which is offset with expenditure).

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance	
Commissioner Income	-337,957	-28,574	-27,756	818	A	-223,601	-221,845	1,756	A
Drugs	-19,606	-1,641	-1,576	65	A	-13,264	-13,927	-664	F
PSF, FRF and MRET	-15,296	-1,495	-1,495	0	F	-8,654	-8,654	0	F
Trading Income	-38,392	-3,171	-3,529	-358	F	-25,463	-27,448	-1,985	F
<b>Grand Total</b>	<b>-411,251</b>	<b>-34,881</b>	<b>-34,356</b>	<b>525</b>	<b>A</b>	<b>-270,982</b>	<b>-271,875</b>	<b>-893</b>	<b>F</b>

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

The in-month expenditure position was £196k adverse to plan, of which pay was £352k adverse to plan, non-pay £1.1m adverse to plan and reserves £1,246k adverse to plan. The YTD expenditure position at the end of Month 8 is £3.4m adverse to plan (with pay £1m favourable to plan and non-pay £6.1m adverse to plan).

Expenditure type	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance		Annual Budget
Pay	22,824	23,176	352	A	183,750	182,717	-1,033	F	272,498
Non-Pay	9,387	10,476	1,090	A	78,523	84,578	6,055	A	113,267
Reserves	942	-304	-1,246	F	5,129	3,459	-1,670	F	13,168
<b>Total Expenditure Position</b>	<b>33,152</b>	<b>33,348</b>	<b>196</b>	<b>A</b>	<b>267,403</b>	<b>270,754</b>	<b>3,351</b>	<b>A</b>	<b>398,933</b>

Capital expenditure is £3.6m behind plan YTD with spend of £6.0m against the YTD plan of £9.6m. The in-month capital spend for month 8 was £2.3m against an in-month plan of £2.7m, an underspend in-month of £0.4m. The main area of underspend is on Estates schemes, in particular the Fire and Theatres capital works.

The cash balance at the end of November was £29.4m (October: £30.8m). The over performance against plan continues to be 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 capital expenditure of £2.3m.

In November 2019, CIP savings of £902k are reported, against a plan of £1,259k, an under achievement of £356k in month. Year to date the Trust has delivered £5.8m versus plan of £6.2m an under-delivery of £436k. The forecast for savings in M8 was £1,144k, the major areas of under-delivery against this were:

- Workforce – Medical G&C and MTIs (£79k) – Due to delays / withdrawals in recruitment and some new joiners requiring supernumerary periods the expected benefits were not delivered in month.
- Outpatients - Utilisation and DNA (£74k) – There were improvements in both increasing clinic utilisation and reducing DNA rates but these are not yet meeting the trajectory the savings were based on.
- Theatre - Scheduling and cancellations (£58k) – This is mainly due to a deterioration on income from Orthopaedic elective lists, further work is ongoing to understand the root causes.

The M8 CIP performance is in line with the £2.4m risk previously identified. The current key priorities for the programme are gaining greater assurance on delivery of key schemes i.e. GVA rates £750k; ensuring delivery of high risk scheme i.e. outpatients; and identifying further opportunities to close the gap.

There continues to be significant risks to delivery of the Trust's financial control total. In month 6, the forecast year end position of the Trust showed a gap of £7.7m gap to achievement of the control total (excluding any impact of lost PSF/FRF). As previously reported to the Board a financial recovery plan has been developed to support closing this financial gap with the first meetings held at the end of November with Divisions. An update on the recovery plan will be discussed in further detail at the Finance and Performance Committee and Board.

The key risks to delivery of the control total include:

- CIPs - there is currently thought to be a £2.4m risk to delivery of the £13.2m CIP target. The recovery plan assumed that £1.2m of the £2.4m risk would need to be delivered to support achievement of the control total.
- Delivery of RTT plans by Divisions is key to delivering the Trust's income position.
- 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. Audits are currently in the process of being undertaken by the CCG. It is also understood in Month 8 that where these procedures were not carried out they were not backfilled by the same level of activity/income.
- Divisions have developed their winter plans for 19/20 which come to a cost of c.£0.5m versus the budget of £0.3m agreed at budget setting. This will need to be closely monitored to ensure spend is kept within agreed plans.
- The Trust's financial plan assumed that the outpatient cap penalties will not be incurred in the financial year as part of implementing the joint work undertaken with the CCG reviewing pathways. This is a risk of c£1.6m 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 and Theatre Works.

## 2. Recommendations

The Board is asked to note:

- The Trust's deficit (before PSF, FRF and MRET) for month 8 (November 2019) was £1,516k which is an adverse variance against plan of £662k in month (£21k deficit including PSF, FRF and MRET which is £662k adverse against plan). The cumulative position to the end of month 8 is a £15,825k deficit (before PSF FRF and MRET), which is £2,004k adverse to plan (£7,171k deficit including PSF, FRF and MRET which is £2,004k 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.

**Overview**

There were no escalations to Board or from sub committees to QEC.

**Assurance Reports****Surgical Division Assurance**

Antonia Durham Hall, Divisional Director for Surgery and Cancer services and Kirsty Clarke Associate Director of Nursing services presented to the committee on activities within their division.

They presented their position in relation to the clinical governance objectives, never events and serious incidents IQAT ratings, workforce etc. It was noted that the division is working hard on leadership values and engagement with staff at all levels and is achieving at the upper end across the trust against appraisals SET training and managing sickness absence.

The top five risks were noted as:

- 1. Patients outstanding follow up review multi-speciality – missed or waiting.**
- 2. Referrals to HES from DBDESP (target <13 weeks)**
- 3. Access to fracture clinic appointments**
- 4. Access to ophthalmology New and follow-up**
- 5. Junior doctor vacancies on General surgical on-call**

Discussion took place around progress and assurance of future changes, the division have also undertaken six QI (Quality Improvement) Initiatives which have produced the following positive outcomes:

- **Team and service user engagement**
- **Pathways to meet the needs of patients – one stop where possible**
- **Improved pathway flow**
- **Highlights capacity issues that require attention**
- **Reduction in DNA (Children's)**
- **Quick diagnosis and feedback**
- **Reducing risk / harm**

In terms of workforce, efforts are put into developing a five year plan and continuing to develop new and expanded roles to enable focus on long-term capacity and demand.

Two key areas of focus are

- 1- Improvements in practice and prevention of never events. A failsafe officer has been appointed.
- 2- Improving the management of complaint response times given the complexity of the complaint received.

The division was noted to be proud of:

- Clinical Governance meetings undertaken in each of the Specialities in addition to Divisional Governance meetings
- Reduction in Elective Cancellations due to inpatient bed flow issues
- Improvements to trauma pathway
- Team engagement in improving patient pathways and exec team support
- Workforce solutions – growing our own
- 100 day programme involvement

### **Interim Complaints Deep Dive**

The management of complaints has been raised as a quality issue in internal audit report fed back to QEC of a complaints audit and the CQC. Therefore a thorough mapping of the complaints process with QI team support with all divisions and directorates is being undertaken. The completion of this project should address all issues raised by internal audit and the CQC. The final review findings to be presented to QEC in March 2020.



### **Patient Safety Deep Dive**

The committee noted the significant progress by the relatively new team over the past 12 months. There have been improvements in the way the team have aligned with divisions and also the identification of learning from incidents across the trust. The key areas of work have been on risk, incidents, claims and inquests. Bespoke training has also been provided for the team and wider members of staff on the principles of good investigations.

Going forward a Patient Safety Strategy aligned with the principles of National Patient Safety Strategy is to be developed. A review of Datix training is planned and a Datix User Group has been set up.

### **Sickness Absence Management and Well Being Deep Dive**

An excellent and detailed paper was provided on the management of sickness and absence across the Trust. The sickness policy is currently been re-drafted to provide more guidance on the management of short and long-term absences and the support that can be considered for individuals who are unable to attend work on a regular basis due to their health. Comparison of figures for the past three years shows at 10.7% rise in the proportion of sickness for mental health reasons, this is also the highest percentage proportion of absence overall standing at 31.2%.

A specific “Creating a Mentally Healthy Workplace” action plan has been developed to guide positive action in this area within associated services to support staff.

### **Quality Assurance Report**

#### **NICE Guidance**

NICE guidance is 80% compliance with 20% partial or non-compliance with 17% overdue responses. This issue is now on clinical governance dashboards to ensure confirmation of compliance or development of a plan at clinical governance meetings.

#### **HSMR**

Overall HSMR (rolling 12 months) remains below 100 at 97.86.

HSMR monthly trend at 106.30 (July) has increased although still within the expected range. Assurance was provided by the Medical Director that none of the elective deaths have shown significant lapse in care. There is still a view that there may be issues with data collection and comparisons.

### **Radiation Safety**

The Trust reported a significant rise last year where staff experience unintended exposure to radiation. There has been a thorough review of the data and the numbers are expected to be significantly lower in the next report.

### **CQUINN - UTIs in Older People**

The figure for compliance is currently 27%, this is challenging CQUINN with several different elements for compliance. It is a challenging area but there is significant ongoing work.

### **Closing of open incidents**

There is continual improvement and the trend is moving forwards achieving the QEC targets.

## **Nursing Workforce**

### **Safer Nursing Care Tool**

The Safer Nursing Care Tools (SNCT) calculates clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guides Directors of Nursing in their safe staffing decisions.

SNCT is endorsed by NICE and the licensing process is free of charge to NHS organisations in England. DBTH signed the licence agreement in 2019 and ran the data collection in April and September 2019 for adult inpatient wards, acute assessment units and children and young people's wards in acute hospitals.

This data, when triangulated with professional judgement and local intelligence helps the associate directors of nursing, heads of nursing and head of midwifery to set the ward establishment and agree the skill mix for each

area with the Director of Nursing, Midwifery & AHPs. SNCT will be run again in January and June 2020. A full paper on the SNCT results and actions will be prepared for the BoD.

The position of the Wards and areas with key deficits was discussed and actions noted.

### **Safe Staffing and Efficiency**

A cap of agency expenditure for registered general and specialist nursing staff, midwives and health visitors has been in place since November 2015. The annual ceiling for DBHFT has been set at the lowest level of 3% which is a reflection of the relatively low level of bank and agency usage when compared to the national picture.

