Governing Body

To be held on
Thursday 16 November 2017

From 1pm until 4pm

in the Boardroom, Sovereign House,
Heavens Walk, Doncaster DN4 5HZ
Governing Body  
To be held on Thursday 16 November 2017  
Commencing at 1pm – 4pm  
In the Boardroom, Sovereign House, Heavens Walk, Doncaster, DN4 5HZ  

PUBLIC AGENDA

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**Strategy**

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**Assurance**

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Mrs Tingle
Enc E

11. Corporate Assurance Quarter 2 Report
Mrs Devanney
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**Standing Items**

12. Chair & Chief Officer Report
Dr Crichton & Mrs Pederson
Enc G

13. Locality Feedback
Locality Leads
Verbal

**Items to Note/Receipt of Minutes**

14. Receipt of Minutes
Chair
Enc H

- Audit Committee — Minutes of the meeting held on 14 September 2017.
- Quality & Patient Safety — Minutes of the meeting held on 7 September 2017.
- Primary Care Commissioning Committee — Minutes from the meeting held on 12 October 2017.
- Engagement and Experience Committee — Minutes of the meeting held on 3 August 2017.
- Executive Committee — Minutes from the meeting held on 4 October 2017.
- South Yorkshire & Bassetlaw Sustainability & Transformation Partnership Board — Minutes of the meeting held on 8 September 2017.

15. Any Other Business
Chair
Verbal

16. Date and Time of Next Meeting
Chair
Verbal

Thursday 21 December 2017 at 1pm in the Boardroom, Sovereign House, Heavens Walk, Doncaster, DN4 5HZ

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 Section 1(2) Public Bodies (Admission to Meetings) Act 1960.
Verbal

Item 1

Welcome & Introductions
Item 2

Apologies for Absence
Verbal

Item 3

Declarations of Interest
Verbal

Item 4

Questions from Members of the Public
Enc A

Item 5

Minutes of the previous meeting
Minutes of the Governing Body
Held on Thursday 19 October 2017 commencing at 1pm
In the Boardroom, Sovereign House, Heavens Walk, Doncaster, DN4 5HZ

Members Present:  Dr David Crichton – NHS Doncaster CCG Chairman (Chair)
Miss Anthea Morris – Lay Member and Vice Chair of the Governing Body
Mrs Linda Tully – Lay Member
Mrs Sarah Whittle – Lay Member
Dr Emyr Wyn Jones – Secondary Care Doctor Member
Dr Nick Tupper – Locality Lead, Central Locality
Dr Jeremy Bradley – Locality Lead, North East Locality
Dr Marco Pieri – Locality Lead, North West Locality
Dr Khaimraj Singh – Locality Lead, South East Locality
Dr Lindsey Britten – Locality Lead, South West Locality
Dr Karen Wagstaff – Locality Lead, South West Locality
Mrs Jackie Pederson – Chief Officer
Mrs Hayley Tingle – Chief Finance Officer
Mrs Suzannah Cookson – Deputy Chief Nurse

Formal Attendees present:  Mrs Lisa Devanney – Associate Director of HR and Corporate Services
Mr Anthony Fitzgerald – Director of Strategy & Delivery
Dr Rupert Suckling – Director of Public Health
Mrs Deborah Hilditch – Healthwatch Representative (Attending on behalf of Mr Stephen Shore)

In attendance:  Mrs Jayne Satterthwaite – PA (Taking Minutes)
Mr Ian Carpenter - Head of Communications & Engagement
Mrs Ailsa Leighton – Deputy Director of Strategy & Delivery (Items 7 and 8)
Mrs Karen Tooley - Lead Nurse for Care Homes (Item 8)

ACTION

1. Welcome and Introductions

Dr Crichton welcomed everyone to the Governing Body meeting.

There were 7 members of the public in attendance at the meeting.

2. Apologies

Apologies for absence were received from:
• Dr Niki Seddon – Locality Lead, North West Locality
• Mr Andrew Russell – Chief Nurse
• Mr Damian Allen – DMBC Representative
3. **Declarations of Interest**

The Chair reminded members of their obligations to declare any interest they may have on any issues arising at meetings which might conflict with the business of NHS Doncaster Clinical Commissioning Group.

Declarations declared by members are listed in the CCG’s register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link [www.doncasterccg.nhs.uk](http://www.doncasterccg.nhs.uk)

The meeting was noted as quorate.

**Declarations of interest from sub-committee/working groups:**

None declared.

**Declarations of interest from today’s meeting:**

None declared.

4. **Questions from Members of the Public/ Patient Stories**

There were no questions received from Members of the Public.

5. **Minutes of the Previous Meeting held on 21 September 2017**

The minutes of the meeting held on 21 September 2017 were agreed as an accurate record.

6. **Matters Arising**

**Recording of Deputies attendance at Governing Body meetings**

Dr Crichton informed the Governing Body that he had sought guidance from Mr Mike Taylor, Head of Governance regarding the appropriate recording, within the minutes, of those attending the meetings in a deputising capacity. It was agreed that they would be recorded in the corresponding column of those absent i.e. ‘Members Present’ or ‘Formal attendees present’.

**Commissioning for Value**

Dr Crichton confirmed that he had informed members of the Joint Committee of Clinical Commissioning Groups (JCCCG) that NHS Doncaster CCG supports the recommendations regarding Commissioning for Outcomes and that this will be recorded in the minutes of the JCCCG meeting of 27 September 2017.
Spotlight Report on Dementia

Mr Fitzgerald informed the Governing Body that the information detailing the breakdown of the Dementia Friends in Doncaster had been shared.

Emergency Preparedness Resilience & Response Self-Assessment

Mrs Hilditch confirmed that she had been in contact with Mr Gareth Jones, Corporate Governance Manager regarding the feedback from the recent Cyber attack and this information will follow in due course.

7. Winter Planning

Mrs Leighton attended the meeting to give a presentation on Winter Planning.

Mrs Pederson explained that there are concerns nationally regarding managing capacity as we progress into the winter months. We have worked with the following partner organisations to address the national requirements but also on how we wish to approach this locally:

- Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust (DBTHFT).
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH).
- Doncaster Metropolitan Borough Council (DMBC).
- Fylde Coast Medical Services (FCMS).
- Yorkshire Ambulance Services (YAS).

The 2017/2018 Winter Plan focusses and builds on the system wide approach to managing capacity which was previously successfully tested in 2016/2017. The Doncaster Winter Plan was submitted, together with Basselaw’s Plan to NHS England on 8 September 2017 on behalf of the Doncaster & Bassetlaw A&E Delivery Board. The winter period will be managed by the Board with the support of the System Resilience Group, weekly operational group and daily face to face escalation as needed. An Emergency Preparedness event name ‘Exercise Seven Hills’, was held on 11 October 2017 which considered the health and social care response to a Marauding Terrorist Firearms Attack (MTFA). There are a number of escalation levels; Level 1 to 4 and there may be a need to extend to Opal 5. The Plan is a live document and will be updated throughout the winter period.

The Governing Body was asked to note the Winter Plan.

Dr Jones queried how diagnostics were progressing in the Urgent Treatment Centre. Mrs Leighton stated that patients are streamed at the front door and have access to diagnostics however improvements are needed and work is being undertaken with the Trust to address this. One way for is for an organisation called Co-create to speak with
younger patients to gain an insight into why they would automatically default to attending the A&E department when they are ill as opposed to the Same Day Health Centre or the Urgent Care Centre.

Mrs Whittle commented that the document did not detail any plan should there be widespread flu amongst NHS staff. Mrs Pederson stated that each organisation has its own action plan. Currently 75% of DBTHFT staff has been vaccinated against the flu virus. We now need to focus on other organisations where services are provided such as care homes and Patient Transport Services. Dr Crichton highlighted that we need to encourage both the public and staff to get vaccinated against flu; the earlier it is administered the better. Dr Suckling stated that NHS England has announced that care home staff will receive free flu vaccinations and that Public Health will need to look at how these may be administered. A lot of work has taken place to vaccinate children aged between 1 – 4 years of age.

Dr Tupper observed that the Plan makes no mention of Primary Care. Dr Crichton stated that the expectation of NHS England is that each practice should have its own plan however it does not request to have sight of them.

Miss Morris asked how we would ascertain if the plan has been a success. Mrs Leighton explained that the recent ‘System Perfect’ week which was held 5 September to 12 September 2017 to assess the patient flow through the system had already provided a level of evaluation of the plan but further evaluation will take place early 2018.

Dr Jones acknowledged that it is appropriate to present the Winter Plan at the public Governing Body meeting as a public declaration of what we are doing in preparation of the forthcoming winter and that the Governing Body should not only note the Winter Plan but also endorse the approach.

The Governing Body noted the Winter Plan.

8. Quality & Performance Report

Mr Fitzgerald stated that the Quality and Performance Report was for noting by the Governing Body however wished to highlight the following points:

**NHS Doncaster Clinical Commissioning Group (CCG)**
- 90.63% of patients waiting on an 18 week Referral To Treatment (RTT) pathway were waiting less that 18 weeks at the end of August 2017, which is a slight deterioration from July. The message from NHS England that Trust will need to achieve the 92% target. A recovery plan has been requested through the DBTHFT Strategic Contracting meeting.
- Performance for receiving a diagnostic test within 6 weeks fell again is August to 96.17% against the 99% target. There have been
staffing issues within Audiology and again we have requested a recovery plan from the Trust. The data for September does show an improvement.

- A&E performance improved to 93.72% in September. Although this is below the 95% target, it does meet the recovery trajectory. A&E performance remains a key priority both nationally and locally.

Mr Fitzgerald informed the Governing Body that the lowest performance has been noted in Ophthalmology which has been due to demand and capacity issues within the department. Workshops are being held to establish how services may be best utilised and additional capacity has been introduced in the interim.

Notification has been received of a successful bid to a NHS England initiative in respect of a national Transformation work programme which is designed to bring expertise and resource into the area in three specialty areas Ear, Nose and Throat (ENT), Cardiology and Urology. The £50k funding is to assist with GP and Consultant capacity issues and to encourage innovative ideas. As a result of patients not attending their appointments, 10% of capacity is lost. Mrs Hilditch reported that Healthwatch is to launch a 3 month online campaign to encourage patients to attend their hospital appointments. It is due to commence next week until 8 December using Survey Monkey and social media. An increase in Did Not Attend (DNA) in Paediatrics and working age groups has been noted and there may a correlation between these groups. Feedback from the campaign will be received in the Planned Care Programme Board. Dr Tupper queried if we are examining demographics. Mrs Hilditch advised that this will be part of the questionnaire and they will look at communities within geographical areas and seldom heard groups.

Dr Suckling stated that the report indicates that the Trust is not meeting the targets however an over performance has been noted within the contract. Mrs Tingle stated that there may be a correlation between activity and finance. There has been a decrease in the number of referrals but there is still an over performance. A meeting is taking place on 20 October with the Chief Officer and Chief Finance Officer of NHS Doncaster CCG and Chief Executives and Directors of Finance of DBTHFT and RDaSH to address these issues.

**Spotlight on Urgent Care Delivery Plan**

**Patient stories**

Two short videos were played which related to this month’s spotlight reports on the Urgent Care Delivery Plan and the Care Home Implementation Delivery Plan respectively.

The first featured a gentleman who, whilst power washing his drive, had fallen into a manhole. He sustained a suspected elbow fracture and an Achilles Heel injury which resulted in an overnight stay at Doncaster Royal Infirmary during which time arrangements were put in
place to discharge him home with the appropriate services in place. The story highlighted issues with follow up hospital appointments, when patient notes were unavailable and equipment in the form of a special boot which could not be obtained.

The second video featured a lady who resides in a care home in Mexborough and had experienced a fall. It described how community teams responded to avoid a hospital admission and keep the lady in the care home.

Mrs Leighton attended the meeting to give a presentation on the Urgent Care Delivery Plan and highlighted the following points:

- The aim of the Urgent Care Delivery plan is:
  - Patients of all ages will be able to access a range of urgent care, in different settings dependent on clinical need.
  - Urgent care services will work smoothly and effectively across all parts of the system.
  - Access to urgent care services will be timely.
  - The growth in use of urgent care services will be reduced.
- There are a number of national requirements to be undertaken to manage delivery.
- System Perfect took place from 5 September – 12 September 2017 with input from all organisations; NHS Doncaster CCG, DBTHFT, RDaSH, FCMS, DMBC and was held to assess patient flow through the system from presenting at A&E department. The Older Peoples Mental Health nurse was based in the Emergency Department and Matrons and Consultants all helped. A system wide Command and Control Centre was established with daily debrief circulated across organisations.
- Key learning from the event included:
  - Communication and supporting IT systems key both within and across organisations and it was underestimated how vital communication is. Each organisation gave accurate updates.
  - Clarity of roles enhances joint working.
  - There is more need for 7 day services.
  - Social care capacity issues.
  - Working together as a system requires good relationships.
- The full report will be presented at the System Resilience Group meeting on 26 October 2017.
- Where are we now – We are working with Co-Create on how we may communicate to patients the alternative services which are available, other than A&E, when they are unable to obtain an appointment with their GP.
- We are developing a pathway approach with the Yorkshire Ambulance Service (YAS). A representative from YAS is to be seconded to NHS Doncaster CCG to assist with this.
- We will develop a Front Door streaming action plan.
- Managing patient flow – A Delayed Transfer of Care (DTOC) Action Plan is being developed.
- Work is being undertaken to look at Social Care and Domiciliary Care capacity. The Reablement Team could conduct assessments
as necessary and Positive Steps is looking at increasing staffing levels respectively.

Mrs Whittle queried if consideration had been given to introducing the voluntary sector into A&E to assist with patient flow. Mrs Leighton advised that the voluntary sector assisted during System Perfect week which worked well and more could be done going forward.

Dr Pieri enquired if there were any financial implications to be considered. Mrs Pederson advised that there were no financial costs involved.

Mrs Leighton that there are national pressures but NHS Doncaster CCG and our partner organisations are doing everything possible to ensure the system operates effectively.

**Spotlight on Care Home Implementation Delivery Plan**

Mrs Tooley gave a presentation on the Care Home Implementation Delivery Plan and highlighted the following points:

- A joint Local Authority & CCG Care Home Strategy was agreed in April 2016.
- A Lead Nurse was appointed in April 2017. A total of 27 care homes out of 50 have received a visit from the Lead Nurse and findings have been captured using a newly created tool.
- Reviewed implementation approach and established new project board chaired by Dr Tupper.
- Agreed work plan for year 1 in line with strategy & national enhanced framework for health in care homes.
- Primary Care Support – We are looking at how support can be given to care homes and how successful working relationships can be established. There is now the least amount of care homes rated as ‘Inadequate’ in the Yorkshire & Humber region.
- Quality Care – Work is being undertaken to improve quality within care homes. Mrs Whittle suggested that patients and carers be involved in this work.
- Workforce development – Work is being undertaken to look at how training needs can be developed and provided to care home staff. An apprenticeship has been developed with colleges and universities to offer a career pathway for lower level care home staff.

Dr Suckling acknowledged that a lot of work has been done on models of care and queried if sufficient investment was available. Mrs Tooley advised the Governing Body that a business case will be developed to request funding from the Better Care Fund. Mrs Pederson stated that we will need to explore how current resources could also be used.

The Governing Body noted the report.
9. Finance Report

Mrs Tingle presented and gave a detailed overview of the report which provided an update on the financial position for August 2017. NHS Doncaster CCG is forecasting to achieve all of its financial targets for 2017/2018 although a number of pressures are now arising.

Financial risks are as follows:

- **Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust (DBTHFT)** - The Acute contract over performance remains a risk as providers are undertaking additional activity to meet RTT targets. The August monitoring information from DBTHFT indicates significant overtrading (£3.0m) relating to both a drive to deliver the 92% trust wide RTT target and the phasing of the demand management schemes in place across the system. A full detailed review is currently being undertaken across all areas of activity and discussions are underway with the trust to manage this position as we progress through the year. Early indications from referral activity suggests referrals are starting to reduce however it may be some months before any financial impact is seen due to the timing of patient pathways. A meeting with the Chief Officer and Chief Finance Officer of NHS Doncaster CCG and the Chief Executives and Directors of Finance of DBTHFT and RDaSH is scheduled to take place on 20 October 2017 to discuss this in further detail.

- **Prescribing** - Remaining within the prescribing budget is a significant risk as an ambitious efficiency target has been set, although work is underway both locally and at an ACP level it is unlikely all the savings will be found in this financial year. Although we have limited financial information due to the timing delay of reports, early indications suggest the prescribing tool, Optimize Rx, is starting to have an impact in terms of reduced spend. A Quality, Innovation Productivity and Prevention (QIPP) Programme Board has been established and will hold Leads to account on delivery of QIPP targets. The Board agreed that a set of assumptions be developed which should give a clearer view of what is being delivered.

- **Individual Placements** - Individual Placements remain a concern as cases continue to step down from Specialised Services (NHS England) with no funding being transferred. NHS Doncaster CCG has already incurred a recurrent pressure of £1m during 2016/2017 resulting from this transformation agenda. As further pressures emerge, these will be reported. To help manage and offset the risks a small contingency fund of £2.5m was established as part of the NHS business rules. In addition, the 0.5% headroom reserve is currently being held as mitigation which equates to a further £2.5m, however both these values are non-recurrent in nature and poses a risk if relied on to recurrently balance the financial position.

- **Efficiency Savings Programme** – NHS Doncaster CCG has an ambitious efficiency plan equating to £11.6m. The main contracts with DBTHFT and RDaSH were negotiated net of the agreed efficiency targets of £4.5m and £0.5m respectively. The efficiency targets have been further refined this month and where available
information on the current and forecast achievement has been provided. To the end of Month 5, £2.5m of actual savings have been identified with a forecast of £5.2m however there are still a number of areas where information is difficult to obtain. Each scheme has now been Red Amber Green (RAG) rated from a financial perspective in terms of the current and forecast delivery. There are a large number of schemes that are rated Amber as although progress is being made through the delivery plans, the savings are not yet materialising.

Miss Morris drew attention to Appendix 2 and the Planned Care and Prescribing data which stated we were on track and queried how much was related to finance. Mr Fitzgerald explained that the dashboard details 95% of the work which has been undertaken. The savings plan has been included however there need to be more focus on financial aspects in the future. Mrs Tingle stated that we are encouraging staff to look at different schemes for consideration.

The Governing Body noted the report.

10. **Assurance Framework Quarter 2 Report**

Mr Taylor gave a brief update on the Assurance Framework Quarter 2 Report to the Governing Body as follows:

- There are 12 risks as at the end of Quarter 1; 8 are medium and 4 high. Currently 6 are tolerated and 6 are being treated with no change in risk scores over the Quarter.
- Common theme updates include the Quality, Innovation, Productivity and Prevention (QIPP) Programme Board being created to:
  - Meet monthly to monitor and ensure delivery of NSH Doncaster CCG’s QIPP requirements and Delivery Plans. The meeting is chaired by the Chief Officer and reports to the Executive Committee.
  - Subsequent controls added to risks:
    - 3.1 Transformation delivery Plans.
    - 3.2 Efficiencies achieved through Delivery Plans.
    - 3.3 System affordability of Doncaster Healthcare System and influence of actual QIPP delivery on the CCG’s control total in 3.4
- Further themes relate to NHS Doncaster CCG receiving the Memorandum of Understanding (MOU) and State of Readiness Report as part of the SYB ACS captured in risk 3.3 System affordability and 4.1 Dual partnership commissioning focus.
- A number of actions in the Urgent Care Delivery Plan concluded for the Urgent Care risk in 2.2.

Mr Taylor gave a presentation on how, as a Governing body, we may take the Assurance Framework in the future. The Assurance Framework will be discussed in more depth at the Strategy & Organisational Development Forum meeting on 7 December 2017.
• Key elements of a risk management system are:
  o Board and Senior Management commitment to risk management.
  o A common framework for the analysis of all risks. For principle risks to be brought together in any meaningful sense for a Board there needs to be a common framework of analysis whether they are strategic or operational, clinical, financial or organisational risks.
  o A single point of coordination for the process. Once the Board has set the framework and the strategy there needs to be appropriate infrastructure in terms of committee and individual responsibilities to carry through the agenda. A risk management or governance committee, constituted as a Board sub-committee, can be the forum to coordinate and filter the risk assessment processes that are being conducted throughout the organisation.’
• Risk management is:
  o A series of actions.
  o About understanding your corporate objectives and how risks could affect their achievement.
  o A journey to improving performance and clinical excellence.
  o Subject to the integrity of those accountable.
  o More than a process: “enterprise-wide” - culture, structure, policies, practice.
  o Owned by the Governing Body.
• The key characteristics of an Assurance Framework is:
  o In the context of strategic objectives.
  o Risks are overarching and strategic in nature.
  o Has the purpose of providing assurance to the Governing Body on the management of principle risks.
  o Provides key pieces of evidence that the Governing Body should use to gain this assurance.
  o Gaps in assurance identified (particularly positive assurance) should be addressed.
  o In theory it is possible for all risks to be rated ‘low’ with sufficient controls in place.
  o Actions can span the entire year although are generally a mixture of medium and long term.
  o Provides the basis for the Chief Officer’s Annual Governance Statement.
• The Governing has collectively overall responsibility for risk.
• Has the responsibility for ensuring the implementation of the risk management strategy.
• Is required to confirm and challenge the CCG’s Assurance Framework.
• Actively participates in the process for identification of strategic risks that may affect the achievement of the CCG objectives.
• Assures themselves (through the Assurance Framework) that the key risks identified are being managed effectively.
• Provides challenge and scrutiny to Assurance Framework risk owners.
• In practice risk management is about two things: Content and Process.
• Key Questions to determine risk appetite are:
How much risk do we want to take in pursuit of our goals and objectives?

How do we define our risk appetite in terms of different categories of risk and communicate this to management?

What risks do we definitely not want to take?

What risks are we prepared to take with the right controls in place?

How do we translate our risk appetite into a toll for management?

Does our current operational risk profile reflect the Directorate/Executive/Governing Body risk appetite and tolerance levels?

Next steps include consideration of this presentation and the CCGs’ current risk management arrangements, adequacy and effectiveness.

Consider the content of the CCG’s Assurance Framework.

Complete the Internal Audit governance, risk management and culture survey.

Dr Jones queried if there was any difference in our structure to others. Mr Taylor explained that the Governing Body is composed differently however brings alternative dynamics.

Mr Fitzgerald highlighted that the risk profile will be instrumental during the coming months especially in respect of the Accountable Care System.

11. Chair and Chief Officer Report

Dr Crichton stated that the Chair and Chief Officer report was for noting by the Governing Body.

Miss Morris queried if the programme of events and activities which were available during the NHS Doncaster CCG Health and Wellbeing Week had incurred any costs. Mrs Devaney stated that an analysis will be undertaken and the Governing Body will be informed of the outcome at the November meeting.

The Governing Body noted the report.

12. Locality Feedback

Locality Leads gave the following feedback from their Locality meetings:

**North East Locality** – Dr Bradley reported that the following item was discussed:

- Electronic Referral System.

**North West Locality** – Dr Pieri confirmed that no meeting had taken place.
**South East Locality** – Dr Singh reported that the following item was discussed:
- Care Homes

**South West Locality** – Dr Britten reported that the following items were discussed:
- Consultant Connect.
- Patient Participation Group development across the region.
- Procedures of low clinical value.
- Two practices have requested to change to the Central Locality to align in the neighbourhood.

**Central Locality** – Dr Tupper reported that the following items were discussed:
- Consultant Connect.
- Procedures of low clinical value.

13. **Receipt of Minutes**

The following draft minutes were received and noted by the Governing Body:

- Executive Committee – Minutes from the meeting held on 7 September 2017.
- Primary Care Commissioning Committee – Minutes from the meeting held on 14 September 2017.

14. **Any Other Business**

There was no other business discussed.

15. **Date and Time of Next Meeting**

1:00pm on Thursday 16 November 2017.
Item 6

Matters Arising
Enc B

Item 7

Hospital Services Review
**Meeting name**

Governing Body

**Meeting date**

16 November 2017

**Title of paper**

South Yorkshire and Bassetlaw Accountable Care System: Hospital Services Review

**Executive / Clinical Lead(s)**

Mrs Alexandra Norrish, Programme Director

**Author(s)**

Mrs Alexandra Norrish, Programme Director

**Purpose of Paper - Executive Summary**

The report lays out the process for agreeing which services the Hospital Services Review should focus on, and the shortlisted services. The report has been agreed by the Review Steering Group, Joint Committee Clinical Commissioning Groups (JCCCG), Provider Federation, South Yorkshire and Bassetlaw Collaborative Partnership Board and Oversight and Assurance Group.

The top five services that the Review will focus on are:

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<th>Service</th>
<th>Scope in Clinical Working Groups encompasses</th>
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<tr>
<td>Urgent and Emergency Care</td>
<td>‘Front door’ hospital services such as A&amp;E or equivalent, plus Medical Assessment Units</td>
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<tr>
<td>Maternity</td>
<td>Antenatal and perinatal services (including in relevant community settings), Early Pregnancy Assessment Clinics, obstetric, midwifery led units and neonatal units</td>
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<tr>
<td>Care of the Acutely Ill Child</td>
<td>Paediatric A&amp;E; Paediatric Assessment Units and acute inpatient paediatric beds</td>
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<tr>
<td>Gastroenterology and endoscopy</td>
<td>Urgent and emergency and elective gastroenterology, particularly around GI bleed services and the structure of acute rotas; and U&amp;E and elective endoscopy. Children’s GI bleeds will be considered in this workstream.</td>
</tr>
<tr>
<td>Stroke</td>
<td>This takes into account the Hyper Acute SU proposals which have been defined by the Stroke review and as such the Review will look at Acute Stroke Units, supported discharge / and rehabilitation</td>
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### Recommendation(s)

The Governing Body is asked to note the update on the process for agreeing which services the Hospital Services Review should focus on, and the shortlisted services.

### Impact analysis

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<th>Quality impact</th>
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<tr>
<td>Equality impact</td>
<td>Not known</td>
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<tr>
<td>Sustainability impact</td>
<td>The process is necessary for sustainability of these services into the future</td>
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<tr>
<td>Financial implications</td>
<td>Outline finance identified in the report</td>
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<td>Legal implications</td>
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<tr>
<td>Management of Conflicts of Interest</td>
<td>None identified at this stage</td>
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<td>Consultation / Engagement (internal departments, clinical, stakeholder &amp; public/patient)</td>
<td>Engagement with staff and the public</td>
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<tr>
<td>Report previously presented at</td>
<td>Strategy &amp; Organisational Development Forum, Governing Body</td>
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<tr>
<td>Risk analysis</td>
<td>Captured throughout the Assurance Framework</td>
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<td>Assurance Framework</td>
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South Yorkshire and Bassetlaw Accountable Care System: Hospital Services Review

Written Update for use in public Trust Boards and Governing Bodies

Current as of 27th October 2017

INTENDED AUDIENCE AND PURPOSE

- This briefing is intended for members of the Boards and Governing Bodies of the trusts and CCGs participating in the SYB Hospital Service Review (HSR). It updates Boards and GBs on progress and next steps on the HSR. It is intended for inclusion in public Board / Governing Body papers.

SUMMARY

- **Timelines and objectives.** The Review commenced in June 2017 and will run over a ten month period, concluding with a final report to be published at the end of April 2018. The final report will make recommendations on how unsustainable services could be made sustainable, and on the future role of the DGH in South Yorkshire and Bassetlaw.

- **Progress to date.** The Review has completed Stage 1A and identified a final shortlist of five unsustainable services. This shortlist was agreed by the Partnership Board and Oversight and Assurance Group. It was made public in a report published on 27th October, accompanied by a Technical Annex, a report on public engagement so far, and the Terms of Reference for the Review. A communications strategy for staff and the public is in place. Alongside this the Review has also collected a large amount of data from trusts which is being analysed for discussion and presentation in Clinical Working Groups, which started 23rd October.

THE SECTION 1A REPORT

- The report lays out the process for agreeing which services the Hospital Services Review should focus on, and the shortlisted services. The report has been agreed by the Review Steering Group, JCCCG, Provider Federation, SYB Collaborative Partnership Board and Oversight and Assurance Group.