The Registered Nurse rate for October 2019 was 1.08%, remaining within the 3% cap level.

Information relating to the use of off-framework, high cost nursing agency staff continues to be reported to NHSI on a weekly basis, as does the work to eliminate the use of off framework agencies so that the Trust is compliant with the guidance.

Nurse managers continue to have a visible presence in the clinical areas. The quality and safety profile was noted.

A very detailed paper outlining our ambitions for developing, retaining and maintaining the nursing workforce was presented. This incorporated work both internally and across the ICS for the next five years. It is anticipated there will be for Doncaster Bassetlaw Teaching Hospitals a projected shortfall against budgeted as establishments will be 286 whole time equivalents. The paper also outlined how establishments are set and a comprehensive explanation of how will we work to deliver the projected shortfall and the ways in which that will be approached in terms of e.g.

- Roles that can move an individual into a student nursing position creating a pipeline
- Placement expansion
- Recruitment activities in the community and with local schools
- Retention

It was noted that nursing associates would provide value added skills in teams and would not replace qualified nurses in the establishments.

### **Workforce and Education Assurance Report**

There was some good messages noted in the data with respect to recruitment and retention figures and vacancy levels in the model Hospital comparisons.

Appraisals at the highest level for some time at 85%.

Adult, Paediatric and Neonatal Resuscitation figures need to be improved as does fire training. This is being picked up in the teams

### **Corporate Governance**

The changes to the corporate risk register and board assurance framework were noted and members were thanked for fully completing the front sheet sections for their papers with reference to risk.

Terms of Reference were agreed in principle.

**Pat Drake**

**Non – Executive Director and Chair – Quality Effectiveness Committee**



**Doncaster and Bassetlaw  
Teaching Hospitals**  
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Title	<b>Use of Trust Seal</b>		
Report to:	<b>Board of Directors</b>	Date:	<b>12 December 2019</b>
Author:	<b>Jeannette Reay – Head of Corporate Assurance / Company Secretary</b>		
For:	<b>For approval</b>		
<b>Purpose of Paper: Executive Summary containing key messages and issues</b>			
<p>The purpose of this report is to advise of use of the Trust Seal in accordance with section 14: Custody of Seal and Sealing of Documents of the Standing Orders of the Board of Directors:</p>			
<b>Seal No.</b>	<b>Description</b>	<b>Signed</b>	<b>Date of sealing</b>
116	Deed of Surrender between DBTH and Bestway Panacea Healthcare LTD	Sewa Singh Medical Director	12 December 2019
		Jon Sargeant Director of Finance	
<b>Recommendation</b>			
The Board is requested to approve the use of the Trust Seal.			



**Doncaster and Bassetlaw  
Teaching Hospitals**  
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**H1**

<b>Title</b>	<b>Chair's and NEDs' Report</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>17 December 2019</b>
<b>Author</b>	<b>Suzy Brain England, Chair of the Board</b>		
<b>Purpose</b>	Tick one as appropriate		
	Decision		
	Assurance		
	Information	x	

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

## **Chair's and NEDs' Report – December 2019**

### **NED Recruitment**

At the start of this month the Appointments & Remuneration Committee met to consider the shortlisting and interview arrangements for the current Non-executive Director recruitment. Interviews are to take place on 21 January 2020 and in line with previous selection panels there will be an appointment and advisory panel to consider candidates experience, skills and those softer, behavioural competencies.

Ahead of the interviews, myself and the other Non-executive Directors have been supporting potential candidates with pre-application discussions.

### **Christmas Greetings**

I would like to wish all colleagues and their families a very Merry Christmas and a Happy and Healthy New Year. A special thank you to those colleagues who will be working on Christmas Day in order to provide a 24/7 service to our patients. Thank you for all you have done in 2019 and for your continued support!

### **NED Reports**

#### ***Sheena McDonnell***

This month Sheena has been involved in a number of HR matters, including chairing an appeal panel. She has also been championing and supporting the role of the Freedom to Speak Up Guardian.



Supported by Trust colleagues Sheena hosted a visit to Montagu Hospital by the Civic Mayor, Councillor Linda Curran. Colleagues demonstrated the great work taking place and the Civic Mayor was welcomed to the Fred and Ann Green Rehabilitation Centre and the Simulation Centre. Councillor Curran was very impressed with all that she saw and had lots of praise for the teams at Montagu.

Sheena has completed her Health and Safety for Managers course, which was very useful and took part in a mock CQC inspection for medical and older people inpatient services.

Finally, Sheena attended December's Quality & Effectiveness Committee and will chair the Charitable Funds meeting later in the month.

### ***Kath Smart***

As part of ongoing buddying arrangements Kath attended the report out on the Qi work undertaken in the Emergency Department and Clinical Decisions Unit. It was pleasing to hear about the patient flow improvements and work with partners to continually improve DBTH's approach to non-elective care.

Along with other Non-executive Director colleagues Kath took part in some festive arrangements on Suzy's behalf. She attended the volunteers' festive brunch at DRI, where it was a pleasure to recognise the enormous and wide ranging support our volunteers offer to the Trust. Kath was able to spend time with individuals, she heard how and where they help out and how for some they balance this voluntary work alongside their already busy lives. They really are an impressive group of kind hearted people! Kath will also be supporting the visit by the Chair of Bassetlaw District Council at Bassetlaw Hospital later this month.

Finally, Kath met with Fiona Dunn and the Trusts Risk team to understand improvements to risk management; she attended her Senior Executive Health & Safety training and attended Decembers Finance & Performance Committee and Board session.

### ***Neil Rhodes***



As Deputy Chair Neil has taken on a number of duties this month. On 5 December he gave a very warm welcome to the children of St Johns Church of England School in Mexborough who visit Montagu Hospital each year as part of the ceremony to switch on the Christmas lights. The children were obviously delighted to be invited back and sang beautifully around the Christmas tree.

Neil also welcomed volunteers to their festive brunch at both Doncaster Royal Infirmary and at Bassetlaw Hospital. As always it was a fabulous opportunity to show the Trust's appreciation of the amazing support the volunteers offer across all three sites. Volunteers were also updated on feedback they had provided and the Trusts next steps to improve their own and the customer experience at DBTH.

Neil has chaired this month's Finance and Performance Committee and will also take on the role of Chair of the Board at this month's Board of Directors.



## ***Pat Drake***

This month Pat had the pleasure of escorting the Civic Mayor, Councillor Linda Curran around the Women and Children's Services. As an area of personal interest Councillor Curran was delighted to be able to see first-hand the important work that takes place within the hospitals walls. She was particularly touched by how the team worked together to ensure that the children were provided with the opportunity to take part in activities and enjoy the spirit of Christmas during their time in hospital.



Pat also attended Bassetlaw for the blessing and lighting of the Christmas tree, supported by Reverend Simon Russell and some wonderful singing from the local school children.

She undertook her Health and Safety training, chaired the Quality & Effectiveness Committee planning group and then the Committee and was in attendance at the Finance & Performance Committee.

## Chief Executive's Report

### December 2019

**Doncaster and Bassetlaw  
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### **An extremely busy period for our Emergency Departments**

In late November into early December, we experienced a significant increase in attendances to our Emergency Departments. So busy was the service, that we broke numerous records for activity.

At Doncaster Royal Infirmary:

- For paediatric attendances, since from 22 November to 6 December, we recorded nine of our busiest days ever recorded, with the highest being 104 attendances on Monday 25 November and 102 on Thursday 28 November (a close second).
- For adult attendances, on 25 November the service saw 390 patients, the busiest day ever recorded by the Trust. This was almost beaten yesterday (2 December) with 368 patients attending – 175 of which were classified as 'minors' which meant an alternative service could have been used for care and treatment.
- On 5 December, the service saw its 103,810th patient for the entire year. This meant that, with three weeks to spare, we surpassed the amount we saw in the entirety of 2018.

At Bassetlaw Hospital:

- For paediatric attendances, from 22 November to 6 December, we recorded three of our busiest ever days on record, with 27, 28 November and 3 December registering 47 patients, the organisation's joint third highest days since our records began.
- On 29 November, the service saw its 48,439th patient for the entire year. This meant that, with a month to spare, we surpassed the amount we saw in the entirety of 2018.

With all of the above in mind, there is no particular spike in illness such as norovirus or flu which is driving this increase in activity, just general demand. This financial year, if attendances continue at the rate we have seen, we're forecasting to see 187,000 patients across Doncaster and Worksop, which is 12,000 more than last year.

As ever, colleagues within the Emergency Department and the wider Trust have been absolutely heroic in their efforts to ensure patients receive the highest quality care, despite the increase in demand.

### **The Trust hosts a visit from Boris Johnson**

On Friday 22 November, Bassetlaw Hospital was visited by Boris Johnson, Matt Hancock and Lord John Mann. Ostensibly a campaign visit, the two Conservative Party politicians pledged funding for Bassetlaw Hospital's Emergency Department. In keeping with purdah guidelines, we do not endorse any political party or pledge, and have kept our own publicity of this event to an absolute minimum.

### **Recruitment begins for a new Medical Director**

We have officially begun the search for a new Medical Director, as current post-holder, Mr Sewa Singh, is set to retire 31 March 2020.

We are looking for an outstanding leader and candidate to join our Board of Directors and build upon the fantastic work of our medical colleagues. It is our ambition to be the safest Trust in England, outstanding in all that we do.

The Trust has now begun the search for a successor; with an advert now live on the organisation's website here: <https://www.dbth.nhs.uk/news/dbth-job-week-medical-director/>

## **Staff Survey success**

Throughout October and November, we have been encouraging colleagues to complete the national NHS Staff Survey. This incredibly important questionnaire is an opportunity for our teams to share what is good about the Trust, what we can improve and where we should focus efforts in the next 12 months.

At the time of writing, our completion rate stands at just under 60% (a five percent rise since last year), however we expect this to increase slightly once the organisers of the survey, Picker, send us the collated and anonymous submissions, later this year.

## **Festive panto streamed onto wards and into services**

For the third year running, Cast in Doncaster has live-streamed its festive pantomime to patients staying at our hospitals.

This pantomime screening has become something of a Christmas tradition at the Trust and something which colleagues greatly look forward to each year. Throughout the holiday season, our clinicians try their very best to cheer up those in our care, however we understand that most would prefer to be comfortable at home, rather than in a hospital bed. This is just one way in which we can bring a little bit of the Xmas spirit to our wards and inpatient areas.

Ahead of the event, ward staff received a link to the live-stream, which they shared with patients, whether they are laid in bed using a mobile device, or instead resting in one of the many activity rooms which are available.

At the same time, a special screening took place in Doncaster Royal Infirmary's Lecture Theatre, with a capacity audience of 110 made up of hospital professionals and their families, all of whom joined in the fun.

We are looking forward to hosting the event again next year and share our thanks with our partners at Cast.

## **Joint post for Allied Health Professionals**

Amanda Espey has been appointed Chief Allied Health Professional for our Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH).

Qualifying as a Physiotherapist in 1987, Mandy has worked in both patient-facing and managerial roles in Doncaster, also undertaking a two year period of professional development within Canada's

health service in the mid-1990s. Mandy has held a number of roles at the Trust, including the position of Deputy Head of Physiotherapy services, during which time she developed the Musculoskeletal (MSK) Clinical Assessment and Treatment Service, as well as the Occupational Health Physio service, both of which are still active in the local area.

After this, Mandy was appointed General Manager for Trauma and Orthopaedics, then the MSK and Frailty Care Group and now Division of Surgery and Cancer, following organisational restructures. Throughout her tenure at DBTH, Mandy has proven to be a skilled, valued and engaging member of the team, utilising her considerable expertise in both clinical and managerial roles to make improvements in every area she has supported.

As Chief Allied Health Professional (AHP) for both organisations, Mandy will work directly to both the trusts' respective Directors of Nursing and develop processes, pathways and governance, ultimately enhancing physical and mental health in Rotherham, Doncaster and North Lincolnshire. As lead, Mandy will assume immediate responsibility for all AHPs employed by both DBTH and RDaSH, including Physiotherapy, Occupational Therapy, Speech and language Therapy, Nutrition and Dietetics, Orthotics, Radiography, Operation Department practitioners, Orthoptists, Podiatry and Art Therapy.

An interim post for six months, the Chief Allied Health Professional will work at DBTH three days a week, and RDaSH two.

## **Improving hydration at the Trust**

In late November, our clinicians implemented a number of innovative projects to help patients stay hydrated.

One of the biggest challenges for health professionals is ensuring that inpatients drink enough throughout their time in hospital, ultimately to aid in recovery. A lack of water can lead to dehydration — a condition which occurs when you don't have enough water in your body to carry out normal functions. Dehydration can be the underlying cause of many common conditions which can complicate a hospital stay, including constipation, falls, infections and pressure ulcers, as well as some life-threatening conditions, such as acute kidney injury, cardiac disease and venous thromboembolism (blood clot).

In order to address this issue, from 25 November 2019, our teams have adopted a simple, yet effective system of traffic light coloured jug lids in order to monitor the amount that individuals are drinking each and every day, as well as enabling clinicians to understand how much a patient has drunk at a glance.

Based upon a daily routine, each patient is given a 750ml jug of water with a red lid each morning, when the patient has drunk their first jug, it is refilled with fresh water and the lid changed to amber. When the patient has drunk their second jug, it is once again replenished and the lid changed to green as the patient will have had 1500ml of water, reducing the risk of dehydration.

If at any point the nurses are concerned about the patient, or if by afternoon the red lid is still attached, this is escalated to a senior colleague for further action.

The introduction of traffic light coloured lids forms part of our wider approach to reducing dehydration amongst patients. Another element of this ongoing project is the 'But First a Drink' initiative, which asks all health professionals at the Trust to start and end all interactions with inpatients with the offer of a drink and a new document to record the patient's fluid balance.

## **Director of Education and Research appointed**

In October 2019, we brought together our Training, Education, Research and Development services to form the new directorate of Education and Research.

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'. Furthering our ambitions in these areas are essential as we look to help colleagues develop in their NHS career, as well as offer our team the opportunity to take part in research in order to improve health outcomes for our patients.

To help deliver further upon our ambitions, on 6 December, we appointed INSERT NAME as Director of Education and Research. Dr Alasdair Strachan will help to further establish the new directorate, as well as develop a new strategy for the service, ensuring we make the most of education and research opportunities for both patients and colleagues.

## **eObservations coming to Montagu Hospital**

In early September, our new eObservations system, provided by Nervecentre, went live in all adult inpatient wards at Bassetlaw Hospital.

In short, this new system replaces paperwork for patient observations. Using eObservations, clinicians are able to record information via the eObservations app, using a mobile device, and the system calculates whether results are outside the normal range, alerting a senior nurse or medic if urgent attention is required.

Following the successful launch at Bassetlaw, we intend to bring the service to Rehab 1 and 2 at Montagu Hospital.

## **Wishing colleagues, partners and patients a very Merry Christmas**

I want to take this opportunity to wish colleagues, partners and our patients a very merry Christmas and a happy New Year. Once again, we've had an incredibly busy, exciting and sometimes challenging 12 months. Reflecting upon the year, I am pleased to say we've made substantial strides as an organisation, achieving goals that we set out to fulfil in January 2019 and making plans to deliver upon ambitions we have as an organisation in both the short and long-term.

I would also like to take a moment to offer my appreciation to those colleagues who will be working throughout the Christmas period. As a Registered Nurse, I know first-hand what it is like to head out to work during the holidays and I want to thank everyone who will be spending time with patients throughout the festivities, keeping them safe, comfortable and, hopefully, healthy.

Finally, I wish you all, on behalf of the Trust, a very happy, healthy and safe festive season.

## **Local appointments**

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

- **Dr Alasdair Strachan** is named Director of Education and Research

- **Amanda Espey** is named Chief Allied Health Professionals for both our Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust
- **Jodie Roberts** joined us as Deputy Chief Operating Officer.

## **External appointments**

- Barnsley Hospital NHS Foundation Trust's Chief Executive, Dr Richard Jenkins, has been appointed to the same role at Rotherham NHS Foundation Trust in a joint-capacity, splitting his time between both organisations.



**Doncaster and Bassetlaw  
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## Quality and Effectiveness Committee

Minutes of the meeting of the Quality and Effectiveness Committee  
Held on **Wednesday 23 October 2019 at 2.00pm**  
in the Boardroom, Bassetlaw Board Room

**Present:** Pat Drake, Non-Executive Director (Chair)  
Karen Barnard, Director of People & Organisational Development  
David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals  
Sheena McDonnell, Non-Executive Director

**In attendance:** Mr Ray Cuschieri, Deputy Medical Director (For for Mr Sewa Singh)  
Fiona Dunn, Acting Deputy Director for Quality and Governance  
Karen Humphries, Clinical Governance and Professional Standards Co-ordinator  
Emma Shaheen – Head of Communications and Engagement (B1)  
Marie Purdue, Director of Strategy and Transformation  
Rosalyn Wilson, Corporate Governance Officer (Minutes)

**To Observe:** Peter Abell, Public Governor – Bassetlaw

**Apologies:** Mrs Jeannette Reay – Head of Corporate Governance / Company Secretary  
Mr Sewa Singh, Medical Director  
Cindy Storer, Acting Deputy Director of Nursing & Midwifery and Allied Health Professionals

### ACTION

#### QEC19/10/A1 Welcome and Apologies for Absence (Verbal)

Pat Drake welcomed the members and attendees. The apologies for absence were noted.

#### QEC19/10/A2 Conflicts of Interest (Verbal)

There were no conflicts of interests declared at the meeting.

#### QEC19/10/A3 Action from Previous Meeting (Enclosure A3)

The following updates were provided;

Actions 3, 7, 9, 10 and 12 – On this basis that these had been added to the future work plan (for reporting at future meetings), these actions would be closed.

Action 1 – An update on this matter would be obtained for the December 2019 meeting.

Action 2 – On the basis that Karen Barnard had met with Kirsty Edmondson-Jones, and that work to review environmental impacts of violence and aggression incidents would be taken forward as appropriate, the action would be closed.

Actions 4 and 8 – These actions had not yet been completed so would remain on the action log for reporting to the December 2019 meeting.

Action 5 – On the basis that David Purdue had met with the Breast Care Nurses, and would take forward this action as appropriate, the action would be closed.

Action 6 – This action was not yet due for completion.

Action 11 – David Purdue confirmed that he had circulated information to show that all CQC actions in ED had been completed. This action would be closed.

***The Committee:***

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

**QEC19/10/A4 Request for Any Other Business/Issues from Section J (A4)**

No requests for additional business were raised.

**QEC19/10/B1 Deep Dive - Communication and Engagement - (Presentation – B1)**

Emma Shaheen presented a Deep Dive on the enabling strategy for communications and engagement, which highlighted:

- The Trusts Social Media platform had grown considerably in the past twelve months;
- There had been external Press coverage on the BBC's The One Show;
- Re-branding of the Trust's website;
- The reputation of the Trust had improved with the local press, with bi-monthly meetings taking place 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 interaction and support with the consultants could be improved, to also free up clinical time to attend TMC.

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

***The Committee:***

- ***Noted the Deep Dive on Communications and Engagement.***



**QEC19/10/B2    Deep Dive – Patient Experience and Engagement - (Presentation – B2)**

David Purdue presented a Deep Dive on Patient Experience and Engagement. The key points highlighted were:

- The divisional templates designed to share best practice and lessons learned 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;
- The development of Michael's Story. A video to tell the story of a patient who suffered AKI after routine elective surgery. The video gave the rationale behind the changes being made to improve hydration on all adult inpatient wards;
- Health Watch 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 to be delivered via Induction, a half-day session and a full-day session.

David Purdue advised the Committee that the response times for complaints had been breached due to a change in methodology the responses. The Trust's vision for complaints was to reduce the number of formal complaints by dealing with concerns raised.