- The top five services that the Review will focus on are:

<table>
<thead>
<tr>
<th>Service</th>
<th>Scope in CWG encompasses</th>
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<tr>
<td>Urgent and Emergency Care</td>
<td>‘front door’ hospital services such as A&amp;E or equivalent, plus Medical Assessment Units</td>
</tr>
<tr>
<td>Maternity</td>
<td>antenatal and perinatal services (including in relevant community settings), Early Pregnancy Assessment Clinics, obstetric, midwifery led units and neonatal units</td>
</tr>
<tr>
<td>Care of the Acutely Ill Child</td>
<td>Paediatric A&amp;E; Paediatric Assessment Units and acute inpatient paediatric beds</td>
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<tr>
<td>Gastroenterology and endoscopy</td>
<td>Urgent and emergency and elective gastroenterology, particularly around GI bleed services and the structure of acute rotas; and U&amp;E and elective endoscopy. Children’s GI bleeds will be considered in this workstream.</td>
</tr>
<tr>
<td>Stroke</td>
<td>this takes into account the HASU proposals which have been defined by the Stroke review and as such the Review will look at Acute Stroke Units, supported discharge / and rehabilitation</td>
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**COMMS AROUND THE PUBLICATION OF THE REPORT**

The Section 1A Report was published on 27th October. The timings were as follows:

- 23rd-26th October – Comms leads in trusts co-ordinated communications to staff. Supported by materials laying out key messages for all staff, key messages for staff in the shortlisted specialties, and Q&A
- 27th October – Report was published, alongside the Technical Annexe, the Terms of Reference of the Review, and the report on public engagement so far. Comms were co-ordinated by the ACS comms team and media coverage was led by Chris Welsh, Independent Review Director, and Des Breen, Medical Director for the ACS

The key messages were:

- SYB has some excellent services but we know that there are also increasing challenges with workforce, quality and equality of care going forward: the current system is not sustainable
- We are committed to keeping all of our general hospitals
- We are looking at how hospitals can work together better and we can make better use of our staff and equipment to make services higher quality and safer
- We need all of our staff – we might ask staff to work in a different way or in different places but we do not anticipate that there will be any job losses as a result of the Review.

**CLINICAL ENGAGEMENT**

During October and November the Hospital Services Review team will be convening a series of Clinical Working Groups, to help to develop the recommendations of the Review. There are five Working Groups (one for each of the five core specialties). Each will meet three times, to discuss:

- Session 1: The main problems with the service
- Session 2: Possible models to address these problems
- Session 3: Implications for South Yorkshire and Bassetlaw, and how far the models meet the evaluation criteria.

Each trust has been asked to nominate two representatives, so the groups include a range of clinicians, nurses, general managers, and AHPs. The groups also include commissioner representatives, GPs, the ambulance service, and community providers.
ENGAGEMENT WITH STAFF

In the week of the 23rd October, all Chief Execs and Medical Directors were asked to work with their staff, to ensure that staff across the Trusts were aware of the Review and its process so far. Trusts were asked to particularly ensure that they had briefed the staff working in the 5 specialties that will be the focus of the Review.

Going forward, the members of the Clinical Working Groups will be asked to discuss the content of the discussion, and the developing solutions, with their colleagues in the 5 key specialties. This conversation will be supported by a one page summary of each of the CWG meetings, which will lay out key messages agreed by the members of the CWG. This will be drafted by the Review team, signed off by the comms team in each trusts and circulated within 48 hours of the meeting.

PUBLIC ENGAGEMENT

We need to be transparent and engage the public at every stage of developing proposals. We will hold:

- Individual events for seldom heard groups in each of our 7 Places
- A telephone survey to capture the views of people from across the population, and not just those that self-select
- An online survey so that anyone who wants to can respond
- One region wide event for the public and smaller events in each Place

The main questions that people will be asked are:

- What are the main problems in relation particularly to the services we are focusing on
- What would they like to see services look like / do they know of other examples elsewhere
- What is most important to them in terms of the evaluation criteria.

These questions parallel the issues that will be discussed with clinicians in the Clinical Working Groups.

EVALUATION CRITERIA

The ideas that the Clinical Working Groups develop will be assessed against a number of evaluation criteria. These will be confirmed over the coming weeks.

The draft criteria have been developed based on the Terms of Reference of the HSR, and on the criteria used by similar reconfiguration processes in the NHS. They have been discussed with the Steering Group, the JCCCG, the Partnership Board and the Oversight and Assurance Group. To reach a shortlist of the most important evaluation criteria, we will ask the Steering Group to vote, as well as asking the views of the public.

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1 Executive Summary

Since its creation in 1948 the NHS has constantly adapted and it must continue to do so as the world and our health needs change. The NHS has helped to create a revolution in the health of people in this country, with life expectancy dramatically increased, and many people now surviving illnesses which in the past would have killed them.

However, as medicine evolves, and as the population changes, the NHS across England is facing significant new challenges. The increasingly aging population not only has higher needs for health and care than the NHS has ever faced before, but also needs different kinds of care. Alongside this, changes in medical technology and dramatic shifts in the kinds of care that can now be provided outside of hospital are changing the face of health and care.

Alongside these changes, the NHS is operating in a very constrained financial environment. And there are significant workforce concerns, with national shortages of some staff. For example, the Health Foundation estimated in 2017 that the NHS could see a shortfall of 42,000 nurses by 2020.\(^1\)

In this context, the NHS in the South and Mid Yorkshire, Bassetlaw and North Derbyshire region is experiencing its own challenges in all aspects of healthcare. This is against a backdrop of financial pressures (the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) projected a funding gap of £570m by the end of 2020-21, if services continue to be delivered in the same ways as they are now.

In response to this the Sustainability and Transformation Plans (STPs) for South Yorkshire and Bassetlaw, Derbyshire, and West Yorkshire and Harrogate laid out plans to tackle problems in primary, community, mental health and acute care. In South Yorkshire and Bassetlaw, which is the main focus of this Review, the STP is now being taken forward through plans for the Accountable Care System (ACS), which covers all areas of healthcare including mental health and primary and community care.

As one part of strengthening health services the SMYBND health organisations have agreed to set up a Hospital Services Review, which will look at how to put acute hospital services onto a sustainable footing for the future.

The Review includes five acute hospitals which are within the geographical footprint of the SYB ACS (Barnsley Hospital NHS Foundation Trust; Doncaster and Bassetlaw Hospitals NHS Foundation Trust; Rotherham NHS Foundation Trust; Sheffield Children’s NHS Foundation Trust; and Sheffield Teaching Hospitals NHS Foundation Trust). It also includes two acute hospitals outside the ACS (Chesterfield Royal Hospital NHS Foundation Trust, and Mid Yorkshire Hospitals NHS Trust) being included in the Review footprint because they send significant numbers of patients into the ACS hospitals.

The region has some excellent hospital services, but the system is under great strain from mounting demand and workforce pressures. This is impacting on the quality of care that patients receive, and there are significant inequalities across the region in patients’ access to healthcare and health outcomes:

- Of the 7 acute hospitals in the Review footprint, 3 are currently assessed by the Care Quality Commission as ‘Good’, while 4 are assessed as ‘Requires Improvement’;\(^1\)

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• 6 of the 7 trusts did not meet the national standard of 95% of patients experiencing waiting times of no more than 4 hours in A&E, in Quarter 1 of 2017-18;

• 3 of the 7 did not meet the 18 week Referral to Treatment standards, in Quarter 1 of 2017-18;

• 5 of the 7 did not meet the cancer waiting times target of 85% of patients having their first treatment within 62 days of GP referral, in Quarter 4 of 2016-17.

One of the factors contributing to this is shortages of workforce in some key areas. Some hospital services on some sites currently have no permanent consultant staff in post, and rely on temporary cover including expensive locum and agency staff. This is unacceptable both for patients, who expect high quality care, and for the taxpayer, who has a right to expect that the health service will be value for money.

There are a number of opportunities for the Review recommendations to improve services.

Evidence from other health economies across the country and around the world suggests that we could significantly improve outcomes for patients if hospitals worked together more closely. The Hospital Services Review presents an important opportunity to leverage the benefits of working together across organisational boundaries. As South Yorkshire and Bassetlaw begins to establish itself as an Accountable Care System, the Review will build on the opportunity to overcome our challenges as an integrated system and deliver the high-quality healthcare that patients deserve.

Over a ten month period, the Review team, in partnership with health and care organisation leaders, clinicians, staff, patients and the public will identify a number of hospital services that are coming under increasing pressure, and develop a set of independent recommendations for how they could work better, and be sustainable for the future.

The Sustainability and Transformation Plan for South Yorkshire and Bassetlaw, and the Terms of Reference of the Review, lay out some expectations around the Review. The STP made it clear that we are committed to keeping all of our hospitals, and providing the appropriate level of emergency care at all of them. The Review will look at how services could be provided to ensure everyone in South Yorkshire and Bassetlaw has access to high quality, safe hospital services, and to reduce inequalities in access.

This report is the first in a series of documents that the Review team will publish to share its conclusions with the wider public. The report presents the shortlist of five clinical services that are recommended for further investigation:

1) Urgent and Emergency Care
2) Maternity
3) Care of the Acutely Ill Child
4) Gastroenterology and Endoscopy
5) Stroke

It also describes the process and methodology that the Review has applied to identify this shortlist of services and details any assumptions to ensure maximum transparency. The next stages of the Review will now explore in-depth the specific challenges that each of these services face and develop tailored alternative delivery models. To complement the Review’s service-specific improvement proposals, it will consider the wider roles that each of the Hospitals can play in the future in the context of the overarching architecture of our healthcare system. Going forward, the Review will involve detailed engagement with healthcare staff from across the region; patients; and the public.

The review would not be possible without the support of countless individuals who have shared data, participated in workshops, or engaged in discussions and interviews. We look forward to continuing
these conversations over the coming months and together raise the bar for the care that the people of South Yorkshire and Bassetlaw receive.

Christopher Welsh
Independent Review Director
2 Introduction

This chapter provides an introduction to the Review, specifically:
- Provides an overview of the purpose of the Report;
- Outlines the objectives of the Review;
- Defines what we mean by Acute Hospital Service Sustainability;
- States the Governance overarching the Review; and,
- Provides an overview of the project timelines.

2.1 Purpose of the Report

South and Mid Yorkshire, Bassetlaw and North Derbyshire (SMYBND) are in the process of developing plans to put their health economies onto a more sustainable footing and to deliver better services for patients. One important part of this is to ensure that acute hospital services are providing good quality care for patients, and are sustainable for the future. To support this process an independent review of acute hospital services (the ‘Review’) was commissioned to set out recommendations regarding the future shape and nature of these services. The Review will be a ten month review looking at a range of acute hospital services in SMYBND, which currently are currently facing some significant challenges. SMYBND has some excellent acute hospital services, but the system is under great strain from mounting demand and workforce pressures. This is impacting on the quality of care that patients receive, and there are inequalities across the region in patients’ access to healthcare and health outcomes.

Evidence from other health economies across the country and around the world suggests that we could significantly improve the sustainability of services, and outcomes for patients, if hospitals worked together more closely.

The Hospital Services Review presents an important opportunity to leverage the benefits of working together across organisational boundaries. As South Yorkshire and Bassetlaw begins to establish itself as an Accountable Care System, the Review will build on the opportunity to overcome these challenges as an integrated system and deliver the high-quality healthcare that patients deserve.

The Sustainability and Transformation Plan for South Yorkshire and Bassetlaw, and the Terms of Reference of the Review, laid out some expectations around the Review. The STP made it clear that we are committed to keeping all of our hospitals, and providing the appropriate level of emergency care at all of them. The Review will look at how services could be provided to ensure everyone in South Yorkshire and Bassetlaw has access to high quality, safe hospital services. The ultimate aim of the review is to reduce inequalities in access and outcomes.

The Review will develop recommendations as to how acute services in the footprint could be made more sustainable. The findings of the Review will be published at intervals in three reports, which will set out findings and recommendations at each key stage of the review process as set out below:

- Report 1A: Scope of services included in the Review;
- Report 1B: Service specific sustainability analysis and emerging system options;

This is the first report in the series. It sets out the objectives of the review and overall programme governance arrangements and timelines, a brief summary of the case for change, the methodology developed to select services to include in the Review and the recommended shortlist of services. Further detail is provided in a series of Appendices.
The report is intended as a technical synopsis of the work undertaken by the Review team to enable the SMYBND Oversight and Assurance Group to challenge and comment on the methodology and work undertaken. The report will also form the basis of further materials developed for ongoing public engagement and communications.

2.2 Objectives of the Review
The objective of the Review is to put forward proposals around how acute hospital services in SMYBND (the ‘Review footprint’) can be delivered on a more sustainable basis for the benefit of patients, supported by collaborative working and new models of care. Four formal objectives were set out in the initial Review terms of reference and are set out below:

1. Define and agree a set of criteria for what constitutes ‘Sustainable Hospital Services’ for each Place and for SMYBND (in the context of the South Yorkshire and Bassetlaw (SYB) Accountable Care Systems (ACS));
2. Identify any services that are unsustainable against these criteria, in the short, medium and long-term, including tertiary services delivered within and beyond the Sustainability and Transformation Plan (STP);
3. Put forward a future service delivery model or models which will deliver sustainable hospital services;
4. Consider what the future role of a District General Hospital is in the context of the aspirations outlined in the South Yorkshire and Bassetlaw STP and emergent models of sustainable service provision.

The Review will build on the work that is being done across each Place to move care out of hospital. Whilst it does not have a specific objective to deliver that shift, it is built on that premise and it is intended to support the process.

The Review will also take account of the public commitment by the South Yorkshire and Bassetlaw Accountable Care System to keeping our current hospitals, and providing the appropriate level of urgent care in each of them.

2.3 Definition of Acute Hospital Service Sustainability
The Review has set out four components of a sustainable acute hospital service:

- There are enough patients to operate a safe and efficient service;
- There is an appropriate workforce to meet staffing needs;
- There are interdependent clinical services in place, and in reach, to operate core clinical services safely and effectively; and,
- The service is likely to be deliverable within the resource envelope that is likely to be available.

Assessing these issues is complex, especially given the huge range and variety of services provided in the acute hospital sector. Therefore, a key component of this first phase of work was to create a framework to assess sustainability consistently across all services in the Review footprint. This framework was then used to shortlist a small group of acute hospital services with the most sustainability issues to consider in further detail.

The report is focused on those services which have ongoing and significant problems with sustainability, rather than trying to solve individual short term concerns with services.

2.4 Review Governance and Membership
The Independent Review was commissioned by the South Yorkshire and Bassetlaw Accountable Care Systems (ACS) Oversight and Assurance Group (OAG) whose membership includes Trust Chairs, 2

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2 There are seven “Places” across the SYBMYND Review Footprint; Barnsley, Bassetlaw, Derbyshire (comprising of Chesterfield, North East Derbyshire, Bolsover and Derbyshire Dales), Doncaster, Mid Yorkshire (comprising of Kirklees and Wakefield), Rotherham and Sheffield.
Health and Wellbeing Board Chairs (Local Authority Members) and Clinical Chairs of Clinical Commissioning Groups (CCGs). This group will receive each report and associated recommendations.

The work will be signed off by the Joint Committee of Clinical Commissioning Groups (JCCCG), and any other relevant CCGs, before being put to the OAG. Any proposals for future service changes will be taken forward by commissioners, who retain the responsibility for making final decisions on commissioning and leading proposals on service changes.

In total, there are over 20 organisations involved in the Review including each local CCG, NHS Trust and Local Authority whose populations may be affected by any proposed changes, as well as number of national and regional organisations including NHS England, Health Education England and the Yorkshire Ambulance Service (see Appendix 1).

The scope of the Review is to consider the sustainability of acute hospital services across seven Trusts:

- Barnsley Hospital NHS Foundation Trust (BH);
- Chesterfield Royal Hospital NHS Foundation Trust (CRH);
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBH);
- Mid Yorkshire Hospitals NHS Trust (MYH);
- Rotherham NHS Foundation Trust (RH);
- Sheffield Children’s NHS Foundation Trust (SCH);
- Sheffield Teaching Hospitals NHS Foundation Trust (STH);

Of these, Mid Yorkshire Hospitals have recently completed a reorganisation of their services, which will not be reopened. Engagement with staff and patients in Mid Yorks will therefore be lighter touch than in other areas.

Engagement with Chesterfield is also slightly lighter touch. The Review will focus on acute services which flow into the South Yorkshire and Bassetlaw footprint, and will engage closely with the Derbyshire commissioners and the Derbyshire STP Programme around the relationship with the plans for urgent and planned care in Derbyshire laid out in Joined Up Care Derbyshire (the Derbyshire STP) as they relate to Chesterfield Royal Hospital. The Review will not engage with the community and out of hospital providers in Derbyshire since these are covered by the Derbyshire STP.

These hospitals draw patients from a wide range of CCGs. All the affected CCGs are members of the Review Steering Group, and going forward the Review team will ensure that those CCGs who are not also included within the South Yorkshire and Bassetlaw JCCCG are engaged as required.

The work is being managed on an ongoing basis by a Review Steering Group comprising acute provider and commissioner representatives from across the Review footprint (membership is set out in Appendix 2). It is chaired by Professor Christopher Welsh who was appointed as the Independent Review Director with support from a Programme Director and Secretariat team.

Further details of the governance arrangements are set out in the terms of reference for the Review and are available on request.

2.5 Project Timeline
The Review commenced on Wednesday 21 June 2017 with the first meeting of the Review Steering Group and will be conducted over a ten month period with the final report scheduled for the end of April 2018. It has been structured into two Stages:
• Stage 1 Assessment (June – December 2017). This stage includes an assessment of the sustainability of services across the whole Review footprint to agree a shortlist to be taken forward for a more detailed assessment of sustainability issues, and identifying the problems with these services.
• Stage 2. Options and New Models (January 2018 – April 2018). This stage will focus on potential solutions to the issues identified.

A detailed project plan has been developed, including key programme milestones, report dates, governance groups and communications and engagement activity with patients and the public. Appendix 3 provides an overview of the Review project plan.
3 Background and context

This chapter provides the background and context to the Review specifically a short outline of the challenges in the acute sector across the Review Footprint grouped into six categories: patients, clinical, operational, workforce, finance and research.

3.1 Challenges in the acute sector

Since its creation in 1948 the NHS has constantly adapted and it must continue to do so as the world and our health needs change. The NHS has helped to create a revolution in the health of people in this country, with life expectancy dramatically increased, and many people now surviving illnesses which in the past would have killed them.

However, as medicine evolves, and as the population changes, the NHS across England is facing significant new challenges. The increasingly aging population not only has higher needs for health and care than the NHS has ever faced before, but also needs different kinds of care. Alongside this, changes in medical technology and dramatic shifts in the kinds of care that can now be provided outside of hospital are changing the face of health and care.

Alongside these changes, the NHS is operating in a very constrained financial environment. And there are significant workforce concerns, with national shortages of some staff. For example, the Health Foundation estimated in 2017 that the NHS could see a shortfall of 42,000 nurses by 2020.

In this context, the NHS in the South and Mid Yorkshire, Bassetlaw and North Derbyshire region is experiencing its own challenges in all aspects of healthcare. This is against a backdrop of financial pressures (the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) projected a funding gap of around £570m by the end of 2020-21, if services continue to be delivered in the same ways as they are now.)

In response to this the Sustainability and Transformation Plans (STPs) for South Yorkshire and Bassetlaw, Derbyshire, and West Yorkshire and Harrogate laid out plans to tackle problems in primary, community, mental health and acute care. In South Yorkshire and Bassetlaw, which is the main focus of this Review, the STP is now being taken forward through plans for the Accountable Care System (ACS), which covers all areas of healthcare including mental health and primary and community care.

As one part of strengthening health services The SMYBND health organisations have agreed to set up a Hospital Services Review, which will look at how to put acute hospital services onto a sustainable footing for the future.

SMYBND has some of the best acute hospital services in the country with national and international reputations including a specialist cancer centre, children’s hospital and numerous very high quality services in many locations. It also has one of the country’s busiest accident and emergency departments.

However, the health and care economy is coming under increasing strain and there are some major quality challenges:

- Of the 7 acute hospitals in the Review footprint, 3 are currently assessed by the Care Quality Commission as ‘Good’, while 4 are assessed as ‘Requires Improvement’;

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6 of the 7 trusts did not meet the national standard of 95% of patients experiencing waiting times of no more than 4 hours in A&E, in Quarter 1 of 2017-18;

3 of the 7 did not meet the 18 week Referral to Treatment standards, in Quarter 1 of 2017-18;

5 of the 7 did not meet the cancer waiting times target of 85% of patients having their first treatment within 62 days of GP referral, in Quarter 4 of 2016-17.

The pressures on the system are also showing up in measures such as trainee doctor satisfaction and a varied picture on patient satisfaction.

One of the main causes of these problems is significant workforce pressures across all hospitals. Some services have even had to close temporarily on some sites because there were not enough staff to provide them safely. Other services are managing to continue, but in some cases a significant proportion of the workforce is made up of locum or agency staff. Services which are reliant on temporary staff in this way are not only more expensive, but also risk offering poorer quality of care for patients, with a lack of continuity of care, and staff who may not be as familiar with the hospital.

These workforce shortages are national as well as local, with some specialties facing shortages across the country.

At the same time, there is rising demand on services. Hospitals are experiencing increasing numbers of people attending A&E or requiring services in other ways. In particular, the ageing population means that hospitals are seeing increasing numbers of highly complex, often very elderly patients.

Some of these issues have been addressed but others continue. The Five Year Forward View and subsequent Next Steps on the Five Year Forward View, outline the reasons why the service needs to continue to evolve and adapt to meet the needs of our population. The South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) lays out in detail the response to how transforming the way we work would improve health and care for the people living, working and studying in the region.

The South Yorkshire and Bassetlaw STP identifies a number of problems with existing acute services, as well as missed opportunities to improve quality, experience, access and safety by identifying delivery options based on closer working together.

The Review footprint will face further challenges from demographic change, for example an ageing population and a rise in lifestyle risk factors. In addition, the system needs to contend with local factors such as the higher than average levels of deprivation and child poverty, as well as social and health inequalities.

The current and foreseeable future context can only mean that this challenging environment will continue and worsen at the same time as Trusts are having to respond to more demanding national requirements around quality of care, equity of access and efficiency. The time to act is now. This review offers a unique opportunity to fundamentally change the way care is delivered, and take the difficult steps to transform the way trusts collaborate to improve sustainability.

Through tackling these challenges together, now in the review, this will support SMYBND to become one of the most innovative, safe, caring, responsive, effective, well led and efficient health and care systems by 2020⁴. This will deliver the following benefits to the population of SMYBND:

⁴ Source: Working Together Partnership vision and mission statement

11
• The trusts will work together to improve patient safety and care and to make systems more efficient in ways which any individual organisation would not be able to achieve by acting alone.

• By sharing collective expertise and knowledge, they will improve quality, safety and patients’ experience of the care system.

• Services will reduce the variation in care quality for patients by sharing best practice to learn from each other and developing the same new ways of working.

• Patient information systems will be joined up across the organisations to improve safety and patient experience.

• The trusts also hope that by developing innovative new ways of working, they will help hospital specialities recruit and retain specialist staff.

The critical challenges acute trusts are facing can be grouped into six categories. Further analysis is provided in a separate Technical Annex.

3.1.1 Patients
Patients generally perceive the quality of healthcare in the Review footprint to be good with patient feedback provided via the Friends and Family Test\(^5\) highlighting a broadly positive picture of patients who would recommend services. However this is variable across sites and services. Importantly, patients have different levels of access to services between different hospitals in local places, with equality of access being a major concern across the health economy. Waiting times for some services on some sites are significantly longer than the national standard, and patient and public feedback at the Review’s public engagement session identified waiting times as one of the top three issues of greatest importance to patients.

3.1.2 Clinical
Some clinical services are struggling, particularly as a result of shortages of key workforce, which has impacted on the ability to provide sustainable safe services in every hospital. Consequently, there are different levels of quality in some hospitals both between services and between the same services in different hospitals. Overall, four of the hospitals in the footprint have been identified by the CQC as ‘Requires Improvement’. The below table highlights the latest CQC ratings of services, by Trust.\(^6\)

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\(^5\) Source: NHS England (Friends and Family Test Data)
\(^6\) Source: CQC
3.1.3 Operational
As a result of staff shortages some services across the Review footprint are having difficulty maintaining services and are having to close access to patients and divert them to other sites at short notice, for example, the paediatric service in Bassetlaw Hospital.

In addition, there is variation in performance between the Trusts in other operational metrics, for example 18 week waiting time performance ranges from 80.1% at Mid Yorkshire Hospitals to 95.3% at Sheffield Teaching Hospitals (Q1, 2017/18)\(^7\). A&E waiting time targets have been consistently missed for the last quarter at all trusts, apart from Sheffield Children’s Hospital.

3.1.4 Workforce
All hospital organisations are facing significant workforce issues. Trusts are continuing to find themselves competing for the same staff for many of the same service areas with some Trusts unable to fill key staff vacancies. Some of the smaller District General Hospitals in particular, are facing workforce challenges.

Staff stability across medical staff and nursing staff is higher than the national average, indicating that relatively fewer staff left during 2015/16 compared to the national average\(^8\), however, there is significant variation across the Review footprint.

Some service areas are heavily reliant on locum cover for key service areas including A&E and smaller medical and surgical specialties. For example, across the Review footprint on average 84.5 full time

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\(^7\) Source: HSJ Intelligence
\(^8\) Source: HCHS dataset 2015/16
equivalent (FTE) Medical Consultants posts are filled by non-substantive staff, equating to 7.2% of the Medical Consultant workforce9. Specific examples include Barnsley Hospital where the Stroke – Hyper Acute Stroke Unit (HASU) is currently run by a locum workforce with support of one substantive10 member of staff, and Doncaster and Bassetlaw Hospitals where c. £8m of agency staffing last year was spent in Emergency Medicine11.

The 2017 General Medical Council (GMC) annual training survey of doctors in postgraduate training (all those in foundation, core and higher speciality training programmes) highlighted a variation in the overall satisfaction levels, ranging from 69.8% at Sheffield Teaching Hospitals NHS Foundation Trust to 90.4% at Barnsley Hospital NHS Foundation Trust.12

3.1.5 Finance
The NHS is facing ongoing financial pressure as demand continues to increase at a time when funding is constrained at a national level. Director of Finance colleagues across South Yorkshire and Bassetlaw estimate that a ‘do nothing scenario’ for the NHS would result in a deficit in the region of £570 million over the next four years. The acute hospital sector is facing significant deficits and challenging budget control totals which may exacerbate existing quality and equality of access variations and challenges.

Across the Trusts, there is potential replication of services and the consequent underutilisation of equipment and expensive assets in the context of limited capital funds.

3.1.6 Research
Analysis of research funding received13 also highlights a difference between the Trusts, ranging from Rotherham at £0.4m per annum to Sheffield Teaching Hospitals at £38m. Whilst we would expect a large teaching hospital to have higher levels of research funding, we need to be sure that patients across SMYBND receive equity of access to the latest clinical research and trials.

Examples of recent successes include Mid Yorkshire Hospitals who have recently secured a new research partnership with the University of Huddersfield to conduct research in areas such as diabetes and skin integrity. As one of 20 NIHR Biomedical Research Centres, Sheffield Teaching Hospitals NHS Foundation Trust continues to focus on translational neuroscience and lead the development of new treatments, diagnostics and prevention and care for patients suffering from debilitating disease.

3.2 Placed based analysis
In order to understand the need for, and sustainability of hospital services in each Place, it is important to understand the health needs of its local population. Some initial place based analysis is contained in a separate Technical Annex with the data provided by Public Health England.

This analysis will continue to be developed throughout the Review, to ensure we have a good understanding of the needs of the population so that the Review can design sustainable hospital services to benefit patients in each Place.

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9 Source: Information provided by the Trusts (Mid Yorkshire did not provide any information)
10 Source: Trust interview
11 Source: Trust interview
12 Source: General Medical Council
13 Source: Trust Annual Reports
4 Shortlisting process and outcomes

In this chapter, the approach taken to shortlisting hospital services for inclusion in the Review is set out. The aim of this shortlisting process is to identify which services the Review should include within its scope, based on a structured and evidence based assessment, as well as taking into account perspectives from each Trust, commissioners, key stakeholders and patients and the public.

The first stage of the Review, from July to early September, has focused on identifying and agreeing which services to concentrate on.

In order to make the scope of the Review manageable within a ten month timeframe, it was agreed that the Review should focus on a small number of services in detail. These services were agreed through a shortlisting process.

The shortlisting process was broken down into eight stages and agreed by all relevant stakeholders:

1. **Agreeing the methodology**: establishing the definition of service sustainability and the associated framework and criteria that were used to assess whether services are sustainable. At this point, we engaged with the public via a number of different routes, including an engagement event and online survey.
2. **Analysis of the sustainability of each hospital service** using the three lenses (defined in 4.2)
3. **Identifying the top 20 ranked unsustainable services**, compiling analysis from each lens
4. **Developing the “long shortlist”**: discussion of the results with the Review Steering Group and other stakeholders to develop a “long shortlist” of the eight most unsustainable services
5. **Testing out the robustness of data** with the trusts: added general surgery to the long shortlist
6. **Testing the impact of introducing weighting** based on patient feedback
7. **Seeking views from ‘organisation-agnostic’ senior stakeholders** from NHS England and Health Education England, and a collective response from commissioners
8. **Agreement on final proposed shortlist of five services**

Further information on each stage is provided below.

Going forward, the Review will contribute to an understanding of how hospital services form part of local Place plans and the development of Accountable Care Partnerships. In particular, the Review will consider the role of the District General Hospital and the services that need to be provided on each site taking into account the full range of elective and specialist services.

This aspect of the Review is not included within this report as it will be the focus of work later in the year. However it will build on the tiering approach that has been developed in earlier work, and will be closely linked to looking at the operational sustainability of the shortlisted services:

- **Tier 1**: representing services to be delivered within each local Place.
- **Tier 2**: representing services which could be delivered as an accountable networked service.
- **Tier 3**: representing tertiary or specialised services.

Any proposals around changes to services that may emerge from the Review would need to go through a full process of public involvement and engagement. The Review will put forward a range of options
which the OAG and commissioners will then take a view on, and will take forward to further modelling and public engagement and consultation if appropriate.

In more detail, the shortlisting of services for the Review to focus on was taken forward as follows:

4.1 Agreeing the criteria
The Review Steering Group, Trust Chief Executives, Medical Directors, Operations Directors, Strategy Directors, patients and the public all contributed to an agreed definition of what sustainability means and which were the most important criteria to take into account.

To identify the criteria the Review team listed the factors which might impact sustainability, through looking at what similar reviews had done (for example Manchester). The team also looked at the Terms of Reference of the Review to ensure that the areas highlighted as priorities in the ToR were represented in the criteria.

A session was held with Trust Chief Executives and Medical Directors to discuss the criteria and identify any gaps; the attendees confirmed that all the criteria which had been identified were important. They gave their views of which were the most important criteria and suggested how to present and structure the criteria.

Subsequently, the criteria were converted into plain English and discussed with patients and the public at a public engagement event organised with support from the South Yorkshire and Bassetlaw Healthwatches and CCG engagement teams. The criteria were also made available in the form of a public survey, distributed via Healthwatches and CCG engagement teams. The event and the survey were used to test whether, from the public viewpoint, there was anything missing from the criteria, and which of the criteria were considered to be most important by patients and the public. The list was also discussed with commissioners in JCCCG.

The ten criteria identified as a result of the session with Trust Chief Executives and Medical Directors, the patient and public engagement, and input from the Review Steering Group, Operations Directors, Strategy Directors, and the JCCCG are:

1. Whether there are sufficient numbers of appropriately qualified permanent staff to run the service safely for patients
2. Are more than two hospitals having difficulty in maintaining the service?
3. How important is this service for patients (i.e. will service problems cause major safety concerns for patients)?
4. Whether there are a large number of other hospital services which are dependent on the challenged service to be able to keep going themselves
5. Whether, if all staff were in post, there are enough staff to keep the service going so that the care is safe and quality for patients is high
6. Whether there are a large number of patients who are treated by the service and therefore are affected by the issues the service faces
7. Whether it costs more to run the service in one of the hospitals than it does in others
8. Whether patients are on waiting lists for too long
9. Whether staff who are in training have a good experience of working for that service
10. Whether doctors, nurses and other staff see enough patients to keep their skills up and provide safe care for patients

One potential criterion which was not shortlisted at this point was the impact on health inequalities. It was felt by the Review team that the options under discussion (i.e. which services to include in the scope of the review) were too broad to be able to meaningfully differentiate their impact on inequalities. However the Review team will pay due regard to inequalities as the programme continues and as the recommendations emerge.
As the figure illustrates Chief Executives, Trust Medical Directors and patients and the public both regarded major safety concerns as important as well as access to qualified permanent staff. Factors considered less important included long waiting lists and differences in costs between hospitals.

At this point, the Review team did not weight the criteria based on how important the criteria were felt to be, but instead treated all criteria equally. Later in the process the team applied a weighting to the top three criteria identified by patients and the public, to test out whether this would change which services emerged as the most important.

Please see the separate Technical Annex for further details of the Sustainability Assessment Framework.

4.2 Analysis of the sustainability of each hospital service, using the three lenses

In order to objectively measure sustainability across each service and criteria, the team developed three ‘lenses’. These were:

- Independent analysis of standardised data on all services on all sites;
- Self-assessment by Trusts;
- The number of interdependencies between services.

This approach recognised the importance both of the Review team taking a fresh and unbiased view of the situation within all Trusts, and the benefits of drawing on existing expertise and knowledge through
the self-assessment. Since it was likely that the Trusts would have different approaches to self-assessment, the independent analysis allowed for some triangulation and challenge.

In further detail, the three lenses were:

4.2.1 Lens 1. Independent analysis
The independent analysis seeks to provide an objective, evidence-based perspective to the review, to challenge and triangulate the findings of the self-assessment. The criteria presented above were converted into metrics that were readily available from public data sources, and were easily comparable across services.

Of the criteria which had been shortlisted, those which could be assessed on the basis of the independent assessment were:

- There are insufficient numbers of appropriately qualified permanent staff to run the service safely for patients
- Even if all staff were in post, there are not enough staff to keep the service going so that the care is safe and quality for patients is high.
- There is a large number of patients who are treated by the service and therefore are affected by the issues the service faces.
- It costs more to run the service in one of the hospitals than it does in others.
- Patients are on waiting lists for too long.
- Staff who are in training have a poor experience of working for that service.
- Doctors, nurses and other staff do not see enough patients to keep their skills up and provide safe care for patients.

The metrics, sources and thresholds are detailed in the below table. The Review team noted some concerns with the data, with some services such as paediatrics being difficult to assess because the data was incomplete. For this reason the independent analysis was combined with and tested against the Trusts’ self-assessment.

Table 2: Shortlisting criteria metrics and thresholds

<table>
<thead>
<tr>
<th>Shortlisting Criteria accounted for in independent analysis</th>
<th>Metric</th>
<th>Source</th>
<th>Thresholds</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are insufficient numbers of appropriately qualified permanent staff to run the service safely for patients</td>
<td>Ratio of locum FTEs to total FTEs per service (substantive + non-substantive)</td>
<td>Trust workforce data submissions July/August 2017</td>
<td>&lt;5% = Low concern 5% - 20% = Moderate concern 20%+ = High concern</td>
</tr>
<tr>
<td>Even if all staff were in post, there are not enough staff to keep the service going so that the care is safe and quality for patients is high</td>
<td>Number of Full Time Equivalent medical and nursing staff (substantive + non-substantive)</td>
<td>Trust workforce data submissions July/August 2017</td>
<td>&lt;5 FTE = High concern 5-10 FTE = Moderate concern 10+ FTE = Low concern</td>
</tr>
<tr>
<td>There is a large number of patients who are treated by the service and therefore are affected by the issues the service faces</td>
<td>HES Finished Consultant Episodes</td>
<td>Hospital Episode Statistics activity data 2015-16</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| It costs more to run the service in one of the hospitals than it does in others | Reference Cost Index | National Reference Cost data 2015-16 | <100 = Low concern  
100-120 = Moderate concern  
120+ = High concern |
|---|---|---|---|
| Patients are on waiting lists for too long | Elective Referral to Treatment waiting times | Referral to Treat 95% waiting times data March 2017 – May 2017 | <18 weeks for last 3 months = Low concern  
<18 weeks for one or 2 of 3 months = Moderate concern  
<18 week in no of the last 3 months = High concern |
| Staff who are in training have a poor experience of working for that service | Trainee doctor satisfaction | General Medical Council National training survey 2017 | <20% Trainee dissatisfaction = Low concern  
20-40% Trainee dissatisfaction = Moderate concern  
40%+ Trainee dissatisfaction = High concern |
| Doctors, nurses and other staff do not see enough patients to keep their skills up and provide safe care for patients | Minimum activity levels for service | Royal College Guidelines | (NB – only available for small number of services) |

### 4.2.2 Lens 2. Trust self-assessment

Trusts were asked to undertake a self-assessment to indicate the degree of concern associated with providing each service, ranging from ‘no concern’ to ‘moderate concern’ to ‘high concern’ (and a ‘not provided’ selection).

The template also asked Trusts to provide a rationale for their rating, particularly for those services rated of high and moderate concern; articulate the impact of the respective services on patients; and whether their choice of services might change in the future (for example, in the context of changing demographics or workforce supply). The responses of the self-assessment templates were captured and converted into a numerical score, which enabled the ranking of services across all trusts from highest concern to lowest concern.

This self-assessment was supplemented by interviews with each of the seven Trusts, between the Trust senior leadership (typically the Medical Director, Strategy Director and / or Chief Operating Officer) and members of the review’s Secretariat.

### 4.2.3 Lens 3. Clinical services interdependencies

The analysis of interdependencies between clinical services was used to identify how far a particular service is important in providing other services. The aim was to ensure a particular focus on core acute hospital services, in line with the emphasis of the Review. This was done by using the South East Coast
Clinical Senate co-dependencies matrix of acute hospital services\textsuperscript{14}. The original matrix helps to understand what supporting services need to be in place to enable the safe and effective operation of major acute hospital services.

The matrix defines eleven major acute hospital services (for example, A&E unselected take; Major Trauma Centre; etc) and describes what clinical services that are required (co-dependent) to support delivery of these configurations. It also defines whether services should be co-located on the same site; in reach; or accessed through other arrangements.

Following a review of the matrix by the Working Together Vanguard’s Medical Director, it was proposed that further levels of detail could be added to the matrix, for example, the interdependencies required to run a consultant led maternity service or a midwifery led service, the interdependencies required for different levels of critical care cover, interdependencies associated with specific types of acute medical rota, etc. These changes were made as suggested.

The methodology focuses on each individual Trust and identifies which of the eleven major acute hospital services it delivers. Based on this delivery model, the methodology highlights only those services that are required to be provided on site and are deemed to be of concern\textsuperscript{15}. For example, services where a large number of core acute services depended on them being on-site (for example critical care) were scored higher than services where no or a small number of core acute services depended on them being on-site (for example, dermatology).

This ‘dependency score’ was then supplemented with the level of concern for that service. The level of concern for each service was drawn from the Trust self-assessment. Where Trusts deliver services from more than one site, Trusts were invited to share site-level data; and in absence of this data, it is noted that the analysis focusses on the site with the biggest concerns.

It is also important to note that Mid Yorkshire Hospitals has recently undergone a significant reconfiguration of their A&E department, and have flexed some of the clinical co-dependencies in the matrix. Sheffield Children’s Hospital also provided a separate matrix for children’s services which recognised the difference between adult and paediatric requirements.

4.3 Identify the top ranked unsustainable services
The Review team considered the results of each of the three lenses in turn and then combined them to create a single sustainability score for each service within South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire. Below the results for individual lenses are presented, followed by the aggregated score.

The independent analysis assessment highlighted the top five ranked services as follows:

- **Histopathology** was the highest rated service (scoring 14.7). This was due to low service efficiency and a number of District General Hospitals with the service in each only comprising a small number of FTEs, making the service fragile. Trust interviews highlighted there was a small pool of potential consultant candidates, leading to challenges in hiring permanent staff and the need to consider applicants from outside the UK.
- **Ophthalmology** was the second highest rated service (scoring 13.5). Six out of seven trusts had not met the waiting time targets for the last three months, and there was low service efficiency in five out of the seven trusts. Consultant level recruitment is a challenge, and demand is increasing.
- **Cardiology** was the equal second highest scoring service (scoring 13.5,) due to low trainee satisfaction, waiting time challenges and challenges in recruiting staff.


\textsuperscript{15} The trust’s self-assessment is used to gauge the level of concern at this stage.
• **Dermatology**, was the fourth top service in the assessment (scoring 13.3). This was driven by long waiting times, small individual services and challenges in recruiting permanent staff. Trust interviews highlighted national workforce shortages, overwhelming demand and the need for demand management and blended staffing models in place to reduce pressure.

• **Critical Care** was the fifth highest ranked service (scoring 13.0). Trainee dissatisfaction and challenges around recruiting a permanent workforce were the main drivers behind this.

The self-assessment completed by Trusts highlighted the top five services as follows:

• **Dermatology** was the service which was the highest concern across the Trusts (totalling 18.0), with five of the seven trusts categorising this as “high concern” and as a system-wide challenge; with demand vastly outstripping (workforce) supply.

• **Emergency Medicine** was the second jointly highly rated service (totalling 16.0), with Trusts flagging difficulties staffing mid-grade rotas, with consultants having to act down or use locums, incurring a large agency spend and inconsistencies with the quality of care.

• **Stroke (HASU)** was a “high concern” for four Trusts (totalling 16.0). Trusts commented how workforce challenges are amplified by uncertainty about future service and whole-pathway concern.

• **Ophthalmology**, was the fourth highly ranked service. However – although three trusts scored it as “high concern”, three trusts similarly scored it as “low concern”.

• **Gastroenterology** was the fifth highly ranked service (scoring 13.0). In particular, Trusts highlighted struggles with Gastrointestinal (GI) bleed rotas and a reliance on locum staff.

The interdependency assessment highlighted the top five services as follows:

- Emergency Medicine
- Gastroenterology
- ENT (Ear, Nose, Throat)
- Urology
- Radiology

The aggregated sustainability score was constructed by taking the average score of each assessment lens. The top twenty services were:

- Emergency Medicine
- Gastroenterology
- Urology
- Stroke - HASU
- Critical Care
- Radiology
- Cardiology
- ENT
- Acute Medicine
- Paediatric Medicine
- Dermatology
- Endoscopy
- Orthopaedics
- Neonatology
- Ophthalmology
- Vascular services
- Respiratory Medicine
- Path- Histopathology
- Geriatric Medicine
• Upper GI surgery

Full results are explored within a separate Technical Annex.

4.4 Developing the “long shortlist”
The top 20 services identified through the combined assessment were discussed at length by the Review Steering Group on Thursday 17 August 2017.

The Group considered some caveats in the analysis, including the completeness of data (for example, only one Trust had sent a completed workforce return for paediatrics) and in relation to the weighting of criteria. There was also a discussion about the validity of the co-dependencies matrix and how it should be applied to Trusts with multiple sites. The Group highlighted that paediatric services might need to be assessed separately due to their specialist nature and distinction to general adult services.

Following acceptance of the analysis, the remainder of the meeting was focused on considering the implications of the analysis and arriving at a position where the Steering Group could inform the review team, which services it would expect to see on the shortlist.

The Group agreed that the services that ranked highly on the list were services that they have sustainability concerns about. In some cases (for example, acute paediatrics) the service did not score highly in the independent assessment due to missing workforce data, but strong concerns were raised in interviews. The Group were content the methodology provided a robust method of prioritising services for inclusion in the Review.

Following rigorous debate at the Review Steering Group, utilising the knowledge of the member Medical Directors of the partner Trusts, it was agreed the below services would be contained within a “long shortlist” of services. These services contained ten of the services identified by the combined analysis:

• Emergency Medicine and Medical Assessment Unit (including elements of acute medicine)\(^1\)
• Acute paediatrics
• Gastroenterology and endoscopy
• Stroke
• Cardiology
• Urology
• Dermatology
• Oncology

The Steering Group decided to exclude:

• Critical Care
• Radiology
• ENT
• Orthopaedics
• Neonatology
• Ophthalmology

Other services on the list of the top 20 services were not considered to be priorities and were not discussed in detail.

\(^1\) Note: It was decided to combine Gastroenterology and Endoscopy as a service at this stage
\(^2\) Note: It was agreed that “Acute Medicine” should be included in this as referring to the front door A&E and MAU
The rationale for including and excluding services varied, and is summarised in the technical annexes. In general, those services which were included were those where the problems were severe, and where it was felt that a whole-system solution was needed to address the underlying problem rather than the problem being addressed in isolation.

Table 3 below highlights the scores of each of the services in the long-list, through each of the three lenses.

One service which did not appear on the list of the top 20, but which was discussed at length in the Steering Group, was maternity. Maternity scored as the 14th most problematic service in trusts’ self-assessments, and emerged as a high priority in the interviews with trusts. However, it performed better on the metrics included in the independent analysis and interdependencies, so did not show up as one of the 20 most unsustainable services overall. After considerable discussion the group did not explicitly add maternity services to the longlist, since it was felt that maternity would in any case be addressed via the focus on acute paediatrics.

A record of the Steering Group discussion is held in the meeting minutes.

Table 3: Table of longlisted services and scores for each lens

<table>
<thead>
<tr>
<th>Services</th>
<th>Trust Self-Assessment</th>
<th>Independent Analysis</th>
<th>Co-dependency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Score</td>
<td>Ranking</td>
<td>Score</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>16.0</td>
<td>2</td>
<td>13.0</td>
</tr>
<tr>
<td>Maternity (Obstetrics)</td>
<td>10.0</td>
<td>14</td>
<td>8.0</td>
</tr>
<tr>
<td>Acute paediatrics (Paediatric Medicine)</td>
<td>11.0</td>
<td>11</td>
<td>9.5</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>13.0</td>
<td>5</td>
<td>10.2</td>
</tr>
<tr>
<td>Stroke - HASU</td>
<td>16.0</td>
<td>2</td>
<td>10.3</td>
</tr>
<tr>
<td>Cardiology</td>
<td>11.0</td>
<td>11</td>
<td>13.5</td>
</tr>
<tr>
<td>Urology</td>
<td>12.0</td>
<td>6</td>
<td>12.6</td>
</tr>
<tr>
<td>Dermatology</td>
<td>18.0</td>
<td>1</td>
<td>13.3</td>
</tr>
<tr>
<td>Oncology</td>
<td>10.0</td>
<td>14</td>
<td>5.5</td>
</tr>
</tbody>
</table>

4.5 Test out the robustness of data with the trusts

Trusts were subsequently asked to verify their data and confirm the analysis so far. At this point, the Review team added General Surgery to the long shortlist for further testing. This was because data is not widely collected at the level of ‘General Surgery’ and so it was felt that the team did not have enough data to rule it in or out. Subsequent conversations (stage 3.7) found that it was not a concern so it was ruled out again.

*Note: Excludes General Surgery

*Excludes Endoscopy*
4.6 Test out the impact of patient feedback

The team tested what the impact would be if extra weight were given to the three criteria that had been identified as the most important in patient and public feedback (including an online survey). This resulted in some marginal movements up and down but nothing decisive enough to identify a clear shortlist.

Table 4: Difference in service rank pre-weighting and post-weighting

<table>
<thead>
<tr>
<th>Service</th>
<th>Rank of services pre-weighting</th>
<th>Rank of services post-weighting</th>
<th>Difference in ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Urology</td>
<td>≈3</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Stroke - HASU</td>
<td>≈3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td>Critical Care</td>
<td>5</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Radiology</td>
<td>6</td>
<td>8</td>
<td>-2</td>
</tr>
<tr>
<td>Cardiology</td>
<td>≈7</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>ENT</td>
<td>≈7</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Acute Medicine</td>
<td>9</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>Paediatric Medicine</td>
<td>10</td>
<td>11</td>
<td>-1</td>
</tr>
<tr>
<td>Dermatology</td>
<td>11</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>12</td>
<td>13</td>
<td>-1</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>13</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Neonatology</td>
<td>≈14</td>
<td>15</td>
<td>-1</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>≈14</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>Vascular services</td>
<td>16</td>
<td>16</td>
<td>-</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td>≈17</td>
<td>17</td>
<td>-</td>
</tr>
<tr>
<td>Path- Histopathology</td>
<td>≈17</td>
<td>19</td>
<td>-2</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>≈19</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Upper Gl surgery</td>
<td>≈19</td>
<td>20</td>
<td>-1</td>
</tr>
</tbody>
</table>

Table 5: Combined hospital service sustainability score (taking into account patient survey results)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Service</th>
<th>Independent analysis</th>
<th>Trust assessment</th>
<th>Self-assessment</th>
<th>Degree of clinical co-dependencies</th>
<th>Sustainability Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Emergency Medicine</td>
<td>13.6</td>
<td>16.0</td>
<td>16.0</td>
<td>15.2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gastroenterology</td>
<td>10.8</td>
<td>13.0</td>
<td>15.0</td>
<td>12.9</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Urology</td>
<td>13.5</td>
<td>12.0</td>
<td>13.0</td>
<td>12.8</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Stroke - HASU</td>
<td>10.8</td>
<td>16.0</td>
<td>11.0</td>
<td>12.6</td>
<td></td>
</tr>
</tbody>
</table>
There were two key elements to reducing the “long shortlist” to the final proposed shortlist. These were:

- Targeted conversations were held with organisation agnostic stakeholders, including regional representatives from NHS England, Health Education England and the Medical Director of the Working Together Vanguard. The key steers from HEE and NHSE were that the Review should focus on those areas where there system had previously been unable to reach agreement, and where addressing issues with the service would benefit the system most widely.

- Commissioners also fed in their views, in a single consolidated response that was place-agnostic. Commissioners felt strongly that maternity services should be included owing to workforce concerns, and concerns raised by the CQC at three sites. The Review team therefore added maternity services to the long shortlist.

Key messages from the discussions are in a separate Technical Annex.

4.8 Agreement on final shortlist

The final shortlist of five services was reached by the Review team assessing the long shortlist of services against the qualitative findings from the conversations with the organisationally-agnostic stakeholders. Full details about the rationale for including the final five can be found in chapter 5 below. A final shortlist was developed and presented to the Review Steering Group, the JCCCG and the Collaborative Partnership Board, for agreement. It was agreed by the JCCCG on the 4th September 2017, the Partnership Board on 8th September, and at the request of the Partnership Board was also taken to the Steering Group on the 13th September where it was confirmed.

The services to be included on the shortlist going forward are:

- Urgent and Emergency Care
- Maternity
- Care of the Acutely Ill Child
- Gastroenterology and Endoscopy
- Stroke

A diagrammatic representation of the shortlisting process is provided below, Figure 2.
4.9 **Summary process of moving from a long list, to a short-list**

The diagram overleaf provides a summary of the results of the key stages to move from a long-list of services (identified through the analysis through the three lenses) to the final short-list of five services. It illustrates that a consistent group of services have been identified throughout the process with maternity added after subsequent conversations.
Figure 2: Diagram to illustrate the process for moving from a longlist to a shortlist

Top services based on combined hospital sustainability score:
- Emergency Medicine
- Gastroenterology
- Urology
- Stroke - HASU
- Cardiology
- Paediatric Medicine
- Dermatology
- Endoscopy
- Acute Medicine
- Critical Care
- Radiology
- ENT
- Orthopaedics
- Neonatology
- Ophthalmology

Long list of eight agreed by Steering Group:
- Emergency Medicine and Medical Assessment Unit
- Acute paediatrics
- Gastroenterology and endoscopy
- Stroke
- Cardiology
- Urology
- Dermatology
- Oncology
- General Surgery

Tested out robustness of data with Trusts:
- Emergency Medicine and Medical Assessment Unit
- Acute paediatrics
- Gastroenterology and endoscopy
- Stroke
- Cardiology
- Urology
- Dermatology
- Oncology
- General Surgery

Tested out patient feedback:
- Emergency Medicine and Medical Assessment Unit
- Acute paediatrics
- Gastroenterology and endoscopy
- Stroke
- Cardiology
- Urology
- Dermatology
- Oncology
- General Surgery

Received site-agnostic input form commissioners:
- Emergency Medicine and Medical Assessment Unit
- Acute paediatrics
- Gastroenterology and endoscopy
- Stroke
- Cardiology
- Urology
- Dermatology
- Oncology
- General Surgery

Final short-list:
- Urgent and Emergency Care
- Maternity
- Care of the Acutely Ill Child
- Gastroenterology and endoscopy
- Stroke

Key:
- Services that made the top 15 services based on the combined hospital sustainability score (but did not make the final short-list)
- Services that made the long-list (but did not make the final short-list)
- Services that made the final short list
- Service added

General Surgery added
5  Definition of shortlisted services and recommendations

This chapter provides an overview of the proposed shortlist and rationale for the selection of the final short-list of five services to progress to the next stage of the Review.

5.1  Services included on the shortlist and rationale
The services to be included on the shortlist going forward are:

- Urgent and Emergency Care
- Maternity
- Care of the Acutely Ill Child
- Gastroenterology and Endoscopy
- Stroke

Rationale for each service is provided below:

5.1.1  Urgency and Emergency Care
The working definition of this includes the Accident and Emergency department, and also the Medical Assessment Unit (or equivalent, i.e. the first admitted area for medical patients after A&E) of which both are staffed by clinicians focused on the assessment, diagnosis and treatment of adult patients with urgent medical needs. It excludes the Surgical Assessment Unit, emergency General Surgery, and primary and community-based models of care, but notes the strong inter-dependencies with these services.

Emergency Medicine has the highest Sustainability Score by a large margin due to sustainability concerns raised by three Trusts (Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust and Rotherham NHS Foundation Trust). There are concerns in delivering the national targets in a number of sites. This was backed up with evidence of high agency spend, difficulties recruiting permanent staff and poor GMC trainee satisfaction scores. It is also a service on which many other services in the hospital rely.

Urgent and Emergency Care is a priority for commissioners, driven by the workforce shortages (particularly at middle grade and junior grades), quality issues, and low activity levels at some sites (particularly overnight). The CQC also raised some very significant concerns in relation to Urgent and Emergency Care, Eight separate sites in SMYBND were identified as ‘requires improvement’, meaning that five out of seven of the acute trusts had significant concerns with UEC.

Targeted conversations with place agnostic stakeholders highlighted that whilst the service was being explored through the ACS’s Urgent and Emergency Care (UEC) workstream, it is so core and so high profile that it would benefit from additional independent review and support.

5.1.2  Maternity
The scope of maternity includes antenatal and perinatal services (including in relevant community settings), Early Pregnancy Assessment Clinics, obstetric, and midwifery led units. Neonatology is excluded but the strong inter-dependencies with maternity will be considered.
Maternity is a priority for commissioners. There are a number of workforce shortages across the footprint and some requirements from the national strategy have not been met.

The CQC rated maternity at three of the acute sites, across two trusts, as ‘requires improvement’.

The Review team recognised that maternity services are an important part of local Place plans, and the importance of maternity for patients is significant, alongside others such as mental health or services for the frail elderly. It was also recognised that it was difficult to consider paediatrics without maternity as the interdependencies are so great. For all of these reasons maternity was considered an important service to include in the final shortlist.

5.1.3 Care of the Acutely Ill Child

The scope of this service includes paediatric A&E; Paediatric Assessment Units, acute inpatient paediatric beds, and the local ‘Embrace’ service. Community paediatrics (including community nursing and antibiotic teams), the surgical pathways and neonatology are excluded but the strong interdependencies will be considered. A child has been defined as being up to 17 years and 364 days old.

Acute paediatrics was cited frequently in the Trust interviews and was felt to be the biggest workforce risk across the Review Footprint by some. The service is a priority for commissioners, driven by workforce shortages (particularly at consultant and middle grade), which are recognised nationally and by the local Health Education England leads as well as the by the individual Trusts, and low activity levels at some sites (particularly overnight),

The CQC has raised concerns about services for children and young people at two trusts.

There was agreement that the review would support the recent establishment of the Managed Clinical Network in acute paediatrics and that new models of community based provision should be explored. There was a clear agreement that this service was a high priority for shortlisting.

Additionally, it was recognised that it would be difficult to consider paediatrics without maternity (and vice versa), as the interdependencies (including neonatal care) are so great.

5.1.4 Gastroenterology and endoscopy

The scope of this service includes urgent and emergency gastroenterology (GI bleed services and the structure of acute rotas) as well as elective endoscopy services.