***Action: PALS would be requested to develop Standard Operating Procedures for complaints.***    **DP**

***Action: The update to the Council of Governors would include the patient centred care table.***    **PD**

***Action: The PPI Strategy would be presented at the Quality Effectiveness Committee in March 2020 to incorporate all patient strategies (this would be developed with input from patients).***    **DP/FD**

Sheena McDonnell commented that current engagement with patients need further development to ensure it was effective. The Committee was hopeful that the new strategy would encourage engagement.

***The Committee:***

- ***Noted the Deep Dive on Patient Experience and Engagement.***

**QEC19/10/B3    Deep Dive - Clinical Governance (Enclosure B3)**

Ray Cuschieri thanked Fiona Dunn for collating the information for the Deep Dive presentation.

The presentation highlighted:

- The Clinical Governance milestones;
- That the "Sharing How We Care" innovation would continue to be developed;
- The Serious Incidents Policy had been reviewed and new processes had been put into place. A new page had been added to the Hive for CQC preparation;
- There had been some issues relating to coroners inquests, however it was expected that these would reduce when the new Medical Examiner was in post;
- The Committee noted that the Patient Safety Strategy was being reviewed.

***The Committee:***

- ***Noted the Deep Dive on Clinical Governance.***

**QEC19/10/C1    Quality Assurance Report – (Enclosure C1)**

**Part A – Clinical Governance and Quality Report**

Pat Drake advised the Committee that, by December's Quality Effectiveness Committee's meeting, there should be no incidents beyond review date and that the assurance for all incidents would be the direct responsibility of divisions. There would be a zero tolerance on overdue incidents going forward. It was also agreed that sharing the learning from the serious incidents would take place at the Committee.

**Action: *The Clinical Governance Committee would be reminded that divisions needed to be clear on learning from its Top 3 Risks – including actions to improve.***    **RC**

**Action: *A review of the processes to share incident information with divisions would take place.***    **FD/CS**

The Trust has received letter from National CQUIN Team clarifying that the Trust would be not be penalised for non achievement.

There had been an outbreak of Cdiff in the Bassetlaw community and the Trust was working with Bassetlaw CCG to look at prevention and education. The data showed that an average years' data had already been reported including a child as young as five years old.

**Action: *A report on Cdiff data and actions in Bassetlaw would be provided to December's meeting.***    **DP**

**Part B – Nursing Workforce Quality Metrics (Hard Truths)**

The Trust had recruited 18 new Midwives, leaving 11 vacancies for which a number of adverts had gone out (stages of pregnancy and post birth specific).

There were 30 vacancies across medicine as a division – ten being on the respiratory ward and Medical Assessment Unit. Practice development sisters were in place on both wards to support the newly qualified staff.

Ward 21 remained an issue for staffing due to the ward gender split and discussions were taking place to determine how the staffing pressures could be reduced and the wards merged together.

Nurse Managers, Specialist Nurses would be carrying out two clinical shifts per month.

The new format of the quality metrics paper was welcomed as being more user friendly, clear and easy to read. The report was now rated red amber green and blue – with blue indicating outstanding.

**Action: *Reporting on skills mix would be included in the reports from December 2019.***    **CS**

### **Part C – Patient Story**

The Committee discussed the report appendices, including how the Trust learnt from incidents and noting the themes of leadership/team working. This had been fed back to the Executive Team for discussion with divisional directors.

The Committee noted that work was in progress to map indicators to mortality and that the dashboards were now available on the Hive (under quality dashboards).

**Action: A key to the appendices would be included in future reports.**

**FD**

***The Committee:***

***Received and noted the Quality Assurance Report.***

#### **QEC19/10/C2    QPIA Update (Enclosure C2)**

The report confirmed that current risks were being managed within the current CIP governance framework.

***The Committee:***

***Received and noted the QPIA update***

#### **QEC19/10/C3    Learning from Deaths – Q1 Report (Enclosure C3)**

There continues to be Issues with office space – including for the Bereavement Team and the Medical Examiner were noted. It was confirmed that the Estates team were aware of the difficulties.

**Action: David Purdue to liaise with Kirsty Edmondson Jones regarding accommodation for the Bereavement Team.**

**DP**

A limited number of deaths (61) had been scrutinised and the Committee was advised that this was due to vacancies and issues with recruitment and funding. Improvements were expected within three months and an update report would be provided to the Committee in six months' time.

**Action: Learning from Deaths report to be included on the future work plan for May 2020.**

**RS**

***The Committee:***

- ***Received and noted the Learning from Deaths report.***

**QEC19/10/D1 Accessible Information Standard (D1)**

There was a lengthy discussion around the Accessible Information Standard 2017, with David Purdue advising that the Trust was not compliant.

The CQC inspection had queried whether the Trust had a policy in place and a gap analysis was required to determine what action the Trust would take to move towards, and achieve compliance.

The Committee was advised that one individual patient had 14 live complaints on Datix for the same issue - not sending letters out on yellow paper due to health condition. This was of concern as there was no learning or control in resolving duplicate issues.

David Purdue advised of numerous changes to publications in recent months – including the provision of additional services in alternative forums such as in the community. An area still worthy of action and on which focus would be provided was the provision of information leaflets in different languages.

It was noted that although there was no policy in place, considerable work had been undertaken.

***Action: The policy around Accessible Information would be produced and rolled out to staff within SET training.*** DP

***Action: An update on the progress of Datix “housekeeping” - to enable better reporting of repeat complaints – would be provided to the December 2019 meeting.*** DP

***The Committee:***

- ***Received and noted the update on Accessible Information.***

**QEC19/10/D2 Patient Complaint Audit Outcome (D2)**

The Trust had recently carried out an audit of Patient experience using the toolkit from NHSI. There had been 50 requests sent out, but only 12 returned.

The Patient Experience team had commenced a mapping process of the responses but this had been put on hold until there was divisional support. Associate Nurses Directors would be requested to lead and manage this process.

The standardisation of processes would assist with Trust responses with the aim to reduce the number of duplicate complaints and enable actions to be targeted at identified themes for concern.

***The Committee:***

- ***Received and noted the patient complaint audit outcome paper.***

**QEC19/10/E1 Workforce and Education Assurance Report (E1)**

The Committee discussed the KPI data and where the Trust benchmarked against outstanding Trusts. This information would help the Trust's assessment and achievement towards the True North Objectives.

SET training was currently at 90% and continued to improve. From November 2019 the SET compliance reports would show individuals who were overdue and the Trust Senior Leadership Team would lead by example.

The workforce deep dive around casework data would be presented at the December Quality Effectiveness Committee to cover sickness, wellbeing and progress. This would then be reported on a six-monthly basis to the Committee.

The Committee noted that the rate of success (good) for Trust Tribunal claims. Staff suspensions were discussed and it was noted that one member of staff had been suspended since the production of the report and that one member of staff remained suspended in relation to a fraud issue.

Karen Barnard advised that a comprehensive spreadsheet was maintained to track the progress and progression of grievances and appeals as ESR information was limited to outcomes.

The team leader role was now in place within the recruitment team - to support junior members of staff within the P&OD department. Weekly team meetings were planned to support the visual workload of staff.

ESR data was currently being worked on to provide more accurate profiles of colleagues as the ESR Self Service had been implemented.

Compliance with Deprivation of Liberty (DoLS) Mental Health Training (part of safeguarding) was challenging. Dates for training delivery from RDaSH had been set for November 2019 and January 2020. Plans to deliver level three training were currently being developed by the Trust's Education Department – these would take account of changes in DoLS legislation which were expected in April 2020.

***The Committee:***

- ***Received and noted the Workforce and Education Assurance Report.***

**QEC19/10/F1 Corporate Risk Register and Board Assurance Framework (F1)**

The Committee noted that a lot of work to update the Trust's risk management processes – including the formatting and reporting of the Corporate Risk Register and Board Assurance Framework – was currently being progressed.

Whilst this work was in train, Executive Directors continued to update their current corporate risks.

***The Committee:***

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

**QEC19/10/F2 CQC and Regulatory Compliance (F2)**

David Purdue provided a brief update from the recent reviews – which had been reported through other Trust meetings and to staff via communications:

- The inspectors had reported that staff had made them feel welcome and accommodating;
- The finance, P&OD and Qi strategies had been well received – with positive comments noted from the CQC;
- Complaints were raised as an area of concern but with a recognition of Trust actions already being addressed;
- The draft report was expected on 13 November 2019, following which the Trust would have ten days to respond with factual accuracies.

***The Committee:***

- ***Noted the paper on CQC and Regulatory Compliance.***

**QEC19/10/G1 Quality Improvement (G1)**

It was noted that the board would be undertaking an effective review led by the QI team at a future date.

**QEC19/10/H Governor Issues for Clarification (Verbal)**

Peter Abell complemented the meeting – expressing that it had been well managed and focused on areas of concern. He would share the key messages from the meeting with Governor colleagues.

***The Committee:***

- ***Noted the Governor queries and comments.***

**QEC19/10/I1 Sub Committee Minutes and Reports (Enclosures I1)**

***The Committee:***

- ***Noted the Clinical Governance Committee Minutes for 19 July 2019 and 16 August 2019;***
- ***Noted the WERC Minutes for 22 July 2019.***

**QEC19/10/J1 Minutes of the Meeting held on 21 August 2019 (Enclosure J1)**

***The Committee:***

- ***Received and Approved the Minutes of the Quality and Effectiveness Meeting held on 21 August 2019.***

**QEC19/10/J2 Enabling Strategies Exceptions (J2)**

Enabling Strategies are to be discussed at an Executive meeting to agree a way forward.

**QEC19/10/J3 Committee Work Plan (J3)**

The work plan had been used by Trust personnel in the Committee planning session. Colleagues had input to the content of the plan in order to provide a comprehensive document. Ros Wilson would continue to populate the plan going forward with the assistance of colleagues who would identify any additional areas of work to her.

***The Committee:***

- ***Noted the future Work Plan.***

**QEC19/10/J4     Items for Escalation to Board of Directors (J4)**

There were no items for escalation to the Board.