The service was raised as a sustainability concern by three Trusts (Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, Sheffield Children’s NHS Foundation Trust, Rotherham NHS Foundation Trust) primarily due to difficulties with staffing the service, with some GI bleed services run entirely by locum staff. It is also a service on which many other hospital services rely, particularly because it has close links with the emergency / acute medical rota, and previous attempts to look at GI bleeds services in isolation (via the Working Together Vanguard) have floundered because they impinge upon acute rotas. The inclusion of emergency medicine as part of this review provides an opportunity to revisit this work and incorporate the clinical co-dependencies.

Endoscopy is also a priority for commissioners and trusts, driven by workforce shortages, a growing workload and consequent capacity issues. Commissioners also recognised the importance of the service in respect of the link to early access in cancer pathways and an extension of screening programmes in local out of hospital pathways.

5.1.5 Stroke

The scope of this service includes Acute Stroke Units, Early Supported Discharge, inpatient rehabilitation, and Transient Ischemic Attacks (TIA) services. Hyper acute stroke services are already subject to review and are excluded from this review, however, the interdependencies will be considered.
For stroke services, there is difficulty in recruiting a consultant workforce and feedback from interviewees corroborates the challenges raised in the sustainability assessment, particularly in relation to the sustainability of acute stroke services and rehabilitation at each local hospital.

These sustainability issues are being further compounded by the recent consultation of hyper acute stroke services and the temporary uncertainty of the future of these services.

It was recognised that the existing work would be materially helped by taking a system wide view, and by resolving issues with transition and rehabilitation in each Place. At present, work has only considered HASU, and this is now impeded by concerns around other parts of the pathway. There are issues around stranded costs in some of the Acute Stroke Units, and further consideration of community service provision is required.

5.2 Services on the long shortlist excluded from the final shortlist and rationale

The Review is time and resource bound, and in that context it is necessary to focus on a short list of services in the first tranche of the programme. The first group are felt to be the services which will bring the biggest general benefit in being reviewed, those with the greatest interdependencies. However there are some significant concerns with services that are not on the final shortlist, and the Accountable Care System may wish to take forward a second tranche to look at some of these other services once the first group have been considered in the current review.

5.2.1 Cardiology

Cardiology was considered primarily due to concerns about service inequalities in acute cardiology treatment. Interviewees suggested that as PCIs and STEMs have been centralised at Sheffield Teaching Hospitals, that has potentially destabilised the remaining cardiology at local hospitals. Current work is underway in relation to a second device centre and the potential for a more networked approach to delivery.

It is recognised that as no-one is currently reviewing cardiology in its entirety, there is some merit in including it as part of the review, and it would be a good service to demonstrate a hub and spoke model, but it was held to be a higher priority to “land” those areas where work is almost complete (for example, Stroke), rather than to open up another service.

5.2.2 Urology

Urology was highlighted by two Trusts (Chesterfield Royal Hospital NHS Foundation Trust and Sheffield Children’s NHS Foundation Trust) mainly due to workforce shortages, whilst the high supplementary evidence score reflects current waiting time and activity pressures on this service. There were a number of concerns about sustainability as the population ages.

Interviews recognised the sustainability challenges surfaced by the assessment, driven predominantly by workforce shortages across the region, and its importance in the cancer pathway.

Work is already underway as part of the ACS to identify system-wide solutions to issues whereas the issues in urology could be tackled in relative isolation; and hence it was not felt the review should focus its efforts on this service and a number of the operational issues could be addressed separately.

5.2.3 Dermatology

Dermatology was rated as a service of high concern by five of the seven Trusts and was highlighted as a common challenge with difficulties with staff recruitment and pressing waiting list / patient demand pressures. However, it achieved a low score in the clinical interdependencies assessment as few other acute hospital services rely on it.

Independent interviewees recognised the sustainability challenges surfaced as part of the assessment, particularly around significant demand increases coupled with workforce shortages and felt the solutions
to address the challenges are demand management from the commissioners and alternative workforce models. As with urology, these might be able to be undertaken in isolation of other services.

Although it was recognised that Dermatology is an important area, interviewees did not feel that the review should focus its efforts here, and they felt stakeholders had it within their gift to make changes to the service without the support of the review.

5.2.4 Oncology
Oncology did not score highly in the analysis through the three lenses, however the Review Group agreed that solid tumour Oncology warranted further discussion and should be considered, and noting that Sheffield Teaching Hospitals NHS Foundation Trust felt it had a particular role to resolve oncology issues on behalf of the system.

Independent interviewees recognised the sustainability issues presented as part of the assessment (particularly in relation to workforce shortages and the trends towards sub-specialisation), and the impact on access and patient outcomes.

Interviewees recognised the challenges with the existing hub and spoke model and the potential for the review to address operational and governance challenges of the model. The issue is a national priority and has inequalities implications. However the conclusion was that issues could be addressed separately outside of the Review.

5.2.5 General surgery
General Surgery is a key service to support A&E and concerns were raised by some clinicians. However independent interviewees did not have a strong viewpoint on General Surgery and recognised that there has been no ‘noise’ in the system about workforce shortages or trainee satisfaction.

With the exception of a single organisation having issues with the service, it was not felt to be a system-wide problem that should be a focus of the review. However, it was recognised a review of Emergency Medicine should consider the inter-dependencies on acute General Surgery pathways.

5.3 Unsustainable services which were not shortlisted
The services identified above are those which have been identified as being unsustainable, and as being integral to the sustainability of the hospital as a whole, with many other services dependent on them.

The review will look at these 5 core services over the next 10 months. However, there are significant clinical issues affecting many of the services which were not shortlisted, and the system may well wish to take forward work in a separate context, or in a second later tranche of the Review, to look at them more closely.

5.4 Elective services
For the majority of services which made the shortlist for the review the requirement for senior clinical presence 24/7, means the shortlisted services are in some ways the most integral to the delivery of hospital services.

However, the review will also need to look at how the delivery of elective care might facilitate and support sustainability of hospital services going forward. The Terms of Reference require the Review to consider the nature of the District General Hospital, including the role that the hospital plays and which services are provided where. The Review will look at a high level at wider services, such as elective services, to identify whether changes to service configuration might support the hospitals more widely in order to maximise benefits for patients.
5.5 Services not on the acute site
The review is looking primarily at the delivery of services on acute sites. However part of making services sustainable will be to move care out of acute hospitals and closer to patients’ homes, for example in community providers or primary care, wherever possible. Going forward, the workstreams on the 5 core services will consider which services genuinely need to be provided on the site of an acute hospital, and which services could be shifted into different settings.

5.6 Recommendations

Concluding Stage 1A, the Independent Review recommends that:

1. The Hospital Services Review should progress the following services for further investigation:
   - Emergency Medicine and Medical Assessment Unit
   - Maternity
   - Acute paediatrics
   - Gastroenterology and endoscopy
   - Stroke

2. The Accountable Care System may wish to take forward an in-depth sustainability review of some of those services which could not be included on the shortlist, as part of a second tranche at a later date:
   - Cardiology
   - Urology
   - Dermatology
   - Oncology
   - General Surgery

3. The Hospital Service Review will consider the role of a District General Hospital and understands demand and establishes a profile of demand in each Place. This will be covered in further detail in the review’s Stage 1B report.

5.7 Next steps
The next Stage 1B of the review will last between September and November during which time the Review will explore in-depth the specific challenges that each of the selected services face. It will also consider what alternative delivery models could make these services more sustainable. To complement the service-specific improvement proposals, the Review will consider the wider roles that District General Hospitals can play in the future in the context of the overarching architecture of our healthcare system.

This specific deliverables will be developed in close cooperation with clinicians, system leaders and patients and the public. The Review will also build on existing work across the region and draw on local, national and international best-practice.

The Review’s conclusions so far have been made possible by the strong engagement from individuals and organisations across the region. As has been the case for Stage 1A of this Review, the future stages will continue to seek and rely on the input of a broad group of stakeholders. The Review therefore encourages all stakeholders to continue to engage and contribute to shaping the future of SMYBND health services.
Appendix 1: Organisations in the Review Footprint

Some of the below organisations sit within the South Yorkshire and Bassetlaw STP, some hospitals have patient flows into the South Yorkshire and Bassetlaw area, and therefore the CCGs who commission from those hospitals need to be included.

The Review Team has a variety of structures and are currently working through how we ensure that our governance captures all the CCGs and Local Authorities who may be impacted by the recommendation of the review.

Organisations within the ACS and / or the Review

Table 6: Organisations within the ACS and / or the Review

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Type</th>
<th>Review Steering Group</th>
<th>Collaborative Partnership Board</th>
<th>Oversight and Assurance Group</th>
<th>Joint Committee of Clinical Commissioning Groups (JCCCG)</th>
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The Review team will consider these issues going forward and engage with these organisations as it becomes relevant.
Appendix 2. Review Steering Group Representatives

Table 8: Review Steering Group Representatives

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Lesley Smith, Chief Officer</td>
<td>Barnsley CCG</td>
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<td>Lisa Bromley, Executive Lead, Service Development</td>
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<td>Simon Enright, Interim Medical Director</td>
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<td>Marie Purdue, Acting Director of Strategy &amp; Improvement</td>
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<td>Sewa Singh, Medical Director</td>
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<td>Pat Keane, Deputy Chief Officer, Chief Operating Officer</td>
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<td>Steven Dykes, Deputy Medical Director</td>
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Appendix 3: Project Plan

Figure 3: Project plan

Review Programme Plan with key Milestones

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Key meetings:
- Develop draft methodology and shortlisting criteria
- Agree draft "long shortlist" w/SG
- Share draft Stage 1A report w/SG
- Agree final Stage 1A report w/OAG
- Discuss draft Stage 1B report w/OAG
- Agree draft shortlist of system options w/SG
- Agree draft shortlist of options w/OAG
- First draft of option appraisal and Stage 2 report
- Near final Stage 2 report for Partnership Board
- Final report signed-off

Milestones:
- Agree system-wide approach to generating a shortlist of services
- Apply sustainability criteria to shortlist of services for Sustainability Assessment and in-depth problem diagnosis
- Identify possible service change options
- Develop system-wide options and apply evaluation criteria to arrive at a preferred option

Comments:
- Conversations with Health and Wellbeing Boards re approach
- Public and patient event with support from Healthwatch and CCG engagement teams to test draft methodology and shortlisting criteria
- Update for joint Health Oversight Scrutiny Committee
- Engagement activities to test services and evaluation criteria with patients and public
- Engagement activity to test social care models inst best practice

Updates for Trust boards

Collaborative Partnership Board
Oversight and Assurance Board
Review Steering Group
Joint Committee of Clinical Commissioning Groups

Note: dates for Oversight and Assurance Board meetings in 2018 have not been agreed (as of 9 October 2017)
Item 8

Integrated Commissioning –
Draft Memorandum of Understanding
The NHS FYFV and the Next Steps update described a movement towards integrated care, delivered through collaboration across health and care systems.

Since the development of the Doncaster Place Plan South Yorkshire and Bassetlaw Sustainability and Transformational Plan (STP) has been identified as an exemplar and moved to an Accountable Care System (ACS). This provides Doncaster with a unique opportunity to build on the progressive place plan work to define the local way of working and will become a key component that underpins the delivery of the wider Transformational Plan within the South Yorkshire & Bassetlaw Accountable Care System.

The attached final draft Memorandum of Understanding between Doncaster CCG and Doncaster Borough Council seeks to establish an agreed approach to take forward more meaningful joint commissioning arrangements. The resulting Commissioning Agreement will underpin the delivery of the 6 Areas of Opportunity jointly identified and will be contracted for using “accountable care” models.

It is envisaged that by

30 November 2017, a MoU Agreement between the CCG and Council framework by which we will develop an integrated Commissioning System.

31 January 2018, the “boiler plate” terms and conditions will be agreed as part of a Section 75 Agreement which will form the basis of the Commissioner Agreement.

28 February 2018, the schedules that have been identified in the MoU will be agreed however a more detailed timeline will be developed for each schedule as some will be more complex than others to agree and develop. The list of schedules is not exhaustive.

1st of April 2018, the formal Commissioning Agreement will be in place that will set out how Doncaster CCG and Doncaster MBC will operate as joint commissioner.
Recommendation(s)

The members are asked to:

a. Consider the draft Memorandum of Understanding (MOU) which, at this stage, is not committing the CCG to any joint commissioning arrangements but is seeking assurance to work towards a developing future joint commissioning arrangement.

b. Note the next steps which will progress the joint commissioning arrangements from the 1st April 2018 for the areas of opportunity identified; this will include pooled budgets and risk share agreements. The Joint Commissioning Agreements will be subject to Governing Body approval in February/March 2018.

Note the document in its final draft stage of development.

Impact analysis

<table>
<thead>
<tr>
<th>Quality impact</th>
<th>As outlined in the paper</th>
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<tbody>
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Integrated Commissioning Draft Memorandum of Understanding (MoU)
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<td>14</td>
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This Memorandum of Understanding (MoU) is made between:

BETWEEN:

(1) Doncaster CCG of Sovereign House, Heavens Walk, Doncaster, DN4 5HZ ("CCG"); and

(2) Doncaster Borough Council of Civic Office, Waterdale, Doncaster, South Yorkshire, DN1 3BU (the "Council"),

each a "Party" and together, the "Parties".

DATE

1. Introduction and Context

1.1 Significant challenges around social economics, life expectancy and growing financial pressures, have led all statutory health and care partners in Doncaster to work together to modernise and improve services for residents. This work has been brought together within a shared system strategy, the 'Doncaster Place Plan', which sets out the future for health and care services in Doncaster through a population health and care approach and the creation of innovative new care models. A copy of the Doncaster Place Plan is appended to this Memorandum of Understanding (Appendix A).

1.2 The Place Plan sets out the ambition for health and care services jointly agreed by each participating organisation in Doncaster. It sets out a series of proposed changes to the system that will, if progressed effectively, have a profound impact on how services will be improved and delivered locally. The overarching aim is to create an integrated health and care system for the Doncaster population which is sustainable for the long term.

1.3 Considerable work and commitment has been shown by all involved to get to this point. The jointly approved plan sets the direction as well as addressing local priorities in line with national drivers such as the Five Year Forward View Update.

1.4 The shared ambition between both the CCG and Council is to move toward an integrated commissioning model. Initially, this model will take a system commissioning approach to the agreed areas of opportunity and will develop and evolve leading to a fully integrated model. The expected completion date will be 31st March 2018.

1.5 Developing a MoU between the two parties is seen as the first stage to cement partnership working, provide a framework to mobilise our effort and remove the barriers to integration necessary to achieve our aspirations.
2. The Memorandum of Understanding (MoU)

2.1 Purpose of the MoU

2.1.1 The purpose of this MoU is to set out how the CCG and the Council will work together to develop and jointly commission an ambitious programme of service transformation. The overarching strategic aim is to create an integrated health and social care system for our population which will be sustainable in the long term.

2.1.2 The vision has been developed as part of the Doncaster Place Plan which sets out the ambition for Doncaster for health and social care through the creation of innovative new models of care. These models of care will be jointly commissioned by the parties.

2.1.3 This MoU sets out to build the foundation for, and define, our next phase of development during the period up to 1st April 2018. It is intended to provide a clear signal of our intent for our direction of travel and create the most effective work programme to support this. It also sets out the high level implications for leadership decision making and governance during this development phase.

2.1.4 This MoU does not set out the detailed arrangements that would be necessary under a fully integrated commissioner model. These detailed arrangements will be developed during a shadow phase operating under this informal MOU. 30th November to 31st March 2018. The work programme builds in a number of milestones where CCG Governing Body and the Council Cabinet approval would need to be considered to enable movement to the next phase from 1st April 2018 (Appendix B). This will require on-going refinement and consideration.

2.1.5 This version of the MoU is intended to be “light touch”. It is seeking sign up from the CCG and the Council, to the next phase of work and how we work together, rather than a formal binding agreement. It has no legal status. The intention will be that from 1st April 2018 this MoU will be replaced by the Joint Commissioning Agreement setting out scope of joint commissioned services, agreed principles, governance arrangements, financial agreements and approach to risk for both parties.

2.1.6 The MoU provides a framework to describe the changes that are necessary to our collective commissioning functions in order to establish an integrated commissioning system.

2.1.7 In summary the MoU seeks to describe:
- Our ambition, what we are trying to achieve and why; this is set out in our collectively agreed Doncaster Place Plan.
- The development of our governance framework that will be in place from 1st April 2018 and implications for accountability to individual partner Board and the DBC Cabinet.
- A summary of our collective work programme including proposed timelines.
- How we develop our joint leadership arrangements in support of the delivery of our shared programme of work, and a proposed framework for considering this.
• The development of a “Hosts” supporting commissioning delivery structure and subsequent contracting arrangements with providers.

2.1.8 This MoU is not exhaustive and is not intended to be legally binding between any of the parties. Accountability during the shadow period remains with both parties and will be discharged through the Accountable Officers of the parties through the Joint Commissioning Co-Ordinators Committee (JCCC). Any changes to governance and delegated decision making will need to be approved by both the CCG Governing Body and Council Cabinet and documented in the Joint Commissioner Agreement.

3. Our Ambition – what are we trying to achieve

3.1 The Doncaster Health and Social Care community has a long history of working together in partnership to achieve positive change for local people. Each of the health and social care organisations within Doncaster already has plans for the future and these have often been developed in partnership. However there is a strong view that in order to transform our services to the degree required to achieve excellent and sustainable services in the future, we need to have one plan for the whole of Doncaster.

3.2 In developing the Doncaster Place Plan, we intend to maximise the value of our collective action, and, through our joined up efforts, accelerate our ability to transform the way we both commission and deliver services. This vision describes our final destination and the purpose outlines our overarching objectives. Both are underpinned by a common set of values and guiding principles that will shape the way we work together.

3.3 Our vision is to develop an integrated commissioning system for health and social care. This will be supported by an Accountable Care Partnership made up of a collaboration of providers providing care that is recognised as high quality using collective resources in the most effective way.

3.4 To achieve this we will
• Support the development of the Accountable Care Partnership and appropriate contracting models.
• Specify the services to be delivered and the outcomes to be achieved.
• Support the transition of services from current delivery to new models of care.
• Maxmise the efficiency of our collective resources.
• Do this in a way that is sustainable in the long term.

4. System Objectives

4.1 We believe the development of an integrated commissioning model delivered through contracting with an Accountable Care approach (legal form to be determined) will deliver the ambition of our vision in the future. The current system is trapped in a regime of annual contract cycles, organisational rather system regulation and inflexible payment models which do not create the right incentives for the outcomes for our population. These barriers will need to be overcome if we are to stand a chance of achieving our desired outcomes.
4.2 The basic concept is the CCG and the Council will take responsibility for jointly commissioning health and social care services for the Doncaster population, we will work collaboratively with the Accountable Care Partnership under new contracting arrangements.

4.3 The joint commissioners working together will look to
- Work with common purpose, vision and values.
- Work to a single system plan, objectives and metrics
- Aim to develop pool budgets for the areas of opportunity and set out a shared approach to sustainability and risk.
- Develop, over time, a single leadership team.

4.4 We believe that there are clear benefits to jointly commissioning integrated care. We are confident that integrated systems of care offer both short and long term solutions to the challenges facing both Social Care and the NHS. In the short term they provide a way for local health and care partners to work together to tackle the immediate financial and service pressure that are universally faced across the country. In the longer term, and more fundamentally; they provide a platform for implementing radically new models of care across local areas with the aim of improving population health and wellbeing.

5. Scope

5.1 Moving forward and beginning 1st April 2018, there will be six key work streams that will be tested locally before further rollout of the programme; these are described in the Doncaster Place Plan as Areas of Opportunity. These initial Areas of Opportunities are the first step in our programme of integration: further areas will be identified as our thinking evolves and develops subsequently leading to a fully integrated commissioning system.

5.2 The areas are listed below:

Dermatology – reducing secondary care demand and moving activity into community settings where it is safe to do so.

Urgent & Emergency Care – connecting all urgent and emergency care together to improve access, outcomes and reduce costs.

Intermediate Care – a simpler and more responsive intermediate care system. More people will be supported to stay at home preventing unnecessary hospital admissions and attendance at A & E. Patients will be better supported to get back home as soon as possible from hospital admission. There will be fewer teams and less hand-offs along the way.

Complex Lives – focused on people with complex multiple needs, who are homeless, rough sleeping, misusing drugs and alcohol and experiencing mental health problems. Integrated investment and delivery with an increasing focus on prevention.

Starting Well (1001 days) – this will ensure all children across Doncaster have the opportunity for a good start in life from conception to age 2. This is about developing
support so that our children have the best possible opportunity to thrive. It is about offering appropriate support to families and children at the right time. **Vulnerable Adolescents** – focused on preventative local work to enable vulnerable young people to avoid crisis and level 4 interventions

5.3 Prevention and self-management shall be embedded in all areas of opportunities.

5.4 It is envisaged that the JCCC will provide on-going oversight and drive for the transformational programme required to achieve and establish a fully integrated commissioning system. In addition, the JCCC will co-ordinate all the work streams generated in the delivery of the transformational vision and ensure appropriate sign off from the both the Council and CCG governance structures.

5.5 The JCCC will also be responsible for holding the identified working groups to account and to approve the delivery of key components of each work stream. It is anticipated that, to ensure momentum and facilitate effective and timely decision making, the JCCC will need to convene at least once a month. In committing to this MOU, both the CCG and the Council acknowledge the level of commitment and the requirement to sustain this level of participation and engagement for the duration of the MoU.

5.6 Any identified relevant key milestones that will enable delivery will be included, where appropriate, in the Work Programme Key Milestones section of this document.

### 6. Indicators of Success

6.1 The CCG and the Council will use the following indicators on an annual basis to monitor progress through the enhanced relationship:

- An increase in positive joint projects and “good news” stories which would demonstrate a better understanding between partners;
- Increased participation of organisations involved in decision-making;
- An increase in the numbers of organisations delivering or being major partners in achieving the outputs and outcomes of the Place Plan;
- A greater awareness and understanding amongst partners to the potential development opportunities;
- A recognised contribution to achieving the outputs and outcomes of the Place Plan;
- Work together to establish, define and agree a common outcome framework on how we shall measure our strategic outcomes.

### 7. Enablers

7.1 The Joint Commissioning system provides a platform to effectively pool existing resource and expertise across both the CCG and the Council to build the skills,
improve knowledge and leadership in our teams and communities to deliver better care together.

7.2 The CCG and Council together will:
- Develop the skills to sustainably transform systems and services that meet the needs of the local population;
- Create high-performing, effective teams;
- Support stakeholders in working together more effectively;
- Create commitment and energy for system improvement;
- Ensure Clinical leadership and engagement;
- Engage with all stakeholders (with the Accountable Care Partnership, the South Yorkshire & Bassetlaw Accountable Care System, our employees and our citizens);
- Drive partnerships and collaboration (with the Accountable Care Partnership, the South Yorkshire & Bassetlaw Accountable Care System, our employees and our citizens);
- Build trust and confidence between partners and stakeholders;
- Embed a common culture of empowerment;

7.3 We will look to build a common platform by exploring integration through workforce, informatics and business intelligence, communications, estates, commissioning, contracting procurement, finance and other back office functions where appropriate.

7.4 We will look to explore:
- The development of a joint commission function
- Joint strategies, plans and planning processes
- Work on rationalisation / maximising the Doncaster estate
- A Doncaster wide IM&T and Business Intelligence function.
- Develop a joint Procurement Strategy to rationalise and reduce expenditure.
- Explore opportunities to improve efficiency and joint working across health and social care.
- Design and implement a single procurement approach for Doncaster aligned to best practice principles laid out in the procurement guidance. This will include infrastructure to reduce clinical variation and clinically led supplier management.

8. Information Sharing

8.1 The exchange of information will take place at many levels. Information available to one organisation that is relevant to the responsibilities of the other will be shared where requested. In addition, if one organisation considers that information it has gathered will be materially relevant to the other, it will offer such information to the other. In particular, information sharing will support the effective identification of risks to each other’s objectives. Information will be shared in accordance with the current Information Sharing Protocol and it is acknowledged by both Parties that the
information Sharing Protocol must be reviewed and updated as we move forward to the Joint Commissioning Agreement

9. **Overarching Principles, Values and Behaviours**

9.1 **The Council and the CCG will:**

- Work in partnership to achieve agreed outcomes and ensure that a productive and constructive relationship continues to be developed and maintained.

- Recognise and respect each other’s roles in improving the health of the population.

- Support each other in finding the most efficient ways to deliver project requirements.

- Be honest, constructive and communicative in all dealings with each other.

- Have reasonable expectations of each other, consistent with agreed arrangements.

- Use the content and terms of this MoU to help in resolving any conflicts that arise in the working relationship.

- Be responsive each other’s needs during the year, within the flexibility of a planned programme of work.

- Owe each other a duty of confidentiality regarding business sensitive issues.

- The Joint Commissioning System will be built on core values and beliefs which will be underpinned by an organisational development philosophy based on the principles of an integrated learning and improvement system, collective and distributed leadership and appreciative enquiry.

10. **Governance and Accountability**

10.1 This MoU does not replace the legal framework or responsibilities of our statutory organisations but instead sits alongside the framework to complement and enhance it. It recognises the complexity of how the health and care system currently work and interact with each other to provide the best possible care and services.

10.2 During the term of the MoU, the members of the JCCC will remain accountable to the relevant respective governing structures of their statutory organisations which they represent.
10.3 The CCG and the Council has a responsibility to communicate the work of the JCCC to their respective organisations and Governing Bodies/Authorities. Each member will be expected to make their own arrangements to facilitate this, reflecting their own structures. There is a joint responsibility on all the membership to ensure that the partnership remains effective and is successful. The decision making and governance arrangements will be based on the CCG’s delegated authority and Councils Constitution.

10.4 The governance arrangements will be shaped and agreed by the 31st March 2018 as we work towards a Joint Commissioning Agreement, this will include a review of the membership of the JCCC to ensure this is in accordance with existing accountability arrangements.

10.5 From 1st April 2018 both the CCG and Council will be aware of each other’s decision making powers and responsibilities.

11. Intellectual Property and Data

11.1 The Parties acknowledge that nothing in this MoU shall affect ownership of any intellectual property rights.

12. Leadership and Governance

12.1 As we look to commission health and care in a more integrated and sustainable way, there are a number of important questions we face. A significant and early challenge for leaders will be to consider how the CCG and Council can exercise control over services for which they are accountable, but do not necessarily deliver directly through their own organisations. At present, there is no strong evidence about a ‘right way’ to ensure good governance between organisations when working together through partnerships, joint ventures or other organisation forms. It is clear that the quality of relationships plays a crucial role in delivering good governance. Good corporate governance requires strong leadership and direction to set strategy and organisational culture and context, to ensure the effective management of risks to the delivery of that strategy.

12.2 The emerging leadership structure will require the process for the ‘owner’ organisations to nominate Senior Leaders with the necessary authority to make decisions within their gift. This will ensure both organisations retain oversight and ability to have control in the short to medium term. We will set clear objectives and measures of progress and we will commit programme resource to maintain momentum on delivery. It is intended the CCG Governing Body and Council Cabinet will continue to provide assurance oversight through their own assurance frameworks and governance processes. We need to consider how we develop the detailed governance arrangements required to support a more formal approach as we move to a formal Joint Commissioner Agreement.
13. **Conflicts of Interest**

13.1 The governance arrangements which underpin this MoU will mitigate against the occurrence of conflict situations. In the event of any conflicts of interest being identified then this will be channelled through the next available meeting of the JCCC. A register of interests will be kept up to date and reported to the JCCC which will ensure that members, both clinicians and management, including recruited external support, disclose any relevant interest and act in accordance with all relevant codes of conduct.

13.2 Both parties will protect the confidentiality and sensitivity of all confidential information received from the other, and maintains effective controls designed to minimise the risk of inappropriate disclosure being made to individuals who may have a conflict of interest.

14. **Variation**

14.1 This MoU may only be varied by written agreement of the Parties signed by, or on behalf of, each of the Parties.

15. **Charges and liabilities**

15.1 Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU including in respect of any losses or liabilities incurred due to their own or their employee's actions.

15.2 No Party intends that any other Party shall be liable for any loss it suffers as a result of this MoU.
16. **Term of the Agreement**

16.1 This agreement commences on the date signed by both parties and will continue until 31st March 2018.

Signature: 
Name: Jackie Pederson  
Position: Accountable Officer  
Organisation: NHS Doncaster Clinical Commissioning Group  
Date: 

Signature: 
Name:  
Position:  
Organisation: Doncaster Borough Council  
Date
Appendix B

Work Programme Key Milestones

By 10 November 2017, a MoU Agreement between the CCG and Council framework which we will develop an integrated Commissioning System.

By 1st April 2018, a formal Joint Commissioner Agreement setting out how we operate as Joint Commissioners.

By 31 January 2018, the “boiler plate” terms and conditions will be agreed as part of a Section 75 Agreement which will form the basis of the Commissioner Agreement.

By 28 February 2018, the following schedules will be agreed. A more detailed timeline will be developed for each schedule as some will be more complex than others to agree and develop. A copy of template schedules are attached. (Appendix C.)
Enc D

Item 9

Quality & Performance Report
### Purpose of Paper - Executive Summary

This report sets out the key quality and performance issues to be noted by the NHS Doncaster Clinical Commissioning Group (NHS Doncaster CCG) Governing Body on an exception basis. The performance rating, indicated by Red, Amber, Green or Blue status, denotes the current month performance and does not reflect the historic trends.

The report structure has been updated from the September 2017 meeting of the Governing Body to the following sections:
- Section 1: Doncaster CCG Delivery Plan Highlights/Issues
- Section 2: Doncaster CCG NHS Constitution Indicator Performance
- Section 3: Provider Exception Report
- Section 4: Doncaster Safeguarding Children Board Annual Report 2016/17
- Section 5: Doncaster Safeguarding Adults Board Annual Report 2016/2017

Within Section 1 the report includes a highlight and issue summary of all twelve Delivery Plans, plus a focus on two of the twelve CCG Delivery Plans in depth each Month. The summary now more clearly divides the impact measures into Quality, Activity and Finance, as per the categories of measures originally defined in each Delivery Plan. The impact measures within each of these three categories have been given a weighting to denote the significance of that measure to the Delivery Plan and therefore improvements for Doncaster patients. The key areas of change, both positive and negative, to note since the last report are:

**NHS Doncaster Clinical Commissioning Group (CCG)**
- The two Delivery Plan focus areas this month are Planned Care (pages 8 to 10) and Primary Care (pages 11 to 13).
- 89.95% of patients waiting on a Referral to Treatment pathway were waiting less than 18 weeks at the end of September 2017.
- Performance for receiving a diagnostic test within 6 weeks failed to meet the 99% target in September at 97.56%.
- A&E performance was 92.81% in October which is below the 95% target but meets the Q3 recovery trajectory.
- 2 week cancer referral to first appointment performance failed the Q2 target at 89.98% (target 93%).
- 2 week cancer referral for breast symptoms to first appointment performance failed the Q2 target at 88.05% (target 93%).
• 31 day wait from diagnosis to first definitive treatment for all cancers was off track at Q2 at 95.7% against the 96% target.
• 62 day cancer referral to treatment performance failed the Q2 target at 75.28% (target 85%).

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT)
• There were two 52 week breaches during September 2017.
• Sentinel Stroke National Audit Programme - performance improved to A rating and continues to be the best performance in the region.

Rotherham, Doncaster & South Humber NHS Foundation Trust (RDASH)
• CAMHS – percentage of referrals starting a treatment plan within 8 weeks. A response to the performance notice issued in October has been received.
• Speech and Language services – The percentage of patients on incomplete pathways (yet to start treatment) waiting no more than 18 weeks fell below the 92% target during September at 90.2%.

Other Commissioned Services
• The new reporting standards have now been published by the Yorkshire Ambulance Service. Of the 4 new categories (ranging from Life Threatening to Less Urgent) 3 were not met during October 2017.

Recommendation(s)

The Governing Body is asked to:
• Note the key quality performance areas for attention.

Impact analysis

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Measures for finance are in development.

### Delivery Plan

**Confirmation**

Ensure all prostate and colorectal cancer patients have access to stratified follow up pathways of care. Also work with DBTHF to develop ambitions and framework for access to services for patients with recurrence - High Value Pathways for Prostate Cancer agreed in principle by CDG. Implementation and Education around new pathways to be discussed at next CDG arranged for October 27. Colorectal pathway developments to be confirmed.

### Finance

**Activity**

The measure '2017/18 Reduction in planned care spend (DOM) 2017/18' is currently off track with the QIPP savings not being attained due to a number of factors including QIPP schemes being behind, additional RTT activity being performed to see long waiters, and over performance on the contract in the last 6 months of 16/17 which would have increased contract spend if the contract was set as at month 12. However additional QIPP schemes are seeing savings which weren't originally in the plan.

**Quality**

One of the two Quality measures; '92% of RTT maintained across all specialties' is failing. Six specialties remain non-compliant in September at DBTHFT. Weekly meetings take place internally at the Trust with each Care Group not meeting RTT to bring performance and activity back in line. A Trust level plan to meet 92% RTT is anticipated which will be costed and forecast. This is alongside referral management plans underway from the CCG and the Right First Time initiative in the Trust to do targeted training on data quality.

### Cancer

**Actions Off Track**

Development of Shared Decision Making Strategy, including the review and enhanced use of patient decision aids - The Yorkshire & Humber event did not cover shared decision making or patient decision aids as expected. As a result, this is to be highlighted via exception to Planned Care Programme Board and discuss next steps as a Board.

**Actions Summary**

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### Medicines Management

**Actions Off Track**

Ensure 2015 2WW NICE Guidance implemented across Primary Care - As per September. All to be uploaded to primary care in October, excluding Brain/CNS which will follow. Version control is a priority within primary care to prevent confusion and issues once referral received into DBTH. Data Quality Team to follow up with Primary Care.

Support increase in provision of straightforward to test (direct access diagnostic) pathways in line with 2015 NICE Guidance 2015 and within High Value Pathways (HVP) work (Cancer Alliance footprint) and review innovative diagnostic solutions to increase capacity to meet demand - Vague Symptoms bid submitted 20th October, activity monitoring regarding diagnostics will commence and reviewed on a 6-monthly basis. Other localities within SYBND Cancer Alliance have presented Direct Access scan models. Further development of Colorectal HVP indicates willingness to explore direct access/straight to test Colonoscopy not currently available within Doncaster primary care.

Commission and implement the Yorkshire and Humber High Value Pathway Specifications - Further Clinical Delivery Group (CDG) meetings October to finalise the Living With and Beyond Cancer elements of the HVP. Awaiting feedback from Cancer Alliance team regarding sign-up and implementation locally.

Develop a regional Chemotherapy model (impact measure 16) - Update at Cancer Programme Board that SYBND are liaising directly with DBTHFT regarding further developments and this update will be shared with commissioners.

Ensure all prostate and colorectal cancer patients have access to stratified follow up pathways of care. Also work with DBTHFT and Primary Care to develop ambitions and framework for access to services for patients with recurrence - High Value Pathways for Prostate Cancer agreed in principle by CDG. Implementation and Education around new pathways to be discussed at next CDG arranged for October 27. Colorectal pathway developments to be confirmed.

**Actions Summary**

<table>
<thead>
<tr>
<th>Completed</th>
<th>% of Actions On Track &amp; Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Track</td>
<td>12</td>
</tr>
<tr>
<td>Slightly Off</td>
<td>0</td>
</tr>
<tr>
<td>Off Track</td>
<td>0</td>
</tr>
</tbody>
</table>

### Planned Care

**Measures - Matrix**

**Quality**

A number of quality measures are on track, however the main national cancer waiting times standards continue to fail, specifically the 62-day standard. Concerns are urology capacity and the number of patients requiring treatment. The prostate pathway has issues relating to the start of the pathway and the need for diagnostic tests. The Trust has been successful in securing funding for Quarter 3 and Quarter 4 for diagnostic capacity and for administrative MDT support, which should alleviate some of the pressures.

**Activity**

The number of patients receiving first treatment is increasing over time and therefore on track. Diagnostic performance is currently off-track, failing target in September despite improving from the August 2017 position. The key issue remains Audiology capacity, for which the Trust are conducting a deep dive.

**Finance**

Reduction in planned care spend (DOM) 2017/18 is currently off track with the QIPP savings not being attained due to a number of factors including QIPP schemes being behind, additional RTT activity being performed to see long waiters, and over performance on the contract in the last 6 months of 16/17 which would have increased contract spend if the contract was set as at month 12. However additional QIPP schemes are seeing savings which weren't originally in the plan.

**Measures for finance are in development.**
### Childrens

**Measures - Matrix**

**Activity**
- Activity for paediatric assessments is slightly off track as the current activity is within a 5% margin of the target. Asthma emergency admissions and Tier 4 Mental Health admissions are off target year to date.

**Finance**
- A total of £82,818 has been saved out of the projected £171,702 year to date position.

**Actions Summary**

<table>
<thead>
<tr>
<th>Completed</th>
<th>On Track</th>
<th>Slightly Off</th>
<th>Off Track</th>
<th>% of Actions On Track &amp; Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>71.4%</td>
</tr>
</tbody>
</table>

**Actions Off Track**

- Commission a Paediatric Respiratory Nurse - The business case has been finalised by the CCG and is now with DRETHTF to finalise. Still aiming to take through internal governance in November.
- Commission a responsive community provision for the mild to moderately unwell children - There is an escalation to the strategic contracting meeting (RDaSH) due to a suggested significant increase in non-pay costs from the provider. Until the finances are agreed these functions are locked.

### Learning Disabilities

**Measures - Matrix**

**Activity**
- The Transforming Care Partnership (TCP) (covering Sheffield, North Lincolnshire, Rotherham and Doncaster CCGs) trajectory of moving people to community is off track at the end of Quarter 2 2017/18. The case managers from across the TCP are meeting with DCCG's Chief Officer weekly to ensure a reduction in numbers is achieved.

**Actions Summary**

<table>
<thead>
<tr>
<th>Completed</th>
<th>On Track</th>
<th>Slightly Off</th>
<th>Off Track</th>
<th>% of Actions On Track &amp; Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>60.0%</td>
</tr>
</tbody>
</table>

**Actions Off Track**

- Reduce out of area (ODA) placements, step down from locked rehabilitation - Current numbers have stabilised but there still remains a risk of admissions to acute beds. The case managers from across the TCP are meeting with DCCG’s Chief Officer weekly to ensure a reduction in numbers is achieved. A review of the increased figures of ODA placements has shown that this is due both to the deterioration of some patients identified for step down and also an increase above stated target of patients discharged from Specialised Commissioning.
- Implement intermediate care model - step down and step up crisis management - Further clarification is needed for the CQC. An urgent meeting between ROASH and CCG has been called for 30.10.17 to progress the concerns.

### Community & End of Life

**Measures - Matrix**

**Quality**
- Both Friends and Family Test measures are on track.

**Activity**
- The percentage of people dying in their preferred place of death fell to 83% during July, relating to 3 patients who died before the handover to Woodfield 24 was completed.

**Actions Summary**

<table>
<thead>
<tr>
<th>Completed</th>
<th>On Track</th>
<th>Slightly Off</th>
<th>Off Track</th>
<th>% of Actions On Track &amp; Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>57.1%</td>
</tr>
</tbody>
</table>

**Actions Off Track**

- Evaluate Integrated community specialist palliative care team and interfaces and explore opportunities for further activity shift - Data transfer from the provider has been delayed due to the implementation of the new clinical IT system. Following escalation at strategic contracting meeting, snapshot data is expected next month.
- Further increase the number of individuals within services to have undertaken Gold Standard Framework (GSF) training across all age groups. Following the outcome from the NHSE YHB review of neurorehabilitation services we will ensure that local patient pathways are aligned during phase 1 and that local commissioned services are reviewed to improve and standardise the quality for patients with acquired brain injury during phase 2 - The review is now being taken through the Accountable Care System (ACS) process for a response on how the recommendations and proposed changes will be implemented across South Yorkshire and Bassetlaw. No feedback on progress has been received therefore this has been escalated to Director of Strategy and Delivery.

### Mental Health

**Measures - Matrix**

**Activity**
- Two measures are off track; the reduction in A&E attendances due to psychiatric conditions and the access rate to Improving Access to Psychological Therapy (IAPT). A&E attendances have continued to fall during August and remain within the normal variation at A&E. As implementation of the Single Point of Access is extended across all age groups this should result in fewer people accessing A&E. Though IAPT access rates are slightly below target during August the amount of people accessing the service increased in the month and it is anticipated that the annual target of 6800 people accessing the service will be met.

**Finance**
- Measure to meet the mental health investment Standard is on track.

**Actions Summary**

<table>
<thead>
<tr>
<th>Completed</th>
<th>On Track</th>
<th>Slightly Off</th>
<th>Off Track</th>
<th>% of Actions On Track &amp; Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>100.0%</td>
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</tbody>
</table>

**Actions Off Track**

- All actions on track. RDaSH continue to improve Single Point of Access for Mental Health.
Care Homes

### Measures - Matrix

#### Quality

The implementation of the care home strategy across Doncaster is in the early stages of planning and development. Therefore the impact measures currently remain off track.

#### Activity

The implementation of the care home strategy across Doncaster is in the early stages of planning and development. Activity measures are seeing a reduction for Emergency Admissions, A&E and YAS with another slight increase in Emergency Care Practitioner (ECP) visits for September.

### Actions Summary

#### Completed

- On Track: 13
- Slightly Off: 0
- Off Track: 0

#### % of Actions On Track & Completed

100.0%

### Actions Off Track

All actions are on track including determining and establishing the Primary Care support model and developing and implementing integrated health and social care training and robust recruitment induction process across care home and home care sector.

---

Dementia

### Measures - Matrix

#### Quality

The dementia quality measures are overall ‘On Track’ however there is one measure that is ‘Off Track’ which is the number of delayed discharges within Wardmere, mainly due to joint completion of assessments and awaiting joint packages of care. The number of delayed discharges for the year to date position is above last year’s position. Additional capacity is being input into home care and social workers are being recruited which should alleviate the pressure.

#### Activity

There is one measure of the ‘Activity’ section that is ‘Off - Track’ and this is total number of deaths within a hospital placement. However, the overall rating for Activity is Green. The number of deaths in a hospital placement vary month on month and at this point the Doncaster Dementia Strategy Partnership will continue to monitor the trend. Please note national data as of May 2017 currently does not identify where a patient is resident in a care home. This reporting is expected to resume but currently there are no timescales.

### Actions Summary

#### Completed

- On Track: 5
- Slightly Off: 1
- Off Track: 0

#### % of Actions On Track & Completed

83.3%

### Actions Off Track

Develop and enhance post diagnostic offer through reconfiguration of existing contracts and resources. - The current service model for post diagnostic service (i.e. The Doncaster Admiral Service) has been extended following a paper to the Joint Commissioning Co-ordination Committee for a further two years until March 2020. A business case will be presented to Better Care fund panel in November for formal approval. Following approval all partners will convene to discuss next steps and development of the model over the next 2 years. DCCG will continue to work with RDAS on the reconfiguration of Young Onset Dementia Service and the Cognitive Stimulation Therapies/Complex Care elements which will form part of the post diagnostic service.

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Primary Care

### Measures - Matrix

#### Quality

Both actions which contribute to the Quality measure are on track. Further details on these actions can be found on the full delivery plan dashboard.

#### Investment

Although the investment measure is on track, the estates and Keeping People Well actions are off track. Work around estates is slow due to complexity and the number of stakeholders required to input. The Keeping People Well strategy is slightly off track due to the specification being revised.

#### Workforce

This workforce measure is slightly off track because the CCG is still establishing a local workforce plan with the South Yorkshire and Bassetlaw Accountable Care System workstreams.

#### Workload

The workload measure is slightly off track as the NHS Doncaster CCG is still awaiting national guidance for online consultations and this impacts the GP forward view (Patient Online and Online Consultations) action. The remaining actions of Upskilling Clinical Staff and Relaunching Time for Care Programme remain on track.

### Actions Summary

#### Completed

- On Track: 9
- Slightly Off: 4
- Off Track: 1

#### % of Actions On Track & Completed

64.3%

### Actions Off Track

Development of Primary Care estates strategy including consideration for national estates funding routes - The Executive Committee have been asked to consider commissioning a Primary Care Focused Estates Strategy which will inform the CCG’s estates priorities. Initial meetings with external stakeholders have happened regarding scope of this work however progress is very slow.

Is the prevention pillar to the Primary Care Strategy. Current commissioned service asks practices to identify patients aged 18 – 40 on smoking and obesity registers not on any other disease register - Revision to the Keeping People Well service was agreed by the Primary Care Commissioning Committee. Practices will be given an activity cap and asked to identify their own patient lists to recall under the service. Practices have yet to be informed of this. A further options paper informing the future commissioning of this service will go to Primary Care Commissioning Committee in February 2018.

Output and progress of the ACS workforce workstream - CCG working with SYB Accountable Care System workstreams to establish local workforce plan.

Is the CCG supported education programme for GPs and Nurses i.e. TARGET - Development of the service specification for a joint education programme for GPs and Nurses is underway. Practice Manager education sessions are also being considered and will be included in the scope of this service development.

General practice offer of online appointments, access to records, online repeat prescriptions and use of online consultations - 29/43 Practices have hit the 20% target for number of patients who are enabled for Patient Online Services. 4/43 Practices have hit the 20% target. The CCG is launching a patient campaign to raise awareness of Patient Online Services. The Primary Care Team are undertaking joint work with the Data Quality Team to support practices offering the services. The CCG is still waiting for national guidance for online consultation.
**Urgent Care**

<table>
<thead>
<tr>
<th>Measures</th>
<th>Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td><em>A&amp;E 4 hour performance, while not hitting constitution, has met the Sustainability and Transformation Trajectory for Q2 2017/18. 999 response times have improved from last month but are not currently meeting the standards. The Ambulance Response Programme continues to be implemented and updated measures are expected to be communicated nationally. Delayed Transfers of Care are currently not showing a reduction but a strategy group has now been formed with supporting action plan agreed as well as trajectory towards November in line with national expectations for NHS delays.</em></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td><em>YDASS Streaming is currently not achieving 20% streamed away from ED. Streaming dropped in September to 54.5%, but has improved again month to date for October. An action plan is in place from the Trust to increase streaming in line with the audit results. Reduction in ambulance conveyance is also currently off track however a reduction has been seen across 4 of the 7 conveyance categories and work continues on Intermediate Care pathways to reduce conveyance rates.</em></td>
</tr>
<tr>
<td><strong>Finance</strong></td>
<td><em>The invest to save on FDASS to avoid double funding has not yet been agreed, however please see the update above regarding streaming actions to increase streaming to 20%. As the reduction in ambulance conveyance is improving but not currently on target, the associated costs are also not currently on target.</em></td>
</tr>
</tbody>
</table>

**Actions Summary**

- **Completed**: 3
- **On Track**: 8
- **Slightly Off**: 4
- **Off Track**: 0

- **% of Actions On Track & Completed**: 73.3%

**Actions Off Track**

- Ensure recommendations are implemented to secure improved consistency of streaming and streaming rates to UCC, other departments within DRI and out of the acute hospital - YDASS Action Plan was presented at FPOS in September and actions have been clearly identified. An updated version of the plan will go to SRG in October, reflecting with the wider ownership of the plan across the system. SRG will remain sited on the plan and resulting performance. To date performance in October has improved against September.

- Work across SRG to ensure that 4 hour A&E standard is delivered - 4-Hour performance continues to improve and has met the required trajectory for Quarter 2. However, there continue to be challenging days/periods of performance which will need to remain closely monitored. The Bassetlaw FDASS has now gone live and is being supported by FOMS. The Respiratory Pathway for intermediate care has also gone live for YAS crews and it will be opened up to GP practices early November.

- Implementation of paramedic pathfinder - YAS leads have been identified and we are working closely with them to understand how we can work collectively moving forwards. With regards to paramedic pathfinder the focus has shifted towards working on specific pathways, building on the intermediate care rapid response approach. This is being achieved through a secondment from YAS to support the development of the pathways and rapid response team in-reach to the ambulance bay to identify the potential patient cohorts.

- Agree and implement changes to Delayed Transfers of Care (DTOC) capturing and reporting - DTOC Strategy Group now formed with supporting action plan agreed at SRG, A&E Delivery Board and JCCC in August/September 2017; a number of immediate actions are underway with a particular focus around social care capacity and reporting.

**Intermediate Care**

<table>
<thead>
<tr>
<th>Measures</th>
<th>Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td><em>- Patient feedback from the Rapid Response Service has been very positive; - 83% of patients accepted on to the pathway were supported at home - More patients are being discharged back to their usual place of residence than in 2015-16</em></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td><em>Conveyances to A&amp;E for over 75s, following a 999 call are higher than previous years however, those for falls are lower than last year. A&amp;E attendances for over 75s are higher than previous years however, unplanned admissions for over 75s are down, including falls-related admissions. There has been a significant reduction in unplanned admissions for geriatric medicine since the start of 2017. In addition, General Medicine for over 65c is now on a downward trend. Referrals to the Rapid Response Service have increased significantly in August. 83% of those accepted onto the pathway between January and August have been supported at home. The service will be accepting referrals for respiratory patients from October. Overall numbers of step-up referrals have steadily increased since April, but dropped slightly in July. There has been a steady fall in the number of patients discharged to a care home from an intermediate care bed since April 16.</em></td>
</tr>
<tr>
<td><strong>Finance</strong></td>
<td><em>Complete financial appraisal is not yet available due to technical issues and lack of reliable data so an accurate position cannot yet be reported. There has been a reduction in A&amp;E attendances for patients over 75 who were not conveyed during June and July.</em></td>
</tr>
</tbody>
</table>

**Actions Summary**

- **Completed**: 0
- **On Track**: 4
- **Slightly Off**: 2
- **Off Track**: 2

- **% of Actions On Track & Completed**: 50.0%

**Actions Off Track**

- Continue to develop appropriate joint commissioning and provision model - Integration agreements have been drafted but will not be signed off by October as previously planned. ACP governance structure being put in place. STP is conducting interviews with the key partners to identify key risks from each organisation’s perspective. CCS have identified someone to lead work needed to agree and implement new contracting arrangements by March 2018. The timeline will be revised to reflect this.

- Develop Proof of concept for shared digital care record - Technical work is back on track. IS issues have delayed some progress this month so Go Live date has slipped again and is now expected to be 23rd February 2018. Timeline in delivery plan will be adjusted to reflect this.

- Intermediate Care is one of the six areas of opportunity for the place plan and the accountable care partnership that is being established. Integration agreements for this were due to be in place by October but there is further work to be done before these can be signed off. Work on agreeing the contractual arrangements to support this has gathered pace but is going to take some time. The aim is to have arrangements in place by March 2018. This means that full implementation of the new IC model will be delayed until next financial year. However project board have agreed that the testing work continues and work will continue on developing the community IC offer. The actions and timelines in the delivery plan will need to be relaxed to reflect this change and a business case to extend the funding to support this is being developed.

7
**Planned Care Delivery Plan**

**Quality**
- Slightly Off Track

**Activity**
- On Track

**Finance**
- Off Track

---

**Impact Measures Progress**

One of the two Quality measures, "95% of RTT maintained across all specialties" is failing. Six specialties remain non-compliant in September at DBTHFT. Weekly meetings take place internally at the Trust with each Care Group not meeting RTT to bring performance and activity back in line. A Trust level plan to meet 95% RTT is anticipated which will be costed and forecast. This is alongside referral management plans underway from the CCG and the Right First Time initiative in the Trust to do targeted training on data quality.

**Steps Taken**
- Engagement and Communication of Planned Care Workstreams and addition to Primary & Secondary staff & Doncaster public
- Review and develop Referral Guidance and Criteria and Pathways for the x7 specialties listed above
- Communicate and launch referral guidance/criteria and planned care pathways
- Ongoing Monitoring
- Engagement with SY Commissioners on standardisation of thresholds agreed through the STP
- Clinical Engagement - Primary and Secondary Care development and sign-up
- Patient Engagement and Communication
  - Further exploration of Advice and Guidance and communication between GPs and Consultants
  - Patient and Public awareness raising and communication regarding planned care
  - Review of current ERS booking and choice system
  - Review of current ERS booking and choice system

**Referral to Treatment - Incomplete - September 2017**

<table>
<thead>
<tr>
<th>Specialty Group</th>
<th>Under 18 Weeks</th>
<th>18 Weeks &amp; Over</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>2790</td>
<td>401</td>
<td>3191</td>
<td>86.1%</td>
</tr>
<tr>
<td>Urology</td>
<td>112</td>
<td>1288</td>
<td>1400</td>
<td>91.0%</td>
</tr>
<tr>
<td>ENT</td>
<td>1090</td>
<td>1125</td>
<td>1205</td>
<td>91.0%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>1200</td>
<td>1200</td>
<td>2400</td>
<td>100%</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>1000</td>
<td>1000</td>
<td>2000</td>
<td>100%</td>
</tr>
<tr>
<td>General Medicine</td>
<td>2400</td>
<td>2400</td>
<td>4800</td>
<td>100%</td>
</tr>
<tr>
<td>Cardiology</td>
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<td>1900</td>
<td>3800</td>
<td>100%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>2100</td>
<td>2100</td>
<td>4200</td>
<td>100%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>1000</td>
<td>1000</td>
<td>2000</td>
<td>100%</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>1200</td>
<td>1200</td>
<td>2400</td>
<td>100%</td>
</tr>
<tr>
<td>Others</td>
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<td>2800</td>
<td>5600</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Trust Total</strong></td>
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<td><strong>3357</strong></td>
<td><strong>32000</strong></td>
<td><strong>89.5%</strong></td>
</tr>
</tbody>
</table>

**PTL Waits by Percentile (weeks)**

- General Surgery: 22, 26, 33
- Urology: 18, 22, 26
- ENT: 18, 21, 26
- Ophthalmology: 22, 24, 29
- General Medicine: 16, 19, 26
- Cardiology: 14, 16, 21
- Dermatology: 18, 20, 22
- Respiratory: 18, 20, 22
- Gynaecology: 15, 18, 25

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**Actions Progress**

1. Review and develop Referral Guidance and Criteria and Pathways for the x7 specialties listed above.
2. Communicate and launch referral guidance/criteria and planned care pathways.
3. Engagement with SY Commissioners on standardisation of thresholds agreed through the STP.
4. Clinical Engagement - Primary and Secondary Care development and sign-up.
5. Review of current ERS booking and choice system.
6. Development of Shared Decision Making Strategy, including the review and enhanced use of patient decision aids.

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**Patient Choice** is evidenced including information on patient waiting times.

**CCG ER-S Utilisation**

**Awareness of online appointment booking: current performance and change over time**

Q6. As far as you know, which of the following online services does your GP surgery offer? % 'Booking appointments online'
2017/18 M1-6 Reduction in planned care referrals by 6% (in line with peer group)

GP referrals less 2WW adjusted for working days: -8.6%
Total referrals adjusted for working days: -1.3%
Total referrals less 2WW adjusted for working days: -3.20%
On Track | Performance and Monitoring commenced. Holding ourselves to our strategic ambition to Primary & Secondary staff. 
Indicator Performance
Guidance and communication between primary and secondary care. Communication between individual practices through electronic. Platforms to be utilised.
Performance and monitoring commenced. Building on the recommendations of the
17.07 | Communication and local decision making questions. Communication with local health care team, including specific patient’s treatment.
17.07 | No further update. 
As per 17.07.  Consideration being given to ongoing engagement. Commission for Value and Choose
17.07 | No update. 
Further work ongoing in DBTHFT focusing on slot management. This will support existing work within ENT and
2 procedures. Attending TARGET locally in September to provide education/engagement documentation to be shared within the DBTH.
17.07 | Target Thresholds for PUB: ENT & Dermatology 13/07. Inaugural Meetings:
25/9. | No further update.
Further work ongoing in DBTHFT focusing on slot management. This will support existing work within ENT and
17.07 | Further work ongoing in DBTHFT focusing on slot management. This will support existing work within ENT and
17.07 | No further update.
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17.07 | No further update.
Further work ongoing in DBTHFT focusing on slot management. This will support existing work within ENT and
17.07 | No further update.
### 1.00 Proactive Coordinated Care

#### Impact Measures Progress

- **On Track**
  - Primary Care Quality Standards: the development and implementation including enrolment of a local workforce plan with the south Yorkshire and Bassetlaw Accountable Care System workstream.
  - COS Strategy: Enhanced Primary Care Strategy. Carries out of enhanced service is being delivered by general practice effectively.
  - COS Strategy: Proactive Coordinated Care: in the proactive care pillar to the Primary Care Strategy. Current commissioned service asks practices to identify patients aged 80+ in a holistic manner.

- **Slightly Off Track**
  - COS Strategy: Workforce Development: focuses on access to general practice.
  - AHPF: Patient Online and Online Consultations: Several practice offer of other appointment, access to records, repeat prescriptions and use of online consultations.