**QEC19/10/J5     Date and Time of Next meeting (Verbal)**

***The Committee:***

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

**Wednesday 11 December 2019**

**2:00pm**

**The Board Room, Doncaster Royal Infirmary**

**QEC19/10/K     Close of meeting (Verbal)**

The meeting closed at 5.30pm.

APPROVED



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust

# FINANCE AND PERFORMANCE COMMITTEE

## Minutes of the meeting of the Finance and Performance Committee Held on Friday 22 November 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  
Marie Purdue, Director of Strategy and Transformation
- In attendance:** Kirsty Edmondson-Jones, Director of Estates and Facilities (Part FP19/11/B2 and FP19/11/C1)  
Lesley Hammond, General Manager (Emergency) (Part FP19/11/E2)  
Reddy Ilavala, Consultant in A&E (Part FP19/11/E2)  
Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)  
Sewa Singh, Medical Director (Part FP19/11/B1)
- To Observe:** None
- Apologies:** Bev Marshall, Governor  
Jeannette Reay, Head of Corporate Assurance/Company Secretary

### ACTION

#### **FP19/11/A1 Welcome and Apologies for Absence (Verbal)**

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

#### **FP19/11/A2 Conflict of Interest**

No conflicts of interest were declared.

#### **FP19/11/A3 Action Notes from Previous Meeting (Enclosure A3)**

The following updates were provided;

Action 1 – On this basis that the Quarterly Enabling Strategy Report comes to Finance and Performance Committee this item would be closed;

Action 4 – This action would be merged with Action 1;

Action 6 – On this basis that this was presented at this meeting, this item would be closed;



Action 7 – On this basis that the Executive Summary page would be added to the Integrated Performance Report, this item would be closed;

Action 11 – On the basis that Rebecca Joyce had supplied the detailed plan to Pat Drake, this item would be closed;

Action 12 – On the basis that Lesley Hammond would present the ED Recovery Plan at this meeting, this item would be closed;

Action 13 – On the basis that this had been added to the Integrated Performance Report, this action would be closed;

Action 14 – On the basis that Rebecca Joyce had been identified, and that this had been added to the Corporate Risk Register, this action would be closed;

Action 16 – On the basis that this item was on the agenda for November 2019, this item would be closed;

Action 17 – On the basis that the Corporate Risk Register and Board Assurance Framework had been updated, 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**

**FP19/11/A4    Request for Any Other Business (Verbal)**

**Wholly Owned Subsidiary**

Neil Rhodes advised that the interviews for the Managing Director of the Wholly Owned Subsidiary had taken place and that an offer had been made to a very promising candidate.

It was advised that the first Board meeting had taken place on 21 November 2019. Neil Rhodes had met with the Wholly Owned Subsidiary employees and he advised the Committee that he would keep them updated with updates of developments.

**FP19/11/B1    Deep Dive – Get It Right First Time (GIRFT) (Enclosure B1)**

Sewa Singh presented a deep dive on the national programme, GIRFT, which highlighted the following:

- An outline of what outcomes were expected from GIRFT;
- An overview of Model Hospital, and the discrepancies of data from ESR when linked to Model Hospital.

Karen Barnard advised that it wasn't the data in ESR that had been inaccurate, it was the way that employees were linked to posts within ESR by area of work; which didn't reflect differences in roles i.e. the difference between working inpatients and the community. Work would be undertaken to rectify this historical issue within ESR.

- The efficiency target that GIRFT and Model Hospital were expected to meet;
- GIRFT data was approximately two-three years out of date. Some cases were updated as of 2016/17, and others being 2017/18. Sewa Singh advised that the programme had planned to make the data contemporaneous, however at present the data was still not current. This posed an issue when using the data to identify opportunities where efficiencies can be made and tracked;
- Demonstrated all GIRFT schemes including examples of delivery;
- The requirement for a live dashboard so achievements could be monitored on a weekly basis.

A discussion took place about the quality of care not being affected when making decisions on GIRFT schemes, and that the schemes were sustainable and financially valuable.

The Committee asked for clarification on the GIRFT target for the CIP target and whether it would be reached. The figure was approximately 500k, and there were concerns about the delivery of the target.

Sewa Singh advised that, with support from the Finance Team, he believed the target could be reached within the remaining five months of the year. Jon Sargeant agreed to support this.

Kath Smart echoed Marie Purdue's comments that, as opposed to spreading schemes too thinly, a focus should be taken on key things that would give the most efficiency gains. Jon Sargeant advised that a decision had been taken by the Executive Team, to focus on key savings.

A discussion took place that PLICS should be used more as this data was produced monthly and provided a good dashboard to identify costs in and out.

***Action: The Director of Finance and Medical Director to provide a short paper outlining the GIRFT Recovery Plan, to give a sense of cashable and non-cashable efficiencies that were to be had.*** JS/SS

*Sewa Singh left the meeting.*

Kath Smart commented that the Theatres at Montagu Hospital were underutilised and out of the eight theatre sessions available could be used per day, only four were being used on average. The staff had expressed that they would like more work through and it was not clear why activity wasn't getting through.

Marie Purdue suggested that the type of surgery undertaken at Montagu Hospital was limited as there was no overnight service at the site.

A discussion took place on the removal of beds and length of stay. It was suggested that PLICS could be used with a variation of medical staff to identify gaps in theatre time – which could then be better utilised.

***The Committee:***

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

Steris Contract and Performance

Kirsty provided a deep dive on Estates and Facilities Steris Contract (HSDU) and rates.

The Steris contract had commenced on 13 May 2019 with a three-month immobilisation period. Towards the end of that period it was evident that the contract times were not being met and there was an inability to meet the fast-track five-hour turnaround times.

Kirsty Edmondson-Jones advised that management action had been undertaken in the form of escalation to Director level and that a Steris remedial plan had been put into place to achieve performance milestones by December 2019.

Steris was being held to account with financial penalties for non-compliance of the contract.

It was confirmed that Steris underperformance hadn't impacted theatre activity, with the exception of the cancellation of a few operations.

**Post meeting note:**

***Since the Steris Contract commenced on 13 May 2019, there had been a total of five cancelled operations, attributable to the performance of Steris.***

Kirsty Edmondson-Jones assured the Committee that, if the service had been suffering, it would have been reported to Finance and Performance Committee earlier.

Kirsty Edmondson-Jones confirmed that Steris had been responsive to any issues that had been raised.

Kath Smart asked if Steris understood the root causes of its underperformance, and if it had a grip on them. Kirsty Edmondson-Jones confirmed that Steris was now performing at approximately 80%, however advised she had recommended Steris created their own Quality Improvement Team to avoid issues happening in the future.

**Action: An update on Steris performance would be provided to the Finance and Performance Committee meeting during January 2020. KEJ**

Kath Smart asked if any feedback had been received from staff about Steris. Rebecca Joyce confirmed that she hadn't received any feedback for a while, however commented that several months ago she had received negative feedback.

Rates Appeals

Kirsty Edmondson-Jones presented to the Committee an update on rates appeals:

- An appeal with Avison Young for revision of Age and Obsolescence allowance at an estimated reduction of liability of 15%, or circa £250k per annum. The percentage reduction would be confirmed by the end of November 2019;
- An appeal for Mandatory Rate Relief of 80% for Charitable Status had been heard at the High Court on 4 November 2019, however a decision wouldn't be communicated until early 2020.

***The Committee:***

- ***Noted the information from the Estates and Facilities (Rates & HSDU) deep dive.***

**FP19/11/C1     Catering Update (Enclosure C1)**

Kirsty Edmondson-Jones provided an update on Sodexo retail offering which included:

- Patient satisfaction continued to remain stable above 95%;
- An audit had commenced on Sodexo's retail service offering on 9 October 2019 and a poor service was reported back;
- Equipment had been broken at Bassetlaw for a significant period of time;
- Feedback from staff regarding the Hot Kitchen included food running out quickly, staff discounted items not always available, and were often a cheap product and a request for healthier options.

Kirsty Edmondson-Jones advised that she had given Sodexo a number of opportunities to receive feedback and resolve the issues. During October 2019, Dispute level two had been activated from Contract Manager to Sodexo Site General Manager. It was expected that all retail issues would be resolved without further escalation.

Neil Rhodes advised that Suzy Brain England had raised concerns over the retail offering within the Hot Kitchen. It was noted that the response was covered within the slides.

It was advised that some issues were as a result of sickness absence within the Sodexo team, however Sodexo had a contract to fulfil and should have resilience in place.

The Committee noted that the retail options at Doncaster were substantively better, with the addition of Subway and Costa Coffee outlets available; however advised that options available at Bassetlaw required improvement.

***Action: A detailed report on Sodexo would be provided to the Finance and Performance Committee meeting during January 2020.***     KEJ

***The Committee:***

- ***Noted the Catering Update.***

**FP19/11/C2     Financial Performance (Enclosure C2)**

Jon Sargeant provided an update on Month seven, including:

- The Trusts deficit (before PSF, FRF and MRET) for month seven (October 2019) was £498k which was an adverse variance against plan of £1,341k in month;
- CIP savings of £999k were reported, against a plan of £1,258k, an under achievement of £259k in month;
- An under performance in both elective income of £147k and in day cases of £558k;
- A bid for changes to ED at Bassetlaw had been resubmitted;

- The forecast year end position of the Trust had been updated. This currently showed a £7.7m gap to achievement of the control total (excluding any impact of lost PSF/FRF). However a financial recovery plan had now been developed to support closing this financial gap.

Kath Smart noted that there had been no prior mention of the operational risks associated with Fire Enhancement Works to take place in the Women and Children's Hospital, which had resulted in a delay in the works being undertaken. Jon Sargeant advised that the deadline for the works to be undertaken was 31 March 2020 and that the Estates Team and Operations was meeting on Monday 25 November to pull together a plan which took into account operational risks.

Kath Smart noted that there had consistently been an under-performance with day cases and queried whether the Committee should unpick this. Jon Sargeant agreed that this was a consistent matter but advised that it was being addressed – with the Trust performing better with inpatients and elective cases, and less in day cases.

The Committee considered whether an in depth discussion should take place to look at the under-performance of day cases including broadening the wider picture on income and the contribution to the financial plan. It was agreed that it wasn't the best time to distract away from the financial recovery plan.

The Committee discussed the Emergency income that was £103k adverse to plan with ED slightly over-performing against plan by £15k, creating a total in month emergency reporting position of £88k adverse to plan. Jon Sargeant was unsure of the reason for this but he speculated that it could be due to more short-stay episodes, a policy change, or a different source of patients.

Pat Drake advised that there had been an increase in patients attending Bassetlaw ED from the same time last year.

Kath Smart questioned the stroke income and whether the Trust would be protected if it didn't meet the YTD plan. Jon Sargeant confirmed that the Trust was guaranteed a level of income for the first 12 months, although he advised that transfers which should have taken place from October 2019 had not occurred. This would be of concern if it continued during 2020/21.

***The Committee:***

- ***Noted the Financial Performance Report for October 2019***

**FP19/11/C3 Finance Recovery Plan for 2019/2020 (Enclosure C3)**

Jon Sargeant presented the Finance Recovery Plan for 2019/20, which included:

- A clear message that the Trust was forecast to miss its control total by £7.7m and therefore the Financial Recovery Plan had been developed to support closing the gap to deliver the 2019/20 control total;
- The key assumptions in which the Financial Forecast had been based;

- A focus would take place on three key areas over the coming weeks/months:

- 1) Delivery of CIPs
- 2) Immediate actions to control and challenge spend
- 3) Short/Medium term actions

It was advised that monthly meetings would take place with Divisions to monitor CIPs, with fortnightly meetings taking place to address the delivery of CIPs in areas that were under delivering. Jon Sargeant clarified that current monthly finance meetings would focus on this and, for those Divisions that were over the 10% against target, an additional meeting would take place to monitor on a bi-monthly basis.

Jon Sargeant discussed the implementation of CCG commissioning rules for procedures of limited clinical value (part of CCG QIPP plans), which were non-chargeable if the Trust did not comply with referral agreements.

Jon Sargeant explained what further actions would take place in the short to medium term, including:

- The centralisation of some administrative services, to further control spend and maximise opportunities for efficiency in the following areas:
  - rota co-ordination
  - medical staffing
  - recruitment
  - booking services
  - typing;
- A review of business case delivery;
- A proposal to potentially ask for the monies back relating to the RDASH pay back of £1.7m, however the Trust would prefer not to receive the £1.7m as this would increase the gap to next year's control total (as this would be non-recurrent funding).

The Committee noted that the bridge chart in the Financial Recovery Plan 2019/20 was helpful to understand the month six position, however asked how accurate the plan was and if the Trust were confident that the activity was going to take place to get back on track. Jon Sargeant advised that it was an accurate reflection of the planned activity.

Kath Smart complemented the work that had been pulled together on the CCGs position.

Jon Sargeant confirmed that Rebecca Joyce had had full sight of the Financial Recovery Plan 2019/20 and that it had also been shared with the CCG's. The proposed plan was shared at the Executive Team meeting and extended November Management Board meeting. The escalation process for the recovery period would be Jon Sargeant and Richard Parker and further escalation would include Neil Rhodes.

The Committee queried if medical staff were still unwilling to undertake additional sessions. Karen Barnard advised that, as of that morning, there had been a communication from NHSI relating to senior clinical staff affected by the annual tax

allowance. The communication confirmed that eligible NHS employees would be able to opt for a scheme that would pay a sum of money to them when they retired. Karen Barnard advised that this was an adequate solution, however it was noted that some of the clinical staff that opted to not undertake additional sessions may now opt for a better work/life balance and would continue without working additional sessions.

The impact of the recovery plan actions would potentially leave the Trust with a favourable variance to Control Total of £1.25m, which would put the Trust in a better position for 2020/21.

The Committee noted that the early implementation of the Financial Recovery Plans gave confidence.

***Action: An update to be provided at each Finance and Performance Committee Meeting on the Financial Recovery position for 2019/20. JS***

***The Committee:***

- ***Agreed the content, and actions of the Financial Recovery Plan 2019/20.***

**FP19/11/D1    Workforce Report (Enclosure D1)**

Karen Barnard noted that the timing change for the Finance and Performance Committee meetings from 2020 would allow for a deeper analysis of data prior to the circulation of papers.

Karen Barnard highlighted the key points from the Workforce Report:

- The vacancy rate for month 7 was 8.3% against a target of 5%, and this may be contributed to by the timing of the newly-qualified staff start dates;
- Administrative and Clerical vacancies were continually reducing and work was underway to implement additional temporary hours;
- A detailed Workforce Update would be presented to the Board of Directors in December 2019;
- Offers had been made to nurses recruited from the Philippines to work within the Medicine Division;
- The data from the model hospital portal had not been updated since August 2019, however it was advised that the data source would change from employee to place of work, which would potentially make a difference to reporting on junior doctors/doctors in training;
- There had been an overall small reduction in agency spend for October 2019;
- The golden key had been introduced by David Purdue, Director of Nursing, Midwifery and Allied Health Professionals for agency nurses for which only he or the on-call manager could approve. This had shown a reduction in agency nursing spend;
- Sickness absence levels were similar to the prior year. A deep dive on Sickness Absence Management and Wellbeing would be presented at the Quality and Effectiveness Committee in December 2019.

Pat Drake noted that there had been a significant rise in Enhanced Care, however a reduction was shown on agency spend. Karen Barnard advised that it would mostly be unregistered staff supporting Enhanced Care.

Pat Drake asked if there were many mental health patients in receipt of Enhanced Care. Rebecca Joyce advised that the Trust did have mental health patients but wasn't sure if they were in receipt of Enhanced Care. It was confirmed that David Purdue was undertaking work around Enhanced Care.

***The Committee:***

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

**FP19/11/E1    Integrated Performance Report (Enclosure E1)**

Rebecca Joyce provided an update from the October 2019 Integrated Performance Report, which included:

- An achievement of 90.3% 4-hour access against the national target of 95%;
- A delivery of 87.1% RTT performance within 18 weeks, which hit the recovery trajectory of 87.1%, but was under the target of 92%;
- An achievement of 100% for 31-day cancer target, however performance for the 62-day cancer target was 65% - 82.4%, against a national target of 85% - 90%;
- The RAG rated table within Appendix one of the Performance Exception Report, highlighting trajectory and actual RTT and Waiting List figures month-on-month for each speciality. The Committee noted that this report was helpful.

Kath Smart asked if each Speciality area was clear on their actions to be undertaken to meet targets. Rebecca Joyce advised that an action plan had been collated for each Speciality area which had been circulated, and was also used for the income forecast.

- The Trust reported one x 52 week breach for Ophthalmology – Bassetlaw CCG. The breach was because the patient had not been visible on the PTL and was identified via validation due to incorrect clock stop being administered;
- A risk to cancellation of elective activity during the winter period;
- RTT monthly meetings would take place with NHSI. The Trust was in line with the plan.

Kath Smart outlined that she recognised the “historic” breach issues that linked to inadequate training within the Division. She queried if the Divisional recovery plans addressed the education and training needs. Rebecca Joyce confirmed that it was within with Divisions recovery plans, and informed that there was an additional activity plan that focused on 18-week waiters.

The relationship between income and RTT performance was discussed. F & P want to remain sighted on this.

**Action: A reporting mechanism on income delivery linked to RTT should be considered.    RJ**

A discussion took place about the length of stay figures and that a length of stay score card was previously produced for monitoring within Divisions.



**Action: The average length of stay would be added to the At a Glance Chart within the Integrated Performance Report.** RJ

An in depth discussion took place about Diagnostic Targets. Rebecca Joyce highlighted that there had been an issue with the reporting of Urodynamics diagnostics which had resulted in 34 breaches out of 103 waiters. A full recovery plan had been requested from the service, which had been received on 15 November 2019. The Trust level performance against this standard would be affected for November and December 2019, with recovery from January 2020.

**Action: Katie Shepherd would forward the Internal Audit Report – Discharge Planning section to Rebecca Joyce, which was reported at the Audit and Risk Committee on 18 July 2019.** KS

**Action: A review would be undertaken to ensure that the recording of waiting-list times are reported correctly. An update to be provided at the Finance and Performance Committee meeting.** RJ

**The Committee:**

- **Noted the Integrated Performance Report for October 2019.**

#### **FP19/11/E2     ED Recovery Plan (Enclosure E2)**

Lesley Hammond, General Manager and Reddy Ilavala, Consultant in A&E, presented the ED Recovery Plan to the Committee which highlighted:

- The overall, DRI and Bassetlaw ED performance between the months of July and October for 2018 and 2019;
- The key themes and challenges from the analysis undertaken which included considerable growth in demand, workforce/leadership challenges, changes to internal and organisational processes and making best use of the environment with an increased volume of patients;
- The 17 point action plan review of internal and external working and how these would be achieved, including the four hour performance throughout the winter period.

The Committee raised questions about the increase in mental health patients to ED. Lesley Hammond confirmed that this was a challenge, particularly over the busier winter period. The walk-in patients were of a younger demographic, however it wasn't clear if they were new mental health patients. A staff and patient safety issue was discussed in relation to mental health patient presenting in ED. There was a new mental health room at Bassetlaw, however the demand was sometimes greater due to more mental health patients presenting in ED.

Lesley Hammond advised that ED had seen an increase in postcodes and direct GP referrals.

It was discussed that Quality Improvement work had been undertaken within the ED team to improve patient flow. Marie Purdue confirmed that the ED team needed minimal guidance with their Qi work and were leading it themselves. Qi was being used throughout all process changes within ED to allow for transparency.

A discussion took place about the Directory of Services tool, which was a great tool for use, as long as all services contributed towards it. The benefits of this service was that it could potentially redirect patients that would usually present at ED, to the right service for their needs.

Pat Drake commented that, within the new ED standards, the projected turnaround time for mental health patient was one hour. It was agreed that this would be achievable within ED at DRI but would raise concerns at ED at Bassetlaw.

The Committee thanked Lesley Hammond and Reddy Ilavala for their comprehensive briefing on the ED Recovery Plan, and advised that they had full support of the Committee whilst working through the challenges.