- **Slightly Off Track**
  - COS Strategy: Enhanced Access: Provision of 2 day versions as detailed in the DPI:

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ININ INVIN</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>ININ INVIN</td>
<td>100%</td>
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#### Actions Progress

- **On Track**
  - Releasing Time for Care Programme: Releasing time for care front line.

- **Slightly Off Track**
  - AHPF - Upskilling of Clinical Staff: Implementation of Care Navigation and the roll out of GPFV funding for active signposting and correspondence management.

#### Additional Notes

- **Primary Care Quality Standards**
  - Proactive care pillar to the Primary Care Strategy. Current commissioned service asks practices to identify their top 2% most vulnerable patients and proactively engage them in a holistic manner.

- **COS Strategy: Enhanced Access**
  - Provision of 2 day versions as detailed in the DPI.

- **COS Strategy: Enhanced Access**
  - Development of Primary Care strategies including consideration for national estates funding routes.

- **COS Strategy: Workforce Development**
  - National estates funding routes.

- **COS Strategy: Enhanced Access**
  - Development of Primary Care strategies including consideration for national estates funding routes.

- **COS Strategy: Enhanced Access**
  - Development of Primary Care strategies including consideration for national estates funding routes.

- **AHPF: Patient Online and Online Consultations**
  - Several practice offer of other appointment, access to records, repeat prescriptions and use of online consultations.

- **AHPF - Proactive Coordinated Care**
  - Patients asked question 33 of the GP Patient Survey by quarter.

- **AHPF: Patient Online and Online Consultations**
  - Several practice offer of other appointment, access to records, repeat prescriptions and use of online consultations.
<table>
<thead>
<tr>
<th>Period by:</th>
<th>ACTIONS - OPERATIONAL &amp; STRATEGIC:</th>
<th>Tracking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-17 onwards</td>
<td>Primary Care Quality Dashboard. The development and implementation including engagement of a local</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>dashboard to understand the variation between Doncaster GP Practices.</td>
<td>Tracking</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>National GP Resilience Programme. NHS E Programme to support vulnerable practices.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>Practices are in the process of arranging the training / support approved in their Memoranda of Understanding.</td>
<td>On track</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>CCG Strategy - Extended Primary Care. Is the out of hospital care pillar to the Primary Care Strategy. Current suite of enhanced services are being delivered by general practice effectively.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>Primary Care Commissioning Committee have approved the majority of the amendments to the Tier 2 enhanced services. The logistics of inter practice referral is still being worked up.</td>
<td>On track</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>CCG Strategy - Responsive Primary Care. Focuses on access in general practice.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>A further practice has been allocated resilience funding bringing the total number of practices in the scheme this year to 7.</td>
<td>On track</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>GPFV - Extended Access. Provision of 7 day services as detailed in the GPFV.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>Links to the Responsive Primary Care Pillar. The CCG will receive GPFV funding from March 2018 to provide additional access to GP services outside of core 8 - 6:30 hour.</td>
<td>On track</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>Estates. Development of Primary Care estates strategy including consideration for national funding routes.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>The Executive Committee have been asked to consider commissioning a Primary Care Focused Estates Strategy which will inform the CCG's estates priorities. Initial meetings with external stakeholders have happened regarding scope of this work however progress is very slow.</td>
<td>Tracking</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>CCG Strategy - Proactive Coordinated Care. Is the proactive care pillar to the Primary Care Strategy. Current commissioned service asks practices to identify their top 2% most vulnerable patients and proactively manage their care in a holistic manner.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>Quarterly summary reports of practice progress are discussed by the Primary Care Commissioning Committee. A review paper with options for continuation of the service into 2018/2019 will be presented to the Primary Care Commissioning Committee in December 2017.</td>
<td>On Track</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>CCG Strategy - Keeping People Well. Is the prevention pillar to the Primary Care Strategy. Current commissioned service asks practices to identify patients aged 18 - 40 on smoking and obesity registers not on any other disease register.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>Revision to the Keeping People Well service was agreed by the Primary Care Commissioning Committee. Practices will be given an activity cap and asked to identify their own patient lists to recall under the service. Practices have yet to be informed of this. A further options paper informing the future commissioning of this service will go to Primary Care Commissioning Committee in February 2018.</td>
<td>Tracking</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>Workforce. Output and progress of the ACS workforce workflow.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>CCG working with SYB ACS workstreams to establish local workforce plan.</td>
<td>Slightly Off Track</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>Clinical Staff Education. Is the CCG supported education programme for GP's and Nurses i.e. TARGET.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>Development of the service specification for a joint education programme for GP’s and Nurses is underway. Practice Manager education sessions are also being considered and will be included in the scope of this service development.</td>
<td>Slightly Off Track</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>GPFV - Workforce Development. Doncaster implementation of the GPFV workforce focused programmes including the GP Leadership Programme.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>The Productive General Practice and GP Improvement Leadership Programmes have now come to an end. There is potential for practices to attend future cohorts of the programmes if interested.</td>
<td>On Track</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>GPFV - Patient Online and Online Consultations General practice offer of online appointments, access to records, online repeat prescriptions and use of online consultations.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>29/43 Practices have hit the 10% target for number of patients who are enabled for Patient Online Services. 4/43 Practices have hit the 20% target. The CCG is launching a patient campaign to raise awareness of Patient Online Services. The Primary Care Team are undertaking joint work with the Data Quality Team to support practices offering the services. The CCG is still waiting for national guidance for online consultation.</td>
<td>Tracking</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>GPFV - Upskilling of Clerical Staff. Implementation of Care Navigation and the roll out of GPFV funding for active sign posting and correspondence management.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>Care Navigation went live on the 13th October 2017. 35/43 practices attended the face to face training. 41/43 practices have confirmed they will be undertaking Care Navigation. A plan for incorporation of future services / training and support for the programme is being developed.</td>
<td>Slightly Off Track</td>
</tr>
<tr>
<td>Apr-17 onwards</td>
<td>Releasing Time for Care Programme. NHS England programme to implement the 10 high impact actions including at scale implementation of the Productive General Practice Programme.</td>
<td>Tracking</td>
</tr>
<tr>
<td></td>
<td>The CCG and Primary Care Doncaster supported the launch event for the Releasing Time for Care Programme on the 12th October 2017. Primary Care Doncaster will be lead on supporting practices enrol on the programme and implementation of the 10 High Impact Actions.</td>
<td>On Track</td>
</tr>
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</table>
### Section 2: NHS Constitution Indicators (NHS Doncaster)

#### Referral to Treatment Times (RTT)

Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks

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<tr>
<th>Commissioner</th>
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<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
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<th>May-17</th>
<th>Jun-17</th>
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<td>90.73%</td>
<td>90.48%</td>
<td>89.66%</td>
<td>90.17%</td>
<td>90.40%</td>
<td>90.34%</td>
<td>90.24%</td>
<td>90.85%</td>
<td>90.87%</td>
<td>90.66%</td>
<td>90.55%</td>
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</tr>
<tr>
<td>Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (DBTHFT)</td>
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<td>91.7%</td>
<td>91.3%</td>
<td>90.1%</td>
<td>90.3%</td>
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<tr>
<td>England</td>
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<td>90.51%</td>
<td>90.57%</td>
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<td>90.02%</td>
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#### Diagram

![Graph showing patients on incomplete non-emergency pathways who have been waiting no more than 18 weeks](image-url)

- **Doncaster CCG**
- **Rightcare Peer Group**
- **Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (DBTHFT)**
- **England**
- **Target**
Performance for DCCG patients remains below target at 89.95% with 8 specialties failing to meet the 92% standard:

- General Surgery (86.13%)
- Urology (91.18%)
- ENT (83.94%)
- Ophthalmology (81.88%)
- Trauma and Orthopaedics (90.87%)
- Cardiothoracic Surgery (81.82%)
- Cardiology (90.46%)
- Thoracic Medicine (91.44%)

DBTHFT also failed to meet the target at 89.5% with 6 specialties failing to achieve 92%.

A joint task and finish group has been established between DCCG and DBTHFT to present findings on a number of scenarios regarding RTT performance to understand at a specialty level how many patients would need to be treated to meet RTT, whether that is feasible, by when, and how much any additional activity would cost. This work is taking place during November and will report back to both organisations’ senior management.

The Planned Care Programme Board is managing the process of demand management which shows an overall reduction in GP and increase in consultant to consultant referrals; a Deep Dive to understand this change is underway.

A ‘Clinical Admin: Right First Time Initiative’ has been devised which is seen as key to improving performance. This will ensure pathways are generated correctly the first time. A Right First Time Task and Finish Group has been established and aligned to the clinical admin improvement work stream.
Performance for DCCG improved to 97.56% during September with a similar improvement at the Trust.
The key issues in Doncaster have been identified as capacity in Audiology and Nerve Conduction. A deep dive into Audiology capacity is being undertaken by the Care Group General Manager and a recovery plan will be reviewed at the bi-weekly advanced monitoring meetings. Two Locums have commenced in post in October to improve the position. Additional Endoscopy capacity has been secured through an external supplier to mitigate patient breaches.

Nerve conduction studies being undertaken and reported are dependent on capacity at Sheffield Teaching Hospital.

**A&E attendance to admission, transfer or discharge**

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<tr>
<th>Provider</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
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<th>Aug-17</th>
<th>Sep-17</th>
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<td>92.46%</td>
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<td>93.72%</td>
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<td>86.20%</td>
<td>77.60%</td>
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<td>90.00%</td>
<td>90.50%</td>
<td>89.71%</td>
<td>86.10%</td>
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<th>Provider</th>
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Although October's performance did not achieve the 95% target, at 92.81%, the NHS Improvement recovery trajectory for October (90.20%) was achieved.

The main breach reasons were waits to see Emergency Department (ED) doctors/ED reviews which accounted for 532 of the 861 breaches in October 2017. 176 breaches were classed as unavoidable due to the patient's clinical condition. The ED waits have predominantly occurred on evenings following spikes in activity between 5pm – 7 pm. Medical staffing rotas have been changed to allow for increased staffing out of hours and the consultant in charge is responsible for ensuring that the department is controlled when they hand over to the on call Consultant at 7pm. The Consultant rotas are being reviewed to extend shop floor cover until midnight.

The Trust action plan to achieve the 4 hour target is monitored weekly internally by the Trust monthly via the A&E Delivery Board. The Trust is reviewing the latest NHS Improvement and Department of Health guidance in relation to access.

The System Perfect initiative concluded on 12th of September and key learning is being reviewed to support winter planning. These include additional support for social care to provide a bridge to care providers, community provider in-reach into ED and increased 7 day integrated discharge planning.
# Cancer Measures

## 2 week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP

<table>
<thead>
<tr>
<th>Commissioner</th>
<th>Q3 17/18</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Q1 17/18</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Q2 17/18</th>
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<td>Doncaster CCG</td>
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<td>89.10%</td>
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<td>86.76%</td>
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<td>87.54%</td>
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<td>Rightcare Peer Group</td>
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<td>95.21%</td>
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</tr>
<tr>
<td>DBTHFT</td>
<td>94.71%</td>
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<tr>
<td>England</td>
<td>95.13%</td>
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<td>94.70%</td>
<td>94.73%</td>
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<td>93.69%</td>
<td>94.05%</td>
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</tr>
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<td><strong>Target</strong></td>
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<td><strong>93%</strong></td>
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</tbody>
</table>

### 2 week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP

- **Doncaster CCG**
- **Rightcare Peer Group**
- **DBTHFT**
- **England**
- **Target**

![Graph showing 2 week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP](image-url)
Doncaster CCG performance for Q2 failed to meet the 93% target at 89.98%.

Meetings continue with the Trust to review the action plan submitted as part of the 2WW Contract Query issued in May and 2WW also forms part of the detailed work underway in the joint task and finish group established which was described in the RTT section.

DBTHFT’s cancer two week wait booking team has now been relocated within the central booking office to allow for increased flexibility in capacity planning. This has resulted in fewer issues regarding booking being escalated both internally, and from the CCGs involved.

Patient choice continues to be a key reason for patients not being seen within 2 weeks. Patients who choose to be seen outside of 2 weeks are contacted by nurse specialists to ask why they do not wish to attend.

The cancer management team meets regularly with the CCGs to review the information given in primary care which supports the 2 week wait position. 2 week wait referrals are now received through the Electronic Referral System (ERS) and the Trust is required to receive 80% of all referrals through this route by the end of March 2018. Currently the performance is at 50.87% from a starting point of 28%.

<table>
<thead>
<tr>
<th>2 week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioner</td>
</tr>
<tr>
<td>Doncaster CCG</td>
</tr>
<tr>
<td>Rightcare Peer Group</td>
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<tr>
<td>DBTHFT</td>
</tr>
<tr>
<td>England</td>
</tr>
<tr>
<td>Target</td>
</tr>
</tbody>
</table>

20
Please see narrative above.
### 31-day wait from diagnosis to first definitive treatment for all cancers

<table>
<thead>
<tr>
<th>Commissioner</th>
<th>Q3 16/17</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
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<th>Aug-17</th>
<th>Sep-17</th>
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Performance for Q2 fell below target at 95.7% resulting from 20 breaches, this was predominantly a combination of patient choice, capacity issues and complex pathway planning. All September breaches for DCCG patients were treated at Sheffield Teaching Hospital, 4 being in Head and Neck.
### 31 day wait for subsequent treatment where that treatment is surgery

<table>
<thead>
<tr>
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<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Q1 17/18</th>
<th>Jul-17</th>
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![31 day wait for subsequent treatment where that treatment is surgery](image-url)
### 31 day wait for subsequent treatment where that treatment is drug regimen

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#### 31 day wait for subsequent treatment where that treatment is drug regimen

- **Doncaster CCG**
- **Rightcare Peer Group**
- **DBTHFT**
- **England**
- **Target**
### 31 day wait for subsequent treatment where that treatment is radiotherapy

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<th>Aug-17</th>
<th>Sep-17</th>
<th>Q2 17/18</th>
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<td>93.90%</td>
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<td>97.92%</td>
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<td>96.06%</td>
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<tr>
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</table>

#### 31 day wait for subsequent treatment where that treatment is radiotherapy

**Doncaster CCG** | **Rightcare Peer Group** | **England** | **Target**

- **16-17 q3**
- **16-17 q4**
- **17-18 q1**
- **17-18 q2**
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<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
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<td>85.01%</td>
<td>84.03%</td>
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<td>85.80%</td>
<td>86.05%</td>
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<td>79.18%</td>
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</table>
Quarter 2 performance for the CCG remained under the 85% standard at 75.28%. A Doncaster and Bassetlaw Recovery Plan is being monitored by the CCG and forms part of the Cancer Alliance Recovery Plan. A deep dive is being undertaken jointly by NHS England and NHS Improvement at a place level into 62 day performance, to understand the issues in each place, the recovery actions, and what needs to be addressed at Alliance level.

The key issue for this pathway remains in urology due to the number of patients requiring treatment. The main cancer is within the prostate pathway and the key issues are related to the start of the process and the need for diagnostic tests. The Trust has been successful in securing funding for Quarter 3 and Quarter 4 for additional diagnostic capacity (MRI) and for administrative Multi-Disciplinary Team support. Focus on transferring patients to the tertiary centre for treatment by day 38 is also key and this is being monitored per Trust by the Cancer Alliance.
62-day wait from urgent GP referral to first definitive treatment for cancer

<table>
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<tr>
<th>Commissioner</th>
<th>Q3 16/17</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
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<th>May-17</th>
<th>Jun-17</th>
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<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
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<td>83.33%</td>
<td>87.50%</td>
<td>90.91%</td>
<td>84.60%</td>
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<td>100%</td>
<td>92.31%</td>
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<tr>
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<td>92.83%</td>
<td>94.42%</td>
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62-day wait from referral from an NHS screening service to first definitive treatment for all cancers

![Graph showing 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers]
### 62-day wait from referral from consultant upgrade to first definitive treatment for all cancers

<table>
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**Graph:**

The graph illustrates the percentage of patients meeting the 62-day wait from referral to first definitive treatment for all cancers across different time periods and regions. The regions include:
- Doncaster CCG
- Rightcare Peer Group
- DBTHFT
- STHFT
- England

The data is segmented by quarters (Q3 and Q4 of 16/17 and Q1 and Q2 of 17/18).
Yorkshire Ambulance Service (YAS)

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<tr>
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<td>68.7%</td>
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<td>55.3%</td>
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<td>Category 3R &lt; 40 min</td>
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<tr>
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<td>67.2%</td>
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<td>62.2%</td>
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</tr>
<tr>
<td>Category 4H (triage) &lt; 90 min</td>
<td>94.6%</td>
<td>98.2%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>98.7%</td>
<td>99.7%</td>
<td>99.4%</td>
<td>98.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>September 17</th>
<th>October 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1 (Life threatening injuries and illness) target of average time less than 7min</td>
<td>00:07:13</td>
<td>00:07:05</td>
</tr>
<tr>
<td>Category 2 (Emergency) target of average time less than 18 min</td>
<td>00:22:06</td>
<td>00:20:27</td>
</tr>
<tr>
<td>Category 3 (Urgent) target 90% of times below 2 hours</td>
<td>01:52:18</td>
<td>01:33:57</td>
</tr>
<tr>
<td>Category 4 (Less urgent) target 90% of times below 3 hours</td>
<td>03:15:16</td>
<td>03:00:13</td>
</tr>
</tbody>
</table>

The previous Red 1 and Red 2 national standards have been replaced by a new call prioritisation system which sets standards for all 999 calls to ambulance services, including those requiring an ambulance intervention passed to ambulance services via 111. These two sets of standards are not comparable. It is the intention that all services nationally will have applied the new standards by 30th November 2017. These new standards are now recorded at a provider level so Doncaster data is no longer available.

In addition, the revised Clinical Quality Indicators (CQI) will include reporting of data across the patient pathway as Ambulance Trusts begin to utilise national outcome databases. Reporting of CQIs will move to a quarterly schedule to better monitor trends, and will be ready for full publication in April 2018 due to the preparatory work required for the new stroke indicator; this requires ambulance services to measure the time it takes from the 999 call to the time it takes positive stroke patients to arrive at a specialist stroke centre so that they can be rapidly assessed for thrombolysis.
Section 3: Provider Exception Report

The following section of the report details performance by exception (those measures either rated Red or have deteriorated outside of normal range) for each main local provider, namely DBTHFT and RDASH and other commissioned services (FCMS and YAS). Performance is across a range of agreed quality and more traditional “performance” measures. As such the report includes performance as a whole for DBTHFT and Doncaster sites for RDASH, and does not simply relate to services provided to NHS Doncaster CCG. The following includes a summary of provider measures and exceptions, which are those causing concern either cumulatively for the year, quarter or in month.

<table>
<thead>
<tr>
<th>Number of Indicators and percentage within each provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>DBTHFT</strong></td>
</tr>
<tr>
<td><strong>RDASH</strong></td>
</tr>
<tr>
<td><strong>Other Commissioned Services</strong></td>
</tr>
</tbody>
</table>

![Bar chart showing green and red indicators for DBTHFT, RDASH, and Other Commissioned Services](chart1)

![Pie chart showing green and red total indicators](chart2)
3.1 Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust: Exception Report

This section only includes those measures in the DBTHFT contract currently not meeting target, which are not covered by the constitution measures in Section 2.

Handovers (ambulance to A&E) – no person waiting over 60 minutes

<table>
<thead>
<tr>
<th>Provider</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sept-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBTHFT</td>
<td>28</td>
<td>5</td>
<td>8</td>
<td>12</td>
<td>66</td>
<td>13</td>
<td>10</td>
<td>21</td>
<td>14</td>
<td>13</td>
<td>14</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>Target</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Ambulance handovers over 60 minutes increased to 26 in September 2017. Performance issues are addressed during weekly joint meetings with the CCG. When compared to other hospitals in Yorkshire and the Humber, Doncaster Royal Infirmary (DRI) is joint best for the length of time handovers take over an hour, with 7 hospitals having a greater number than DRI.

Through Winter Planning processes dedicated ambulance liaison managers have been identified to work with the Trust to support the departments at times of surge.
### Cancelled operations

<table>
<thead>
<tr>
<th>Provider</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sept-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBTHFT</td>
<td>1.4%</td>
<td>1.5%</td>
<td>1.5%</td>
<td>1.8%</td>
<td>1.8%</td>
<td>1.3%</td>
<td>1.0%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>1.0%</td>
<td>1.5%</td>
<td>1.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Target</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Performance improved to 1.0% in September 2017.

Out of these overall cancellations, 43 operations were cancelled for non-clinical reasons. The majority of these cancellations have been attributed to insufficient time.
There was 1 instance in September where a patient had their operation cancelled and not re-booked within 28 days.

A wider piece of work is also commencing across the Trust to develop new ways of communicating better with patients regarding their outpatient appointments. A collaborative piece of work has started supported by Healthwatch Doncaster to understand why patients miss appointments. Public engagement is to commence from end of October and will run up to the end of December 2017.
There were 2 patients waiting over 52 weeks at the end of September 2017 at DBTHFT. One of these waits has been attributed to Doncaster CCG and is due to patient choice. The patient received their treatment during October.
### Stroke: Proportion of patients directly admitted to a stroke unit under 4 hours (target 90%) and the Percentage of applicable patients who are discharged who were given a named person to contact after discharge (target 95%)

<table>
<thead>
<tr>
<th></th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of patients directly admitted to a stroke unit under 4 hours (stretch target 90%)</td>
<td>71.2%</td>
<td>67.3%</td>
<td>71.1%</td>
<td>60.9%</td>
<td>66.0%</td>
<td>62.9%</td>
<td>49.0%</td>
<td>51.2%</td>
<td>64.3%</td>
<td>56.5%</td>
<td>68.3%</td>
<td>74.5%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Percentage of patients (according to the RCP guideline minimum threshold) given thrombolysis (stretch target 20%)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>4.3%</td>
<td>8.3%</td>
<td>10.6%</td>
<td>13.0%</td>
<td></td>
</tr>
<tr>
<td>Percentage of applicable patients who are discharged who were given a named person to contact after discharge (stretch target 95%)</td>
<td>75.0%</td>
<td>95.5%</td>
<td>94.9%</td>
<td>97.2%</td>
<td>82.2%</td>
<td>79.4%</td>
<td>65.9%</td>
<td>74.4%</td>
<td>80.7%</td>
<td>85.0%</td>
<td>80.8%</td>
<td>84.1%</td>
<td>82.2%</td>
</tr>
</tbody>
</table>
Performance for the Percentage of patients (according to the RCP guideline minimum threshold) given thrombolysis continued to improve during July however performance against the other 2 stroke measures both deteriorated slightly. Sentinel Stroke National Audit Programme (SNAPP) performance improved to A rating and continues to be the best performance in the region.

During the month there were delays in diagnosis at Doncaster Royal Infirmary (DRI) and 2 delays waiting for appropriate beds

The stroke pathway was process mapped to identify areas of potential improvement during August. The key issues identified included staff education in the Emergency Department, assessment and intervention, access and flow demand (for both stroke and non-stroke patients), flow into rehabilitation services and early supported discharge.

An update against the action plan is due to be submitted to the Clinical Quality Review Group in December 2017.
3.2 Rotherham, Doncaster & South Humber NHS Foundation Trust

This section only includes measures in the RDASH contract currently not meeting target which are not included in the constitution measures in Section 2.

**Percentage of patients receiving a 12 month Section 117 review – adult services (target 95%)**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sept-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDASH</td>
<td>95.0%</td>
<td>94.6%</td>
<td>94.2%</td>
<td>95.1%</td>
<td>93.0%</td>
<td>93.7%</td>
<td>92.1%</td>
<td>93.3%</td>
<td>92.9%</td>
<td>93.8%</td>
<td>92.6%</td>
<td>94.4%</td>
<td>94.0%</td>
</tr>
<tr>
<td>Target</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Performance was maintained for Section 117 adult reviews (slight decrease) while reviews for older people is now achieving the 95% target. Work on the new data warehouse is continuing which will assist the on-going data cleansing of patients that no longer require a review.
Improving Access to Psychological Therapies (IAPT)

Locally reported data from RDASH is shown below. There have been noted differences to the nationally published data through 2016/17 and 2017/18. This difference is due to errors in national submissions which have been flagged with the national team.

<table>
<thead>
<tr>
<th>Commissioner and year</th>
<th>RDASH 2016/17</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDASH 2016/17</td>
<td>5.10%</td>
<td>10.20%</td>
<td>15.20%</td>
<td>20.40%</td>
<td></td>
</tr>
<tr>
<td>Target 2016/17</td>
<td>4.40%</td>
<td>8.80%</td>
<td>13.10%</td>
<td>17.50%</td>
<td></td>
</tr>
<tr>
<td>RDASH 2017/18</td>
<td>4.50%</td>
<td>7.80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target 2017/18</td>
<td>5.0%</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>England 2017/18</td>
<td>4.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IAPT Access - Compliance of those who have entered (i.e. received) treatment as a proportion of people with anxiety or depression (cumulative for financial year)
As at Quarter 2 performance is slightly off track at 8.9%, against the local target of 10% (national target of 16.8% cumulatively for 2017/18). An action plan is in place which focuses on access to triage and follow up, Drug and Alcohol referrals and also the potential use of the single point of access to aid self-referrals into the service.

In addition to this, monthly meetings are being held between with commissioners to discuss extending the service to focus on long term conditions beginning with diabetes. This work will focus on developing outcome measures and standards around new clinical outcomes along with promoting the service to community healthcare services and hospitals. It is anticipated that this work will have a beneficial impact on access to the service.

**Child and Adolescent Mental Health Services (CAMHS) - percentage of referrals starting a treatment plan within 8 weeks (Non Urgent)**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sept-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDASH</td>
<td>92.6%</td>
<td>94.7%</td>
<td>85.7%</td>
<td>93.9%</td>
<td>92.3%</td>
<td>94.7%</td>
<td>97.3%</td>
<td>80.8%</td>
<td>90.7%</td>
<td>96.8%</td>
<td>74.4%</td>
<td>93.9%</td>
<td>78.1%</td>
</tr>
<tr>
<td>Target</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
</tbody>
</table>

**CAMHS - treatment plan start**

- blue: percentage of referrals starting a treatment plan within 8 weeks / Non Urgent
- red: Target

40
Following consistent under performance for this measure in 2016/17 and into 2017/18 a performance contract notice was issued by the CCG at the beginning of October 2017. A response has been received which is currently being considered by CCG leads.

**Percentage of Older People requiring non urgent treatment who receive treatment within 6 weeks of assessment (8 week pathway)**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sept-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDASH</td>
<td>72.3%</td>
<td>85.8%</td>
<td>77.2%</td>
<td>86.3%</td>
<td>84.3%</td>
<td>81.7%</td>
<td>82.9%</td>
<td>88.4%</td>
<td>87.5%</td>
<td>87.0%</td>
<td>95.0%</td>
<td>90.8%</td>
<td>89.1%</td>
</tr>
<tr>
<td>Target</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>

September's performance deteriorated slightly to 89.1% (target is 95%). There were 12 waits that were seen over 8 weeks.

This pathway is influenced by waits for diagnostic tests at DBTHFT. Both Trusts have now mapped out patient's journeys following the pathway to analyse the specific delays and possible causes and work is ongoing looking at these findings. There have also been capacity issues in some of the RDASH teams which have contributed to increased waiting times.
Speech and Language Service
Patients on incomplete pathways (yet to start treatment) should have been waiting no more than 18 weeks

<table>
<thead>
<tr>
<th>Provider</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sept-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDASH</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99.3%</td>
<td>92.9%</td>
<td>90.2%</td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
</tr>
</tbody>
</table>

Performance in September deteriorated to 90.2% against the 92% target. The service has lost 40% of its capacity due to long term sick leave and maternity leave. Since September there have been locum staff to cover two days per week and the Service have appointed one permanent member of staff who has commenced in post and one fixed term member of staff who is due to start in December (both Band 5s).

Patients are being prioritised on need, taking into account the level of risk; those patients that have breached will have been assessed as being lower risk and requiring communication support rather than dysphagia support.
3.3 Other Commissioned Services

3.3.1 FCMS:

Definitive Clinical Assessments undertaken under 60 minutes (non-urgent)

The deterioration in performance is partly due to clinical delays during overnight and change over time period; work is underway to prioritise the caseload more efficiently at these times to prevent lengthened clinical assessments. The other reason for the deterioration in performance is due to a change in death verification activity. More verification requests are being received and were being set to an incorrect call back priority which was affecting the distribution of the workload. Work is underway within the service to assign correct priorities of call backs.
Out of Hours (OOH) Surgery face to face assessments triaged as emergency in less than 1 hour and as urgent under 2 hours; Visits face to face assessments triaged as urgent under 2 hours

OOH Surgery breaches for Red Priority (1 hour): Performance improved to 83.33% in September, the highest performance since November 2016. There were 2 breaches relating to patient choice and clinician delay.

OOH Surgery breaches Amber Priority (2 hours): Performance slightly deteriorated in September to 90% relating to 46 breaches. The reasons were attributed to patient choice (28 breaches), clinician delays (9) and patients arriving late (8).
Same Day Health Centre: face to face assessments triaged as emergency and seen in under 1 hour and as urgent under 2 hours

Red Priority (1 hour) breaches: Performance improved to 69.23% in September 2017 with 4 breaches all of which have been attributed to patient choice.

Amber Priority (2 hour) breaches: There were 42 breaches in September with performance deteriorating to 81.9%. There were 25 breaches relating to patient choice or delay and 9 due to clinician delays. The longest delay was recorded at 31 minutes.

After review from the clinical lead GP, no harm was caused to patients due to any of the above delays. The cases that were reviewed were breached cases that ended in either red or amber priority.
3.3.2 Nursing / Care Homes / Domiciliary Care Providers

The information provided within this section is taken up to 31st October 2017. Since the last Governing body meeting there has been 1 new embargo against admissions / new care packages placed. There is currently 1 home with restrictions in place.

3.3.3 Serious Case Reviews / Lesson Learnt Reviews

No new Serious Case Reviews or Lessons Learnt Reviews have been commissioned since the last Governing Body Report.

3.3.4 Domestic Homicide Reviews

There are currently 2 Domestic Homicide Reviews taking place within Doncaster. An independent chair has been commissioned for both reviews. The check and challenge meetings have taken place for both cases and the Chair is currently developing the Overview Report.

3.3.5 Mixed Sex Accommodation

<table>
<thead>
<tr>
<th>Breaches of Mixed Sex Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioner</td>
</tr>
<tr>
<td>Doncaster CCG</td>
</tr>
</tbody>
</table>

No mixed sex accommodation breaches were reported for Doncaster CCG in August 2017.
3.3.6 Complaints and Concerns (DBTHFT)

Normal variation is seen in the rate of complaints and concerns. Performance on reply times has deteriorated further this month. Weekly meetings with care groups to review complaint reply compliance are being undertaken in conjunction with quality improvement work.

3.3.7 Serious Incidents (SI)

Please note that the above figures include incidents which may be subsequently de-logged as a SI. A total of 15 SIs from Q2 have now been de-logged. All of the SIs have been reviewed by the CCG and no concerns have been raised.
Foreword

I am pleased to present the Annual Report of the Doncaster Safeguarding Children Board (DSCB) for 2016-17. The report provides an assessment of the performance and effectiveness of local services in safeguarding and promoting the welfare of children in Doncaster over the past twelve months, as well as providing an account of the activities, development and impact of the Board in meeting its statutory responsibilities. It is intended to be read by both professionals and members of the public.

This is the fourth annual report to be published since I was appointed as Independent Chair of Doncaster Safeguarding Children Board (DSCB) in January 2014. Looking back at the areas of concern that were evident and that time, the Annual Report for 2016/17 shows that safeguarding in Doncaster has improved significantly. There is now a much stronger culture of challenge between partner agencies. Partnership working is more effective at a strategic level and in day-to-day work with children and families. There is a more coordinated response to key safeguarding risks such as Child Sexual Exploitation and Domestic Abuse. Safeguarding practice continues to improve. The DSCB itself is more influential in driving learning and improvement across the partnership and can demonstrate the impact of its work.

Nevertheless, the 2016/17 Annual Report highlights key challenges ahead to ensure that recent improvements are embedded and areas of continuing concern are addressed. With an increasingly strong foundation in partnership working at all levels, we should be confident about responding to those challenges.

I am proud of the work of the DSCB and would like to take this opportunity to thank Board members, partners and the DSCB Business Unit for their unstinting commitment and support.

Report Author
John Harris, DSCB Independent Chair
Date of Publication
October 2017
Availability and accessibility
advice and directions
Contact details
www.doncastersafeguardingchildren.co.uk
Children’s Version also available
01302 734214
dscb@dcstrust.co.uk
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<th>Page No.</th>
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</thead>
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<td>Forword by the Independent Chair</td>
<td>1</td>
</tr>
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<td>Contents</td>
<td>2</td>
</tr>
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<td>Executive Summary</td>
<td>3-4</td>
</tr>
<tr>
<td>1.</td>
<td>Purpose of the Report</td>
<td>5</td>
</tr>
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Executive Summary

The DSCB Annual Report evaluates the effectiveness of the work of partner agencies to safeguard children in Doncaster and promote their welfare, and sets priorities for the year ahead. It covers the work undertaken in the financial year April 2016 to March 2017 and incorporates emerging themes in quarter one of the next financial year.

The main body of the report provides the context of safeguarding and looks at the effectiveness of key safeguarding functions including early help, child protection, looked after children, domestic abuse and child sexual exploitation. Annex 1 provides detailed information from each partner providing assurance about the work they have individually taken to safeguard children and about how they have supported partnership working through the DSCB. Annex 2 provides an in depth look at the work the Board has undertaken to improve safeguarding practice by learning from a range of sources, in particular performance reporting, audit and case review. It also identifies how the Board has challenged partners to improve practice and the impact of those challenges and the work of the Board in general.

This Annual Report demonstrates the progress which has been made in safeguarding in Doncaster since the development of the 2014 - 2017 strategic plan. In a climate where demand for safeguarding services has never been higher, with the numbers of referrals, children subject to child protection plans and children in care continuing to increase throughout the period, this report demonstrates the good practice which is taking place across the DSCB partnership to safeguard children.

The Board now has all its statutory requirements in place and these are embedded within the work of the Board. The DSCB has made progress against all its strategic priorities and this work is beginning to have an impact on outcomes for children.

The Board has continued to have oversight and to influence to progress of Early Help. Although development is still required, there is increasing evidence that thresholds for intervention are embedded and there are an increasing number of professionals taking on the lead professional role and undertaking early help assessments. Further work is needed to ensure the quality and effectiveness of the early help assessments, and to improve the transitions between social care and early help.

Work in the area of child sexual exploitation has continued to progress well. The group now has a comprehensive dataset which enables a more complete picture of CSE to be provided. The ‘Protecting Vulnerable Young people group’ is beginning to mature in its ability to identify hotspots, individuals and activities of concern. Excellent links have been made with the industry sector such as hoteliers, taxi drivers and fast food establishments to raise awareness of CSE.

Growing Futures continues to show positive impact, particularly in reducing the number of times families were re-referred to MARAC. The commitment to continue the project after government funding ended is testimony to the commitment the partnership has to this way of working. The DSCB will continue to receive assurance of progress of this important work.

The DSCB has developed a neglect strategy and a supporting tool for practitioners to use to assess the risk posed. Multi-agency training has been provided to staff across the partnership and this has been disseminated by partners into their own agencies. An audit is planned to evaluate the impact of this work.

The Board has developed an effective culture of challenge which is well evidenced through the work of the Performance Accountability Board, through the Board and its sub-groups and in the Challenge Log.
The DSCB performance report has enabled the Board to identify safeguarding issues such as the need for improved referrals to Project 3 (substance misuse service) when young people have presented themselves at A&E. The DSCB has developed its case review methodology to enable the learning to be accessed more easily from practice. It has commenced learning lessons reviews on a number of cases and learning from these will be disseminated across the partnership in the coming year. The DSCB has undertaken a number of multi-agency audits and findings from these have been incorporated into practice.

The Signs of Safety approach has been rolled out across the partnership and there is clear evidence of it being used in a large number of cases. There has been much improvement in services for looked after children against a backdrop of increasing numbers of children in care. There has been a decrease in the numbers of children looked after in distant local authorities and an improvement in ensuring where possible that children are safely supported to reside with their parents. Good work has been undertaken to ensure children are supported to participate in their reviews and a range of methods have been developed to do this.

DSCB provides a wide range of training, this is well-evaluated and there is some evidence of this having an impact on practice. Progress has been made in coordinating the training offer across the partnership and this will be the focus of work in the coming year. This will ensure that the impact of the training is more effective on practice.

The Board has ensured it has listened to children and young people through presentations directly the Board and through seeking feedback on practice in the multi-agency audits. It has worked with young people at the DMBC Democracy Event and ensured their views have been incorporated into the Children and Young People’s Health and Wellbeing Transformation Plan. The Board will seek further direct input from young people in the coming year.

Partnership working continues to be strong with all partners contributing to the Board meetings and its sub-groups. Partners have demonstrated through their contribution to the annual report and the activities they have undertaken to safeguard children, their high commitment to safeguarding children in Doncaster.
1. Purpose of the Report

This is the annual report and business plan for the Doncaster Safeguarding Children Board. It covers the work undertaken in the financial year April 2016 to March 2017 and incorporates emerging themes in quarter 1 2017/18. It evaluates the overall effectiveness of local safeguarding arrangements in Doncaster, identifying the key issues and constructive challenges for organisations that have safeguarding responsibilities. The report assesses the progress made by the Board in delivering its Business Plan and outlines ways in which the Board itself can perform its functions to better effect. It is a statutory requirement under Working Together 2015.

The report’s format has changed from previous years due to the increased quantity and quality of information provided from partner’s contributions. The main report includes an overview of progress and effectiveness. More detailed information on partners’ contributions to safeguarding is available in a separate annex which can be reached via the weblink below (Annex 1). More information about the Board’s Learning and Improvement can be found in Annex 2.

ADD WEBLINK FOR ANNEXES HERE

The report is intended for professionals in partner agencies and voluntary organisations as well as others who have an interest in the safeguarding of children and young people, not least children, young people and their families and carers whose lives we look to improve through the work of DSCB. A child-friendly version of the report is being developed and will be available on the DSCB website.

The report has been prepared by John Harris, Independent Chair and Rosie Faulkner, Board Manager with contributions from Board partners and the DSCB Business Unit. Information in the report has also been taken from a number of sources and reports approved by the Board:

- Annual Private Fostering Report 2016/17
- Annual Independent Reviewing Officer Report 2016/17
- Annual Local Authority Designated Officer Report 2016/17
- Joint Strategic Needs Assessment 2014
- Doncaster Children and Young Peoples Strategic needs Assessment 2014
- Department of Education ‘Characteristics of children in need in England 2014-15’

The report will be considered formally by the Mayor of DMBC, the Chief Executive and the Health and Wellbeing Board. It will also be shared with the Schools, Children and Young People Scrutiny Panel, and the Children and Families Strategic Partnership Board, who all have a wider remit to promote better outcomes for children. DSCB leads and influences the safeguarding agenda in these wider political and partnership arenas and is held to account for its impact.

2. What is a Local Safeguarding Children Board (LSCB)?

The remit for DSCB is set out in Section 13 of the Children Act 2004 as well as in the statutory guidance ‘Working Together to Safeguard Children’ (2015)

The statutory objectives of any LSCB are to:
- Coordinate what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area of the authority; and
- Ensure the effectiveness of what is done by each such person or body for that purpose.
3. Functions of Doncaster Safeguarding Children Board

Detailed guidance on the organisation of LSCBs is set out in Chapter 3 of Working Together 2015. In the light of this guidance DSCB defines its key functions as:

- Developing policies and procedures for safeguarding and promoting the welfare of children, including on:
  - Action where there are concerns, including thresholds
  - Training of people who work with children
  - Recruitment and supervision
  - Investigation of allegations
  - Privately fostered children
  - Co-operation with neighbouring authorities.

- Communicating the need to safeguard and promote the welfare of children and young people.
- Monitoring the effectiveness of what is done to safeguard and promote the welfare of children and young people.
- Participating in the planning of services for children in Doncaster
- Undertaking Serious Case Reviews.
- Procedures to ensure a co-ordinated response to unexpected child deaths
- Collecting and analysing information about child deaths

These functions are the shared responsibility of all the DSCB member agencies. In order to fulfil its functions the DSCB must as a minimum:

- Assess the effectiveness of the help being offered to children and families, including early help
- Assess whether partners are fulfilling their statutory obligations to safeguard children
- Quality assure practice, including through case file audits
- Monitor the effectiveness of training to safeguard and promote the welfare of children.

Working Together 2015 also requires that the Chair of the Board publishes an annual report. This report should contain:

- Rigorous and transparent assessment of the performance and effectiveness of local services
- Identify areas of weakness, the causes of those weaknesses and the action being taken to address them
- Include lessons from serious case reviews, child death reviews and other relevant reviews
- Report on the outcome of assessments undertaken on the effectiveness of Board partners’ responses to CSE
- Include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families
- Include data on children missing from care, and how the LSCB is addressing the issue.
4. Safeguarding in Context

4.1 Context for Safeguarding Children and Young People in Doncaster

Approximately 306,397 people live in Doncaster, in terms of the Indices of Multiple Deprivation (IMD) 2015 Doncaster is:

- 48th most deprived out of 326 Local Authority areas in England
- 4th most deprived out of 21 Local Authority areas in the Yorkshire and Humber Region
- The 2nd most deprived area in South Yorkshire
- The 4th most deprived area in its comparator group
- 1 in 5 Lower Super Output Areas in Doncaster is in within the most deprived 10% of the UK.

A rise in the number of cohabiting partners, step families, lone parents and the recording of same sex relationships in the past 10 years has changed family composition in Doncaster. The latest ‘Information for Doncaster’ (information provided by DMBC) shows that nearly 71.9% of families with dependent children are a couple; which means nearly 1 in 3 families (28.1%) are lone parent families. The main difference between Doncaster and the national picture is the higher proportions of families that are cohabiting, particularly where this involves step-families.

The population of young people aged 0-24 is 89,254 which is 29.1% of the total population. This is the same as our comparator group and but slightly lower than national proportions at 30.2%.

The number of children in poverty in Doncaster is 24.1%, which is higher than the national average of 19.9%. This equates to around 16,035 children and young people aged 19 and under. Poverty is not distributed equally across the borough with some lower super output areas (LSOA) having over 50% of children in poverty compared to other area only having 5%.

In Doncaster 6.2% of Doncaster residents were born outside the UK. The main group outside of white British is ‘white other’ which equates to 3.1% of the population aged 0-24. The main language in Doncaster, for people aged 3-15, if not English, is Polish.

Doncaster is the second largest economy in South Yorkshire; a large proportion of the population is in receipt of state benefits. Approximately 11.1% of the population in Doncaster is claiming ‘out of work benefit’ compared to 8.1% nationally. In the 18-24 age category, 1.8% of the population is claiming job seekers allowance compared to 0.8% nationally.

The number of 16-18 years old not in education, employment or training is 4.2% of the population as at the end of 2015 (450 young people). This is higher than the national average.

The proportion of people in Doncaster who achieve a Level 2 or level 3 qualifications by the age of 19 is 78% and 45% respectively. This is lower than the regional (85%) and (54%) and national (85%) and (57%) averages respectively.

The NSPCC have estimated that one in five children in the UK is impacted by domestic abuse. However, Growing Futures estimate that in Doncaster this is one in three children. This suggests that more children compared to the national average are entitled to services to achieve their best outcomes.
4.2 Population

The population of young people aged 0-24 in Doncaster is 89,254 representing 29.1% of the population. The relative age profile, with national and regional comparisons, is shown in the table below.

<table>
<thead>
<tr>
<th>Age</th>
<th>Doncaster</th>
<th>Yorkshire &amp; The Humber</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 0-4</td>
<td>6.1%</td>
<td>6.1%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Aged 5-9</td>
<td>6.4%</td>
<td>6.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Aged 10-14</td>
<td>5.6%</td>
<td>5.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Aged 15-19</td>
<td>5.5%</td>
<td>5.9%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Aged 20-24</td>
<td>5.6%</td>
<td>7.1%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Aged 0-24</td>
<td>29.1%</td>
<td>30.9%</td>
<td>30.2%</td>
</tr>
</tbody>
</table>

4.3 Ethnicity

The numbers of pupils in Doncaster are predominantly White British (34,458), with a smaller amount of White Other (2,639) and Asian (1,223).

Doncaster has fewer school age children from ethnic minority groups than regional and national averages. The percentage of primary and secondary school age children from ethnic minority groups is 15.9% and 13.0% respectively. This is much lower than the regional (26.3% and 23.3%) and national (32.1% and 29.1%) averages respectively.

4.4 Supportive Health Data

The health and wellbeing of children in Doncaster is generally worse than the England average. The infant mortality rate of 5.2 per 1000 is higher than both the regional and national rate of 4.3 and 3.9 respectively.

The smoking status of mothers at time of delivery in Doncaster is higher, at 12.9%, compared to the national average of 10.6% (2015/16).
Children in Doncaster have average levels of obesity: 23.8% of children aged 4-5 years and 33.9% of children aged 10-11 years.

The live birth rate has decreased steadily since 2008 as shown in the table below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3804</td>
</tr>
<tr>
<td>2009</td>
<td>3841</td>
</tr>
<tr>
<td>2010</td>
<td>3798</td>
</tr>
<tr>
<td>2011</td>
<td>3776</td>
</tr>
<tr>
<td>2012</td>
<td>3752</td>
</tr>
<tr>
<td>2013</td>
<td>3673</td>
</tr>
<tr>
<td>2014</td>
<td>3561</td>
</tr>
<tr>
<td>2015</td>
<td>3562</td>
</tr>
<tr>
<td>2016</td>
<td>3535</td>
</tr>
</tbody>
</table>

Life expectancy at birth for males, in Doncaster is 77.6, lower than the regional and national averages in 2013-2015. There is a higher life expectancy for females at 81.6 however this still compares unfavourably with regional and national averages.

<table>
<thead>
<tr>
<th></th>
<th>Doncaster Average</th>
<th>Yorkshire and Humber Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>77.5</td>
<td>78.7</td>
<td>79.5</td>
</tr>
<tr>
<td>Girls</td>
<td>81.6</td>
<td>82.4</td>
<td>83.2</td>
</tr>
</tbody>
</table>

### 4.5 Family Composition

Family composition is changing in numbers, with variable arrangements rather than the traditional married family household. A rise of cohabiting partners, step families, lone parents and same sex relationships in the past decade has resulted in a very different profile of family composition in Doncaster. The latest information shows that over 71.9% of families with dependent children are couples, with almost one in three children living in lone parent families (28.1%). A key difference between the family composition profile in Doncaster and that found nationally, is the higher proportion of families that are co-habiting.
4.6 Deprivation

Doncaster is currently ranked 48 out of 326 local authorities according to the index of multiple deprivation and is fourth worst of the 21 Yorkshire and Humber local authorities. One in five of LSOA areas in Doncaster is in the most deprived 10% nationally.

The proportion of children and young people living in poverty in Doncaster is higher at 24.1%, than that found nationally. The rate of family homelessness is better than the national average.

The levels of deprivation in Doncaster reflects in the number of issues relating to school aged children, for example, the number of pupils eligible and claiming free school meals is higher than the national average at 17.1%.
Proportion of primary age pupils eligible for Pupil Premium is higher than the regional and national average.

<table>
<thead>
<tr>
<th>Doncaster average</th>
<th>Yorkshire and The Humber average</th>
<th>England average</th>
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</thead>
<tbody>
<tr>
<td>17.1%</td>
<td>16.8%</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

Proportion of secondary age pupils eligible for Pupil Premium is higher than the regional and national average.

<table>
<thead>
<tr>
<th>Doncaster Average</th>
<th>Yorkshire and Humber Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.9%</td>
<td>28.2%</td>
<td>25.9%</td>
</tr>
</tbody>
</table>

In summary, this data suggest that the challenges Doncaster and its Children’s Services face are greater than those found nationally. Therefore, it is essential that the local authority and partner agencies commission an appropriate range of services that meet the needs of the area, particularly in relation to health and education. Children and families should also have access to a wide range of early help, including parenting and wider family support.

5. Governance and accountability structure of DSCB

5.1 Chairing

The DSCB is chaired by an Independent Chair who was appointed in January 2014 by the Local Authority Chief Executive in conjunction with the DSCB partners and Lay Members. The Chief Executive holds the Chair to account for the effective working of DSCB. A performance management framework is in place to assist the Chief Executive in holding the Chair to account for his work. The Board has a Vice-Chair, who complements the role of the Independent Chair and has oversight of the coordination of the Board’s business plan. Doncaster Children’s Services Trust has responsibility for administrating the Board and employs and line-manages the DSCB Business Support Unit.

5.2 Membership

In order to fulfil its core functions, DSCB is made up of one designated representative from each of a number of partners who form the DSCB. The Board members are:

- Doncaster Metropolitan Borough Council (DMBC)
- Doncaster Children’s Services Trust (DCST)
- South Yorkshire Police (SYP)
- Doncaster Clinical Commissioning Group (CCG)
- South Yorkshire National Probation Service (NPS)
- Youth Offending Service
- NHS England
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- CAFCASS
- Doncaster and Bassetlaw Teaching Hospital
The Board has ensured the voices of children and young people influence its work in a number of ways. These are detailed in Section 8.1 Voice of the Child and Community Engagement.

Designated representatives of the statutory Board Members are expected to serve a minimum of three years on the Doncaster Safeguarding Children Board. The DSCB also has a small number of professional advisors from key agencies. Members of the DSCB are Chief Officers from within their own organisation with a strategic role in relation to safeguarding and promoting welfare of children and young people within their organisation. They are able to:

- Speak for their organisation with authority
- Commit their organisation on safeguarding and promoting welfare policy and practice matters
- Hold their own organisation to account and hold others to account and collate management information to demonstrate effectiveness.

DSCB Board Members have a clear role description, which includes disseminating the work of the Board within their respective agencies. They self-assess their effectiveness within an agreed performance framework. DSCB has appointed two Lay Members who operate as full members of the Board with defined roles and responsibilities. They are both active members of Doncaster community. They bring their local knowledge and expertise to support the work of the DSCB. Both are regular attenders of the Board and its sub-groups. In particular, one has driven forward the work of the Faith and Culture Group and the other has provided support for the CSE work and provided the Board with challenge in relation to cultural competency training. Both members have provided a summary of their contribution to the Board at appendix 3 and 4. They have also provided feedback on the progress of the Board that they have observed in the last year.

5.3 Board Structure

The Board is supported in its work by a number of sub-groups as depicted below. The structure was reviewed in September 2016 and the Learning and Improvement Group was ended in favour of a less hierarchical structure. It was replaced by the Quality and Performance Group (Q and P Group) which deals directly with performance information and audits, rather than having two additional groups sitting under it. The Q&P Group reports to the Business Coordination Group whose membership was reviewed to ensure all key partners are represented. The changes to the structure have significantly reduced duplication of work leading to swifter movement of work and more robust challenge from partners.
The sub-groups progress the Board’s strategic priorities and ensure the Board meets its statutory functions. The Health Assurance Forum and Education Advisory groups encompass their respective communities and are administered through the CCG and DMBC. Task and finish groups are established to work on specific themes as required. Attendance and commitment of partners has been good and has enabled the Board to take forward its priorities.

In January 2016 the Performance Accountability Board (PAB) was created. Its key purpose was identified in its terms of reference as:

- To act as a ‘strategic summit’ group for the DSCB at Chief Executive level to oversee improvement in children’s safeguarding, focusing in particular on cross-cutting issues that require effective interdependent working from partner organisations
- To review progress with Improvement Plans following inspection
- To identify and resolve key areas of performance risk
- To identify barriers to progress and agree solutions

The PAB was established to meet the expectation from the Department for Education (as part of the Secretary of State’s Direction to the Council) that there is a partnership body at executive level to oversee, monitor and challenge improvement. Given the leadership role of the DSCB in challenging and assuring the effectiveness of local safeguarding arrangements, it was agreed by partners that the PAB would operate within the governance framework of the DSCB and would be chaired by the Independent Chair of the DSCB. It is attended by chief officers from the key agencies: SYP, RDASH, CCG, DBHFT, DMBC and DCST. The group is administered by the DSCB.
## 5.4 Board Meetings in 2016-17

The Board has met four times during 2016/17 and also held a Board Development Day in January 2017 to agree our priorities for 2017/18. Attendance at Board level is good. Low attendance tends to be from agencies where there is only one representative from that agency or where an agency represents a number of Boards in the region. Increasingly, Board members are able to provide constructive challenge. The Board keeps a log of all the challenges made and the outcomes of these. See Annex 2, section 2.0 – Impact of the Board – Responding to Challenge, for more information.

### Period Covered – April 2016 to March 2017 with 4 meetings

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<th>No of times attended</th>
<th>No of times representative sent</th>
<th>No of times apologies sent</th>
<th>No of times DNA</th>
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<th>Overall %</th>
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<td></td>
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<tr>
<td>Primary Care</td>
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<td>DBHFT</td>
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<tr>
<td>YOS - DCST</td>
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<td>DMBC (Director)</td>
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<td>DMBC (Cllr)</td>
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<td>Legal Team - DCST</td>
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<td>Attending on an advisory capacity, when needed.</td>
<td></td>
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<tr>
<td>Safeguarding Adults</td>
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<td></td>
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<tr>
<td>SY Police</td>
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<td></td>
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</tr>
<tr>
<td>SY Fire Service</td>
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<td></td>
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<tr>
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<td>50%</td>
</tr>
<tr>
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<td></td>
<td></td>
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<td></td>
<td>100%</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Safe @ Last</td>
<td>4</td>
<td></td>
<td></td>
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<td></td>
<td>100%</td>
</tr>
<tr>
<td>Lay Member(s)</td>
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<td></td>
<td></td>
<td>1</td>
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<tr>
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<td></td>
<td></td>
<td>1</td>
<td>75%</td>
</tr>
<tr>
<td>Community Rehabilitation Co.</td>
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<td></td>
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<td></td>
<td>75%</td>
</tr>
<tr>
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<td></td>
<td>1</td>
<td>75%</td>
</tr>
<tr>
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<td>4</td>
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</tr>
<tr>
<td>Primary School</td>
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<td></td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Secondary School</td>
<td>3</td>
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<td>1</td>
<td>75%</td>
</tr>
<tr>
<td>Special School</td>
<td>2</td>
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<td></td>
<td></td>
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<td>50%</td>
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</table>
5.5 Links with other strategic partnerships

The DSCB is supported by established protocols to ensure good communication, collaboration and alignment with the Doncaster Safeguarding Adults Board, Health and Wellbeing Board and Safer Stronger Doncaster. There is reciprocal attendance on the Safeguarding Adult and Safeguarding Children Boards by the Board Managers. In the last year, the two Safeguarding Boards worked collaboratively to undertake a joint self-assurance exercise (more commonly known as Section 11 audit). This exercise is detailed in Section 10.8 DSCB Partners Self-Assessment (S.11) audit of this report.

The Chair of the DSCB meets regularly with Chairs of the other Boards and is a member of the Children and Young People’s Strategic Partnership. The DSCB receives assurance reports from the Safer Stronger Doncaster Partnership in relation to Prevent and Domestic Abuse. Assurance reports have been provided from the Health and Wellbeing Board regarding the progress of the Mental Health and Wellbeing Transformation Plan.

The diagram below sets out the full ‘Team Doncaster’ partnership framework.

Over the past twelve months, the DSCB has contributed to a fundamental review of the work of the Doncaster Children and Families Strategic Partnership (CFSP) led by the DMBC Director of Children’s Services. As a result of the review, there is now a modified organisational structure for the partnership, with a clear role for the DSCB in terms of scrutiny and challenge of the work of the
partnership in respect of its work to promote and coordinate safeguarding priorities. This is shown below:

During 2016/17, in partnership with the Local Authority has developed a new Children and Young People’s Plan, 2017-20, based around four key themes: healthy and happy, equality, safety, and achievement. Through the Children and Families Executive group, the partnership will be held to account for the delivery of the plan. The DSCB will receive assurances from the Children and Families Executive Group in relation to the plan and specifically on the theme of ‘Safe’. This will include for example, the coordination of partnership activity in relation to early help and neglect.

In the coming year it is expected statutory guidance on the Children and Social Work Act will come into being. The DSCB has agreed some ‘key change propositions’ to inform future development, whilst maintaining a ‘business as usual’ approach during transition.