***The Committee:***

- ***Noted the ED Recovery Plan.***

**FP19/11/F1     Annual Plan**

This item was deferred for consideration at a future meeting.

***The Committee:***

- ***Agreed to defer the Annual Plan item.***

**FP19/11/F2     Five Year Plan (Enclosure F2)**

This item had been mostly discussed during item FP19/11/C3, however Jon Sargeant advised that he had a meeting with the ICS the following week to discuss the gap to the issued control total.

Marie Purdue advised that the Trust was still waiting for the final SYB ICS five year plan.

***The Committee:***

- ***Noted the Five Year Plan paper.***

**FP19/11/G1     Corporate Risk Register (Enclosure G1)**

Kath Smart noted that 'F&P13 - Inability to meet Trusts needs for capital investment' appeared to have been removed from the Corporate Risk Register and queried the process for removal of risk from the Corporate Risk Register.

***Action: Jeannette Reay to add an Executive Summary page to the Corporate Risk Register.     JR***

Kath Smart highlighted that 'FP1 – control XIX - Lack of clear clinical strategy from ICS' on the Corporate Risk Register should be on there as a control.

Kath Smart asked that a review took place of how Internal Audit outcomes fed onto the Board Assurance Framework, as the KPMG Internal Audit Report was reported at the Audit and Risk Committee on 19 November 2019, and therefore should have been provided to the Finance and Performance Committee for assurance.

***Action – Jeannette Reay to review the process of how the outcomes from the Internal Audit Report feed onto the Board Assurance Framework. JR***

**The Committee:**

- ***Noted the Corporate Risk Register.***

**FP19/11/G2 Board Assurance Framework (Enclosure G2)**

***The Committee:***

- ***Noted the Board Assurance Framework.***

**FP19/11/G3 Review of Terms of Reference**

It was noted that amendments should be made to the Finance and Performance Committee Terms of Reference including:

- How The Committee fed into the True North objectives;
- An update of the sub-committee list;
- Page two, duties and work programme, Section two – rather than listing the Enabling Strategies, further detail should be provided on each, to what the role the Finance and Performance Committee was in relation to each of the Enabling Strategies.

***Action: All Committee members to send any required amendments of the Terms of Reference to Jeannette Reay. ALL***

**FP19/11/H1 Escalation (Verbal)**

No issues were identified for escalation to/from:

- H1.1 F&P Sub-Committees;
- H1.2 Board Sub-Committees;
- H1.3 Board of Directors.

**FP19/11/I1 Sub-Committee Meetings (Enclosure I1):**

***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.

**FP19/11/I2 Minutes of the meeting held on 22 October 2019 (Enclosure I2)**

The Committee noted a correction to the minutes of the last meeting:

- FP19/11/D1 - Page 6 – Paragraph 2 –

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

***The Committee:***

- ***Noted and approved the minutes from the meeting held on 22 October 2019 KAS subject to the amendments.***

**FP19/11/I3      Committee Work Plan (Enclosure I3)**

***The Committee:***

- ***Noted the work plan.***

**FP19/11/I4      Estates and Facilities Q2 KPI Report (Enclosure I4)**

***The Committee:***

- ***Noted the Estates and Facilities Q2 KPI Report.***

**FP19/11/I5      Sodexo Contract Monitoring Statistics (Enclosure I5)**

***The Committee:***

***Noted the Sodexo Contract Monitoring Statistics.***

**FP19/11/I4      Any Other Business (Verbal)**

**FP19/11/I4i      Fire Improvement Works in Women & Children's Hospital**

Kirsty Edmondson-Jones provided an update to the Committee of a number of issues relating to the fire improvement works required in the Women and Children's Hospital and the risks associated with evacuation during the time that the work would be undertaken. There would also be a risk to accessing wards created by the removal of ceiling tiles.

Kirsty Edmondson-Jones advised that she would be fully involved in this project going forward, to assist in minimising the associated risks, and ensuring that patient safety and quality of care would not be adversely affected. Kirsty Edmondson-Jones would attend all future meetings regarding the works. The Fire Enforcement Notice was due to end on 31 March 2020.

Pat Drake asked for confirmation of when the Fire Doors would be replaced on Level four – ICU. Kirsty Edmondson-Jones advised that she was aware of this need and confirmed it to be one of the phases to be undertaken.

**FP19/11/H5      Date and time of next meeting (Verbal)**

Date:            Friday 16 December 2019  
Time:           09:00 – 13:00  
Venue:          The Board Room, Bassetlaw

## Board of Directors Meeting Schedule - 2020

Board of Directors Meetings 2020 - PUBLIC			
Day & Date:	Start Time:	Finish Time:	Venue:
Tuesday 14 January 2020	09:15	13:00	Boardroom, Doncaster Royal Infirmary
Tuesday 18 February 2020	09:15	13:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 17 March 2020	09:15	13:00	Boardroom, Montagu Hospital
Tuesday 21 April 2020	09:15	13:00	Boardroom, Doncaster Royal Infirmary
Tuesday 19 May 2020	09:15	13:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 16 June 2020	09:15	13:00	Boardroom, Montagu Hospital
Tuesday 21 July 2020	09:15	13:00	Boardroom, Doncaster Royal Infirmary
Tuesday 15 September 2020	09:15	13:00	Boardroom, Montagu Hospital
Tuesday 20 October 2020	09:15	13:00	Boardroom, Doncaster Royal Infirmary
Tuesday 17 November 2020	09:15	13:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 15 December 2020	09:15	13:00	Boardroom, Montagu Hospital

Board of Directors Meetings 2020 - CONFIDENTIAL			
Day & Date:	Start Time:	Finish Time:	Venue:
Tuesday 14 January 2020	13:15	14:00	Boardroom, Doncaster Royal Infirmary
Tuesday 18 February 2020	13:15	14:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 17 March 2020	13:15	14:00	Boardroom, Montagu Hospital
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Tuesday 19 May 2020	13:15	14:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 16 June 2020	13:15	14:00	Boardroom, Montagu Hospital
Tuesday 21 July 2020	13:15	14:00	Boardroom, Doncaster Royal Infirmary
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Tuesday 17 November 2020	13:15	14:00	Boardroom, The Hub, Bassetlaw Hospital
Tuesday 15 December 2020	13:15	14:00	Boardroom, Montagu Hospital

**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 - Cdif	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									Initial		Update			
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?														
Environmental Issues / Waste Managemement - Update	Kirsty Edmondson-Jones	Annually	Jan 20														
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												
<b>GOVERNANCE AND RISK</b>															
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		
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	Feb 20												
Terms of Reference for Quality and Effectiveness Cttee	Pat Drake	Annually	Feb 20												
Terms of Reference for Audit and Risk Cttee	Kath Smart	Annually	Feb 20	+ Work Plan											
Terms of Reference for Charitable Funds Cttee	Sheena McDonnell	Annually	Feb 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 Chaitable Funds Cttee (inc Effectiveness Review)	Sheena McDonnell	Annually	TBC												
Board Cycle of Business (inc Meeting Dates)	Jeannette Reay	Each Meeting	Next Meeting												
<b>ITEMS FOR INFORMATION</b>															
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	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		
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						
<b>OTHER ITEMS</b>															
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

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 26 November 2019 at 9.15am in the Board Room, Bassetlaw Hospital**

- 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:** Peter Abell – Public Governor  
David Cuckson – Public Governor  
Paula Hill – Freedom to Speak Up Guardian (P19/11/B1 and P19/11/C1)  
Georgina Holmes – Staff Side Chair  
Alexis Johnson – Partner Governor  
Steve Marsh – Public Governor  
Marie Purdue – Director of Strategy and Transformation  
Jeannette Reay – Head of Corporate Assurance / Company Secretary  
Emma Shaheen – Head of Communications and Engagement  
Mandy Tyrell – Staff Governor
- Apologies:** None
- Pre Meeting Note:** The Company Secretary highlighted the process for Governor Questions at the Board meetings held in public – as referenced on the agenda.

**ACTION**

**P19/11/A2 Declaration of Interests (Verbal)**

No new declarations were noted.

***The Board:***

- ***Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.***



**P19/11/A3 Actions from Previous Meetings (Enclosure A3)**

The following updates were provided:

Actions 1, 2 and 3 – These actions were not due until December 2019.

Action 5 – An update would be provided to the Board in January 2020 as the perfect week had been moved to a later date.

Actions 4, 6, 7, 8 and 9 – These matters were complete or had been added to relevant future work plans – close.

***The Board:***

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

**P19/11/B1 Freedom to Speak Up (Enclosure B1 - Presentation)**

The Freedom to Speak Up Guardian provided an overview on matters relating to 'Freedom to Speak Up' (FTSU).

The Board was updated on:

- The background to FTSU;
- The Strategic direction;
- The key points and actions arising from the Trust's self-assessment in 2018, including the recruitment of a specific FTSU Guardian (FTSUG);
- Revised central guidance (July 2019);
- The creation of a Forum on FTSU;
- The requirement for an open and responsive culture;
- The annual report on FTSU;
- A summary of FTSU concerns to date;
- A small number of concerns reported (nine for DBTH, 32-35 expected for Acute Trusts of this size).

The Board acknowledged that a lot of positive work was already in place at the Trust and that the FTSUG's focus was to bring this together in a coordinated way.

The Board accepted that not all concerns were FTSU matters and that the organisation signposted staff as to which were business as usual and which were a 'speaking up' matter. The focus on timely resolution was highlighted with the FTSU policy providing 28 days for response.

The FTSUG was looking at the use of the Friends and Family test to ascertain staff perceptions on raising concerns and to report this.

***Action: The FTSUG agreed to provide some anonymised case studies to a future Board meeting.*** KB

***The Board:***

- ***Received and noted the presentation on Freedom to Speak Up;***
- ***Received and noted the Annual Report on Freedom to Speak Up.***

**P19/11/C1 Freedom to Speak Up Strategy (Enclosure C1)**

The Board noted the Strategy including the training programme.

***The Board:***

- ***Noted and approved the Freedom the Speak Up Strategy, subject to minor changes to the corporate style.***

**P19/11/C2 ICS Update (C2)**

Richard Parker highlighted the work undertaken on behalf of and with the ICS.

The system continued to be the top performing system nationally but there were some difficulties with certain targets including RTT and Cancer.

A national pilot to improve mental health provision was being undertaken with RDaSH leading for South Yorkshire. The mental health initiatives for Doncaster included CDU assessment and an increase in crisis response, although there had been some difficulties in recruitment to support this work.

***The Board:***

- ***Noted the ICS Update.***

**P19/11/D1 Quality and Performance Report (Enclosure D1)**

The report had been considered in detail at the Finance and Performance Committee meeting held on 22 November 2019. The following points were highlighted to the Board:

**Performance**

- Continued challenges on four hour access performance at 90.9% for October 2019.
- Improving RTT at 87.1% for October 2019 – in line with recovery trajectory;
- One 52 week breach in September 2019 – inappropriate clock stops had been applied;
- Good cancer performance;
- Good diagnostic performance but with anticipated challenges for November and December 2019;
- Norovirus had caused a surgical ward to close for three days.

A discussion on reducing length of stays took place a national initiative 'Where Best Next' was noted. The improvements noted at Bassetlaw Hospital from the electronic bed management would be rolled out and a focus would be placed on estimated dates of discharge. The Trust was reliant on system partners to ensure that patients could be discharged but work to ensure that this was coordinated was taking place, including work with RDaSH on intermediate pathways.

Work to improve the Trust's resilience during winter was in place. The number of attendances at ED continued to rise and this was likely to continue with the arrival of the respiratory, flu and norovirus season. A request for increased primary care capacity over

the winter period had been made to the CCGs and messages to the public would be made to advertise GP provision.

A mock CQC inspection at Mexborough had highlighted an underutilisation of theatres impacted by staffing issues in ophthalmology and anaesthetics. Day case income was down for the site. The situation was being monitored and an action plan was in place to improve.

***Action: Information on the use of theatres at Mexborough and day case income would be brought to the December 2019 Board meeting.*** JS / SS

Board members were interested in the provision of psychological services at Bassetlaw Hospital.

***Action: Information on psychological services would be brought to the January 2020 Board meeting.*** DP

#### Quality and Safety

- A rise in elective mortality – no lapses in care;
- A small number of Fractured Neck of Femur patients at Bassetlaw Hospital;
- A new report style with a focus on Serious Incidents;
- Falls ahead of the prior year performance;
- Cdiff on trajectory;
- One report of MRSA (complex patient) – no lapse in care;
- No concerns on any individual area arising from the Hard Truths report.

There were some anomalies in the crude data for mortality which were being checked by the Trust's Information Department. The data suggested that activity was up by 10% in first ten months of the year, whilst emergency activity was flat (this did not make sense).

Members queried whether the recent investment in falls had made an impact. The recent falls had occurred in the Clinical Decisions Unit which had not benefitted from the investment but a focus on training was now being placed in this area.

With respect to the prevention of pressure ulcers, Kath Smart reported that she had observed a recent static mattress tender meeting where the Trust's skin integrity nurses had challenged the supplier on the quality of product. David confirmed that the Board should be assured of a sufficient budget provision to replace mattresses.

The Board noted that this would be the last report on two week cancer targets as the Trust was taking part in a National reporting initiative. Information on National reporting had been provided in a recent blog from the Trust's Communications department.

#### Workforce

- Set training continued to increase and remained on target to achieve 90%;
- Long term sickness absences had increased. This was being reviewed to ensure that action plans were in place (a deep dive on this would be provided to December 2019's Quality Effectiveness Committee);
- Flu vaccination – now to be rolled out to all staff;
- Staff survey response currently at 59.9% (one week remaining).

A query on the availability of the flu vaccine was raised and it was noted that the Trust had some issues with fridge capacity. Learning on the ordering process from this year would be applied to improve processes in future years.

***The Board:***

- ***Received and noted the Quality Performance Report.***

**P19/11/E1 EU Exit (Enclosure E1)**

The Board noted a summary of arrangements in place for the UK's exit from the EU.

The result from the General Election of 12 December 2019 would impact and inform the Trust's approach.

85% of the Trust's Health and Social Care had reported readiness.

The recent floods had resulted in community providers confirming their registers of vulnerable patients. This would be beneficial if needed for EU Exit matters.

***The Board:***

- ***Noted the update on EU Exit preparations.***

**P19/11/F1 Finance Report – 31 October 2019 (Enclosure F1)**

The report had been considered in detail at the Finance and Performance Committee meeting held on 22 November 2019.

The Committee had considered the projected outturn for the year ahead. At the last meeting a deficit of around £6m (including £2.4m CIPs) had been noted, and mature conversations had been undertaken with colleagues at PLACE and the ICS. This had resulted in a revised figure of around £7m. Noting the size of organisation, the Finance and Performance Committee had considered that the Trust was able to manage its own trajectory – it had done so last year and a realistic recovery plan was in place to address the current year issues.

At end of month seven the plan had been missed by £1.34m. This had been driven by some under delivery of CIP and an under delivery against income for day cases.

There had been a delivery of £1m CIP in the month and that Trust had a £0.5m surplus. Cash remained very strong at £31m. This was partly driven by an under performance on capital spend and plans to address slippage were in place.

The Board noted that Jon Sargeant was to meet with NHSI and the ICS on 27 November 2019 to explain the position and recovery plan.

Bids had recently been submitted in total for an additional £45m for backlog maintenance, for fire works and theatres and for upgrades to ED at Bassetlaw Hospital.

Board members referenced the capital expenditure issues in the report – in particular the progress of fire works which had been discussed at both the Audit and Risk Committee and at the Finance and Performance Committee meetings. There was an ask that focus

be placed to progress the works in order to satisfy the Fire Service and remove the enforcement notices at the end of the period.

***The Board:***

- ***Received and noted the Finance Report and Cost Improvement position for October 2019;***
- ***Received and noted the forecast financial position and risks.***

**P19/11/G1 Chairs Assurance Logs for Board Committees (Enclosure G1)**

**P19/11/G1 Audit and Risk Committee – 19 November 2019 (G1)**

(i)

Kath Smart highlighted the key points considered by the Committee:

- The receipt of five final Internal Audit reports;
- A full assurance rating for the CNST Maternity incentive scheme;
- Two partial assurance reports - Stocktake audit and IT contracts;
- An improved approach and response to Internal Audit follow up recommendations – with 50 of 53 being implemented;
- An update received on health and safety and fire matters (enforcement notices) and a high level assurance from the Premises Assurances Model;
- A significant number of open incidents within Estates and Facilities (escalated from the Quality Effectiveness Committee) for which the Health and Safety Committee would be held to account.

Suzy Brain England had attended the Committee meeting and commented that it had been Chaired well by Kath Smart.

***The Board:***

- ***Noted the update from the Audit and Risk Committee meeting held on 19 November 2019.***

**P19/11/G1 Finance and Performance Committee – 22 November 2019 (G1)**

(ii)

Neil Rhodes confirmed, as reported during the Board meeting, that detailed reviews of the Quality and Performance Report (P19/11/D1) and Finance Report (P19/11/F1) had been undertaken at the meeting.

The following key points from the Committee were noted:

- An update on the Catering contract (patient and retail offers);
- A recovery plan was in place for the HSDU contract with Steris which had some performance issues;
- The first meeting of Doncaster and Bassetlaw Health Care Services had been held and that an offer had been made for a candidate to become the Managing Director of that subsidiary;
- Doncaster and Bassetlaw Health Care Services (Pharmacy) would report into the Board.

***The Board:***

- ***Noted the update from the Finance and Performance Committee meeting held on 22 October 2019.***

**P19/11/H1    Information Items (Enclosures H1 – H7)**  
**-H7**

***The Board:***

- ***Noted the Chair and NED's Report;***
- ***Noted the Chief Executive's Report;***
- ***Noted the Minutes of the Audit and Risk Committee, 18 July 2019;***
- ***Note the Minutes of the Management Board, 14 October 2019;***
- ***Noted the Minutes of the Finance and Performance Committee, 22 October 2019;***
- ***Noted the Board Work Plan;***
- ***Noted the Quarterly Report of the Safe Working, July to September 2019.***

**P19/11/I1    Minutes of the Meeting held on 29 October 2019 (Enclosure I1)**

The conclusion at D2 required amendment from 'Quality Performance Report' to 'Winter Plan'.

***The Board:***

- ***Received and Approved the Minutes of the Public Meeting held on 29 October 2019, subject to the amendment above.***

**P19/11/I2    Any Other Business (Verbal)**

**P19/11/I2    Visit from Prime Minister – 22 November 2019**  
**(i)**

A visit from the Prime Minister and Secretary of State to Bassetlaw Hospital was noted.

The Trust was to host a visit from another party to Bassetlaw Hospital later on the afternoon of 26 November 2019.

Bassetlaw was a contested seat for the election and all visits were undertaken in the spirit of supporting local candidates but under the restrictions of Purdah.

***The Board:***

- ***Thanked the Communications team and the Estates and Facilities team for their efforts in support a successful visit from the Prime Minister.***

**P19/11/I3    Governor Questions Regarding the Business of the Meeting (Verbal)**

**P19/11/I3    David Cuckson requested that, once in place, the new Managing Director of Doncaster**  
**(i)                and Bassetlaw Healthcare Services be introduced to the Trust's Governors.**

***Action: The Company Secretary would arrange for the new Managing Director to attend a future Governor Briefing session.    JR***

***The Board:***

- ***Noted the Governor query raised, and information provided in response.***

**P19/11/I4    Date and Time of Next meeting (Verbal)**

***The Board:***

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

*Tuesday 17 December 2019*

*9:15am*

*The Fred and Ann Green Board Room, Montagu Hospital*

The Chair provided her apologies for the meeting.

The Chair thanked colleagues for their supporting during the year, highlighting in particular the additional work that the Non-Executive Directors had undertaken whilst there were vacancies.

**P19/11/I5    Withdrawal of Press and Public (Verbal)**

***The Board:***

- ***Resolved 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.***

**P19/11/J    Close of meeting (Verbal)**

The meeting closed at 11.30am.