- Work through the current LSCB in developing modified multi-agency safeguarding arrangements that represent ‘best fit’ for key partners.
- Retain Independent Chair role, with remit to work with key partners to initiate and lead streamlining of multi-agency safeguarding arrangements (in effect, taking forward key requirements from CSW Act 2017 and statutory guidance, within a retained LSCB framework to promote continuity and reduce risk).
- Promote values and behaviours that champion children and foster partnership working.
- Strengthen focus on local assurance, scrutiny and challenge. Key areas of focus to include: understanding and application of thresholds; response to key safeguarding risks (Neglect, Domestic Abuse, CSE, Emotional Health and Well-Being); impact of early help; consistency of core processes; quality of practice.
- Maintain an overview of the effectiveness of local arrangements, identifying areas for learning and improvement.
- Consider opportunities for functions to be carried out on a joint, sub-regional or regional basis where this would promote greater consistency and efficiency
- Encourage a regional or sub-regional approach to issues such as FGM and CDOP.
- Ensure regional dissemination of shared learning from local learning enquiries.

5.6 DSCB Business Support Unit

DSCB is supported by a Board Manager and dedicated business support team which is managed within the Safeguarding and Standards Unit of the Doncaster Children’s Services Trust. There have
been a number of changes within the Business Unit at the latter end of 2016/17 which has provided the team with challenges in ensuring ‘business as usual’. Some support has been provided from outside the unit to enable work to continue but the lack of a stable team has had impact on the continuity and progress has slowed as a result. Recruitment has been underway to replace staff and the team expects to be fully staffed again by August 2017.

5.7 Board Partner Financial Contributions and Board Expenditure 2016/17

The table below sets out the financial contributions of partner agencies to support the work of the Board and the expenditure in 2016/17. Partner agencies continue to manage increasing financial pressures however once again they have provided the same level of contribution to the Board as in previous years. It was considered that the core funding provided by partners was sufficient to maintain the Board’s statutory responsibilities however; DMBC did contribute an additional £9.5k towards improving the training provided around Early Help. This additional funding was used to pay for additional temporary business support to facilitate the smooth running of the training courses. In-kind contributions are received from Doncaster College and DBHFT to support the training offer. DCST provide support through line-management, HR functions and other back office support.

<table>
<thead>
<tr>
<th>DSCB Budget Report 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee costs</strong></td>
</tr>
<tr>
<td><strong>Supplies and services</strong></td>
</tr>
<tr>
<td><strong>Training</strong></td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
</tr>
<tr>
<td><strong>Funded by:</strong></td>
</tr>
<tr>
<td>Doncaster CCG</td>
</tr>
<tr>
<td>CAFCASS</td>
</tr>
<tr>
<td>South Yorkshire Police</td>
</tr>
<tr>
<td>NPS</td>
</tr>
<tr>
<td>DMBC</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
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<td></td>
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</tbody>
</table>
The budget for 2017/18 has been agreed and partner contributions have once again stayed at the same level. The contribution from DMBC has increased slightly as a result of inflationary pressures mainly on employee costs. This budget is in line with other LSCBs of similar size to Doncaster and will be sufficient to meet current needs. The DSCB will ensure that appropriate prioritisation is given to create the biggest impact; however it only provides limited scope for innovation or contingencies for emerging issues. Resourcing will need to be kept under review and if new demands arise it may be necessary to approach partners for a one-off contribution.

| SAFEGUARDING BOARD 17/18 BUDGET |
|-------------------------------|---------------- |
| DMBC                          | 177,675        |
| POLICE                        | 26,000         |
| CAFCASS                       | 550            |
| PROBATION SERVICE             | 2,050          |
| CCG                           | 97,880         |
| **TOTAL**                     | **304,155**    |
6. Summary of Progress against DSCB Priorities

6.1 Progress and Impact against Strategic Priorities 2014 – 2017

In February 2016, the Board approved a new Business Plan for 2016/17 which brought together action in response to the Board’s strategic priorities and the recommendations from OFSTED’s review of the Board in October 2015. In January 2017, the DSCB held its annual development day and sub-group chairs were asked to evaluate (with evidence) the impact the work of their respective sub-groups against the outcomes in the 2016/17 Business Plan using an agreed impact rating: 1 = Planned, 2 = under development, 3 = implemented with early impact, 4 = established with sustained impact. Good progress has been made in most areas however, impact is not always demonstrated. Below is a summary of progress against the DSCB strategic priorities with clear linkages made to the Ofsted recommendations (identified in the text by the reference ORn).

Strategic priority 1: DSCB communicates effectively to ensure that the work of the Board is well publicised, that learning is disseminated and that the voice of children, young people, practitioners and the wider community (including minority groups and faith groups) are able to influence the Board’s work.

a) Develop and implement a communications strategy which clearly identifies what messages will be shared with which groups and how this will be done and identifies delegation arrangements

(OR9, para 155) Develop a communication strategy for the Board to ensure that the work of the Board is well publicised and that the learning identified through the Board’s scrutiny and review functions is disseminated across the children’s services workforce and the communities in Doncaster. A Communications Strategy is in place which identifies how and who the Board will communicate with. Each sub-group is responsible for adding to the communications timetable when it has identified issues which need to be shared. The Board has used a variety of methods to communicate its work:

- The Board shared the progress of its work through the publication of its annual report on the DSCB website and disseminated through partner agencies represented on the Board.
- Information identified through the Child Death Overview Panel has provided information to parents on overlaying.
- The CSE sub-group has developed a communications plan on CSE which is being implemented.
- A Children and Young People Participation strategy has been developed as part of the Communications Strategy and work has already commenced on this (see 1 (b) below).
- The Board currently runs two conferences per year and a newsletter is produced to coincide with these. The last conference was used to launch the neglect strategy and disseminate lessons from serious case reviews.
- Dissemination of learning from case reviews and audits happens via briefings disseminated to all partners and placed on the DSCB website.

Communication occurs at different tiers of organisations, for example through the Performance Accountability Board at Chief Officer level, through practitioner groups, the Conferences and training and also through the website and newsletters and briefings.

Although communications have taken place as identified above, the approach has not provided a strategic approach to the dissemination of information. There has not yet been a coherent evaluation of the current strategy and its impact. Links have recently been made with the multi-agency communications group to provide advice and support in ensuring key messages are consistently
shared appropriately. Recent publicity has been undertaken to raise the profile of the Board in the wider community by taking out an advert in the Doncaster Rovers match publicity and developing CSE awareness cards. Again the impact of these campaigns has yet to be evaluated.

Overall Impact Rating = 2 - Under development

b) Implement young people’s participation strategy and ensure messages from young people are evidenced in the Board’s work

(OR7) Improve the measurement of the impact of the DSCB work, including ensuring the experience of the child is at the centre of partnership working and monitoring of activities. See also OR9 above)

Children and Young People's Participation is included within the Board's communications strategy which was signed off by the Board in April 2016. This includes a number of ways of engaging with children and young people and this work is in progress. To ensure that the experience of the child is at the centre of partnership working their views are now incorporated into all audit activity and the audit tool includes a focus on how the voice of the child is demonstrated. The case review group has challenged all partners to provide an assurance report on how they have incorporated the voice of the child in service development and these have now been received. This is also included in the S11 self-assessment which will be undertaken in the early part of 2017/18.

In order to achieve direct feedback from young people, representatives of the Youth Parliament have attended both the BCG and the Board meeting. A presentation was provided on the Make your Mark questionnaire and members of the Young Carers group attended the BCG to request support with the young carers service. The BCG has asked that this be progressed by the Children and Young People's Strategic Partnership Board.

In April 2016 young people from Doncaster College provided a workshop at the DSCB Spring Conference on communicating with young people and in October they filmed the DSCB Conference. This provides a way of raising the profile of the DSCB with young people. The DSCB has now developed a new website which has a young person's section to enable more child and young person focussed information to be readily available.

A key issue identified through the engagement activity was that of children and young people’s mental health. The Board made a commitment to championing mental health issues for young people and as a result ran a workshop at the young people’s Democracy event in July 2017. Young people identified that not enough was known about mental health and asked that there should be greater awareness raising within schools. This had previously been provided by Public Health Service ‘carousels’. When the Board learnt that these were no longer being resourced a challenge was raised resulting in their reinstatement until alternative arrangements could be made.

Overall Impact Rating = 2 Under development

c) Develop mechanisms to ensure practitioners’ views influence the work of the Board

The Board has established a Practitioner Forum to enable practitioners to comment and influence aspects of the DSCB work. The group have provided feedback on the Neglect Strategy and the issues which they feel are critical to safeguarding in Doncaster. This information was then compared with the issues the Performance Accountability Group had identified and showed that both Chief executives and frontline practitioners had a similar view of what needs to be done. The Forum also helped devise a questionnaire for practitioners on the impact of early help which resulted in changes
being made to the Early Help Module and Liquid Logic. (see Annex 2 ‘Learning from Practitioners’ for more information)

The DSCB has undertaken a programme of work to improve links directly with front-line practice. This has included attending schools’ safeguarding leads meetings and team meetings for all front-line social work teams within DCST. In 2015/16 Board members undertook a ‘Floor walking exercise’ where members visited children services teams across the partnership to gain a better idea of the challenges facing staff. This exercise was extended until 2016/17 when its impact was evaluated. Board members were provided with a pro-forma which gave a focus to the visit and enabled them to record the views of practitioners. The results of this exercise have been collated and have informed the Board’s challenges around early help and information sharing. One key point was the difficulty accessing multi-agency training which has led to more places being made available.

To ensure that there are effective communications with practitioners, access to the multi-agency procedures and training information is provided through the DSCB website and any updates are highlighted using the DSCB mailing list which now includes over 3000 practitioners. This mailing list was used to obtain feedback for the survey on Early help, resulting in 450 responses. The effectiveness of this method is evidenced by the fact that all courses are fully booked and both Conferences were fully booked within a week of being advertised. (see Annex 2 DSCB Conferences for more information on the workshops and topics covered at the conferences). The DSCB also produces a bi-annual newsletter which is available on the DSCB website and is provided for participants at the DSCB Conferences.

Information from serious case reviews, learning lessons reviews and the findings of multi-agency audits are also provided on the DSCB website including links to National Serious Case Reviews and essential reports such as NSPCC report on Neglect and Serious case Reviews. The ‘Latest News’ section on the website which has included information for practitioners on Female Genital Mutilation and a practice briefing on self-asphyxial behaviour.

Overall Impact Rating = 3 Implemented with early impact

d) DSCB develops clear links with the wider community through the work of its Faith and Culture group and can evidence how safeguarding practice has improved as a result

The Faith and Community Group held a development day in January 2016 where it reaffirmed commitment from the group. However it was recognised that a change in the arrangements was required to continue progress. The work of the group has since been taken forward with additional resources being provided by DCST. This has enabled support to be offered to a range of communities including Muslim, Hindu, Turkish and Tamil. (See section 7.2 for more information about work undertaken with faith and community groups).

The Board has also progressed its work with the voluntary and community sector through its links with the Doncaster Youth Alliance and other sporting organisations. A similar approach has been adopted to that of the faith Community, with assurance being sought from the Board on whether safeguarding standards are in place. This has led to training and procedures being provided to a large number of organisations. (See section 7.2 for more information on this work).

Overall rating = 3 Implemented with early impact
e) **DSCB ensures that children’s workforce understands the importance of cultural competency in safeguarding children**

The DSCB has developed learning outcomes to ensure the children’s workforce understands the importance of cultural competency when working with vulnerable families. Some training has been provided however, this only covers a small proportion of the children’s workforce and no evaluation of impact has yet been undertaken. The next step will be for partners to provide assurance about how cultural competency is included in their single agency training.

Overall rating = 2 Under development

f) **DSCB redevelops its website to ensure it provides up to date information in an easy to understand format for all key stakeholders**

The redeveloped DSCB website went live in November 2016, providing a range of information to professionals, parents and children and young people. The DSCB Business Unit has a mailing list of over 3000 practitioners from across the partnership that are provided with updates to training, procedures and briefings from learning lessons reviews.

Overall rating = 3 Implemented with early impact

Strategic Priority 2: DSCB is assured that effective arrangements are in place for responding to key safeguarding risks including early help, child sexual exploitation (abuse), neglect, domestic abuse, mental health of children and young people and that there is consistently good practice across safeguarding services.

a) **DSCB is assured that the early help strategy is effectively implemented and there is evidence of the impact this has had on outcomes for children, young people and their families**

(OR1, para 147) Monitor partner agencies contribution to early help through robust audit and tracking of the number of early help assessments completed and lead professional roles undertaken.

Since the DSCB commissioned its independent review of the Early Help and thresholds in July 2015 much work has been undertaken by the partnership to implement the new early help strategy, handbook and thresholds document. The Performance Accountability Board discussed barriers to progress and the need for the expectations of partner agencies to be made explicit. As a result the Early Help assurance framework was provided which clearly identified partnership roles and responsibilities. The DMBC Director of DCS has presented updates to the DSCB and the PAB and held PAB members to account for their role and commitment to the Early Help Framework. The DCS commissioned an external improvement partner and reshaped the Early help Implementation group to ensure improved delivery and wider partnership ownership of the strategy. The improvements made have been acknowledged by Achieving for Children in their monitoring reports for the DfE and the Local Government Association in their peer review in 2016/17.

The DSCB has implemented an extensive programme of early help awareness raising sessions to ensure frontline practitioners understand the changes and know what their role is. From July 2016, additional courses were provided for practitioners who undertake the Early Help Assessment and Lead Practitioner role. The number of Early Help Module sessions (eCAF) were doubled to ensure practitioners were able to access these.
The Board has received regular assurance reports on progress from the Early Help Strategy Group (EHSG). The DSCB performance report includes a summary of the Early Help dataset which enables challenge to be made if progress falters. The Early Help ‘service pathway’ has been established which includes the Early Help Hub. The Hub receives referrals and provides advice and information to practitioners across the partnership. Work continues to provide a single point of access at the DCST front door. The DSCB was provided with further assurance on this and the development of the MASH at its meeting in February 2017.

Regular audits are undertaken by the DMBC Early Help Coordinators and an assurance report was provided to the DSCB Quality and Performance Group in September 2016 which demonstrated that the quality of early help assessments has improved, although this was from a low base. The Board has undertaken a further multi-agency audit in December 2016 which found that a great deal of progress had been made. Further work is required on the quality of the early help assessments and the pathway from social care back into early help. The Board has jointly commissioned with DCST a further review of the DCST front door in 2017/18. (See Section 7.3.1 for more information on Early Help).

Overall Impact Rating = 3 Implemented with early impact

b) DSCB thresholds are understood by practitioners and are embedded in practice

The training and awareness sessions outlined above (2 (a), include information on DSCB thresholds. Work has commenced on analysis of the post course evaluation and further work will be undertaken on the impact of the training on practitioner understanding of thresholds. The Early Help Review commissioned through the improvement partner ‘Indigo’ demonstrated an improvement in the understanding of thresholds across the partnership.

Monthly audits of the DCST ‘front door’, the ongoing audits undertaken by the DMBC Early Help Coordinators and multi-agency audits of S47 enquiries and strategy discussions have begun to suggest that thresholds are being more consistently understood and applied. The multi-agency audit undertaken by the Board identified that thresholds are generally understood and embedded in practice. The DSCB undertook a survey of front line practitioners on their view of early help and thresholds with over 300 respondents. Most respondents said they were confident in their understanding and application of thresholds.

Despite the training and practitioner confidence the Performance Accountability Board considered an extended topic on ‘Demand management’ at its November 2016 meeting focussing on the operation of the DCST front door. It identified that 40% of referrals result in no further action. A further review of the front door was jointly been commissioned by DSCB and DCST in July 2017, which indicates that thresholds are generally understood. This leads the Board to be increasingly confident about the application of thresholds at the front door. However concerns remain about the reason for the high number of referrals and whether this is due to a lack a poor early help response to families. (For more information on thresholds see section 7.3.1 Thresholds and Early Help)

Overall Impact Rating = 3 Implemented with early impact

c) Children and young people who are victims of sexual exploitation and abuse are provided with effective support which leads to improved outcomes

The Child Sexual Exploitation and Missing sub-group has developed a dataset which provides a clearer picture of CSE in Doncaster. A repeat audit of CSE cases has been undertaken during
2016/17 which shows improvement in outcomes for individual young people. A communications plan has been developed and a timetable of communications on CSE has begun to be rolled out (linked in to the overall DSCB communications timetable).

Excellent links have been made with local industry to ensure a greater awareness of CSE. For example, over 900 taxi drivers have been trained in the last 2 years, which equates to approximately 94% of Doncaster taxi drivers with a further 81 (98%) of private hire companies. During 2016/17 South Yorkshire Police undertook a covert operation to establish whether hoteliers knew what action to take if they suspected CSE. Out of the 13 hotels visited, 7 responded robustly to the situation presented. Positive feedback will be provided to these hotels and the remainder have received feedback and have been offered further training. An action plan has also been developed, which contains details of the lessons learnt and future actions.

At the latter end of 2016/17 the Children Missing Operational Group was replaced with the Protecting Vulnerable Young People Group (PVYP). This new group has a broader remit than CMOG and includes a range of vulnerabilities including CSE, gangs, perpetrators and hotspots. It enables a more sophisticated analysis of intelligence, leading to improved planning for individual young people. All CSE nominals are considered at a police led multi agency meeting with specific actions fed into both the PVYP and the partnership Thrive. The Doncaster Police and CSE team have developed an intelligence submission form that has been sent to all partners to report CSE concerns. This form has been circulated to the wider CSP Partnership by the Chair of the thrive meeting.

The DSCB provided its third report to DMBC Children’s and Young People’s Scrutiny Panel in December 2016 demonstrating how it has addressed CSE in Doncaster (see section 7.10 for more information on CSE and Missing)

Overall rating = 4 Established with sustained impact

d) Domestic abuse services are in place which reduce the risk of harm to families who have experienced domestic abuse and Doncaster communities better understand the harm caused by domestic abuse

Domestic abuse is included on the DSCB dataset and the Workforce group supports the training. Three seminars have been delivered relating to Domestic Abuse supported by the Growing Futures Project. The DSCB regularly receives assurance from the SSDP of the effectiveness of the multi-agency arrangements to respond to domestic abuse and the evidence they have to support this. The Domestic Abuse Strategy was presented to Board members at the July 2016 meeting. An assurance report provided to the DSCB at its meeting in April 2017 celebrated the success of the Growing Futures Innovation Project. Growing Futures has harnessed a stronger hold on domestic abuse across the partnership. The DASH risk assessment is now consistently used and the Domestic Abuse Navigators are having significant impact in their work with both victims and perpetrators. The project has been positively evaluated by the Department for Education and in recognition of the effectiveness of the approach the Local Authority has continued to fund the project. The success of Growing Futures and impact it is having on repeat referrals is given extended consideration in the section on Domestic Abuse (which can be found in section 7.8).

Overall Impact Rating = 4 Established with sustained impact

e) Practitioners understand and are able to respond to the early signs of neglect and this can be evidenced by a reduction in the number of families accessing social care services where neglect has been identified
The DSCB Neglect Task and Finish group was established to provide a greater focus on neglect due to the high number of children being subject to a plan under this category and due to neglect being identified as a feature of the serious case review on Child A. The group has made good progress. The Neglect Strategy has now been launched and a programme of training is being delivered. A multi-agency assessment tool kit has been launched based on the graded care profile which is available on the DSCB website. Training has also been provided on disguised compliance and healthy scepticism, which featured in the SCR and are often factors in cases where neglect is an issue. The DSCB has received assurance from partners that this learning is also included in their single agency safeguarding training. Neglect was also the focus of the Board’s biannual Conference. Extensive work has taken place through the task and Finish group to ensure that the strategy and associated tools have been disseminated across the partnership, for example Doncaster Policing Teams have raised awareness as part of their team briefings, whole school training has been updated to include the toolkit and RDaSH are currently exploring how the toolkit can be embedded into the electronic record system.

As a result of this work Team Doncaster 2017 have placed Neglect as a key priority within the Children and Young People’s Plan 2017-2020. This demonstrates a decisive cross organisational commitment to ensure no child living in Doncaster suffers significant harm as a result of neglect. An audit will be included in the 2017/18 DSCB audit calendar to evaluate the impact of the strategy. The CYPP group will also develop the performance framework to ensure there is a clearer picture of neglect and the impact of the strategy. Assurance reports will be provided to the DSCB on progress.

Overall rating = 3 Implemented with early impact

f) Services are in place to support young people’s mental health and the impact of these services can be seen in a reduction of hospital admissions for self-harm and attempted suicide

(OR6, Para 152) Undertake a review of those children and young people admitted to hospital for self-harm and attempted suicide to determine reasons that will inform suitable preventative work.

Data provided in the DSCB quarterly performance report showed that a high number of young people were presenting at A&E having self-harmed or attempted to take their own life. It also identified that a high number of young people were admitted to Tier 4 services for the same reasons.

A performance challenge process took place in February 2016 which scrutinised the data relating to children and young people's mental health. This included data from admissions to acute wards, CAMHs referrals and conversions to assessment and involved contributions from the key agencies working with young people with mental health issues. An action plan was implemented in June 2016 to address the issues, including an audit of all 19 young people who were admitted to hospital as a result of attempted suicide of self-harm.

The audit identified that CAMHs tends to work in isolation from other agencies and young people’s health needs on occasions wait until they are in crisis before support is provided. The Board received a presentation on the proposals for child and adolescent mental health services (CAMHs) in Doncaster as laid out in the Health and Wellbeing Local Transformation plan. The Board made a commitment to championing mental health for young people and as a result ran a workshop at the young people’s Democracy event in July 2016 where young people gave their views on what services and actions they thought were needed to improve services. Young people identified that not enough was known about mental health amongst both young people and professionals and asked that there should be greater awareness raising within schools. The Local Mental Health Transformation plan
outlined how it intends to support young people earlier by appointing mental health specialist workers to provide advice in schools.

The Board will continue to support the work of the local transformation plan in undertaking this work and challenged public health regarding the awareness raising sessions it was providing (see SP1 (a) OR9 for more details).

Overall rating = 3 Implemented with early impact

g) Signs of Safety model is rolled out across the partnership and the DSCB is provided with evidence to demonstrate the effectiveness of the approach in Doncaster

The DSCB is supporting the roll-out of Signs of Safety (SoS) across the partnership as a way of improving risk assessment and ensuring a consistent approach to working with vulnerable families. The DSCB Training Manager has been actively involved in the development and delivery of the Signs of Safety training. In total 486 delegates have attended a two hour introduction to Signs of Safety on 16 roadshows. A detailed gap analysis has been undertaken that identifies the differential between professionals at Level 3 who require the training and those who have attended the roadshows. Members of the DSCB Training Pool are now actively involved in the delivery of the SoS training. The Training Manager and training pool members have written the in house two day training. The pilot was very positively evaluated and is now being rolled out to multi agency partners. The Training Manager continues to be involved in the operational and steering groups relating to the overall SoS strategy. The DSCB multi-agency audits include questions on the use of Signs of Safety and have identified that professionals are increasingly using the model for evaluating risk. The DSCB will undertake an audit focussing on the implementation of the model in September 2017.

The model has been used in Child Protection Case Conferences since March 2016 and there is evidence that the length of conferences have decreased as practitioners have become more confident in the use of the model. In addition, practitioners across the partnership now routinely present their analysis of risk to child protection case conference using the SoS model. By modelling the approach through case conferences this has enabled partners to use the approach in their day to day practice.

Overall rating = 4 Established with sustained impact

Strategic Priority 3: DSCB has a clear understanding of the effectiveness of the safeguarding system in Doncaster and can evidence how this is used to influence the Boards priorities

a) DSCB has a culture of challenge and is able to evidence how challenge has impacted on the provision of safeguarding services for children and young people (OR5, para 151) Ensure the challenge log is effective in evidencing areas of concern that have been raised, addressed and show what improvements have been made as a result.

The Board has continued to develop a culture of effective partnership challenge. This is evidenced most clearly in the Challenge Log which was improved in response to a comment by the Ofsted inspectors who suggested the log “does not focus sufficiently on individual cases and escalation of issues.” (Ofsted 2015 p.43). The number of cases which are escalated straight to the Independent Chair has reduced with most now being dealt with through the lowest level of the Resolving Professional Differences Protocol. Concerns raised by SYP regarding young people going missing have been dealt with through the Protecting Vulnerable Young People Group and PAB.

Each sub-group now also adds challenges to the Challenge Log which can then be followed up at BCG and Board level. For more details about the impact of challenges made (see Annex 2, section
2.0 - Impact of the Board.) A number of challenges have also been raised to the Performance Accountability Board (PAB). See section 4(a) for more detail on the work of the PAB.

The Board has received assurance reports on the development of the MASH on a regular basis. It has also received feedback from inspections from SYP, CCG, DBHFT, RDASH and Doncaster College. Where appropriate the Board has sought assurance that action has been taken to make improvements.

The improvement in performance data and regular audit activity, coupled with assurance report provided from partners, has enabled the Board to evaluate the quality of safeguarding practice in Doncaster and understand what actions have been or are being taken the address the issues.

Improvement in the performance reporting has enabled the Board to identify areas of concern such as the number of children attending A&E as a result of self-harming and action has been taken to explore this issue further.

The Board’s multi-agency audit programme has provided useful learning in relation to neglect and has been able to show the improvement in CSE work in its re-audit of CSE. The coming year will enable us to evaluate the impact of actions taken as a result of audits.

Overall Impact Rating: 4 Established with sustained impact

b) DSCB data set provides the Board with appropriate information to enable it to identify the key safeguarding issues in Doncaster

(OR3, para 149) Ensure that high quality performance data is available and robust analysis occurs to enable the Board to have a good understanding of child protection and safeguarding activities across Doncaster.

(OR7, para 153) Improve the measurement of the impact of the DSCB work, including ensuring the experience of the child is at the centre of partnership working and monitoring of activities.

During 2015/16 the Board began to receive quarterly performance data through its Learning and Improvement group, this now falls within the remit of the Quality and Performance group. This has continued during 2016/17. The data has enabled the Board to identify areas for challenge however the format of the report, and how much information needs to be shared with the Board has been kept under review.

One issue raised by the performance report was the low number of GP’s providing reports to case conference. DCST and the CCG and GP practice managers worked closely together, resulting in changes to processes, which has now led to an increase in reports from GP’s. A second issue identified in the 2016 Quarter 3 report was that a high number of young people were accessing the Emergency Department for drug and alcohol issues although this was not reflected in the numbers of young people accessing the specialist drug and alcohol service. A task and finish group has now undertaken a deep dive to establish why more young people are not accessing the service.

Good analysis of the data continues to be difficult to achieve. A challenge has been made to all partners to ensure that the meaning behind the data is provided, rather than a simple description of the data.

Overall impact: 3 Implemented with early impact
c) DSCB disseminates the lessons from case reviews, audits and complaints to practitioners and can evidence the impact this has had on practice

(OR4, para 150) Ensure there is a programme of audits, and re-audits, to identify the strengths in multi-agency practice and where weaknesses are identified these are addressed promptly.

(OR8, para 154) Implement a system to evaluate the effectiveness of training delivered and monitor the impact on practitioner’s work.

A timetable of multi-agency audit activity, led by the DSCB is in place. The audit plan is developed in line with the DSCB priorities and other information received during the year from performance data or external reports. The Board has undertaken the following audits since the Ofsted inspection:

- CSE re-audit
- Missing children
- Strategy meetings
- An audit of children in secure accommodation and custody
- Mental health of children and young people
- LGA Peer Review audit
- Early Help, Thresholds and the Front-Door

The Quality and Performance Group also receives single agency audits which provide additional information to understand safeguarding risks in Doncaster. For more information regarding audits see audit section.

In October 2016, the DSCB published a serious case review relating to the death of a baby who died in 2014, ‘Child A’. Publication was delayed due to the criminal proceedings. The DSCB has participated in two other serious case reviews led by other safeguarding boards. Action plans have been undertaken on all of these with impact on practice beginning to be evidenced. In particular the cases identified the need for workers to show professional curiosity and warned of the dangers of disguised compliance by families. These issues are now incorporated into the DSCB multi-agency training and single agency training provided by partners. As a result of the case reviews CIN procedures have been amended to ensure more robust multi-agency working at a CIN level and to ensure a process is in place to include GP information in multi-agency assessments.

The Case Review Group has developed a review process based on the Welsh Concise Child Practice Review which enabled us to extract the learning from cases in a more timely way. See section on case reviews for more information on the work of this group.

The Workforce Development group has developed outcome-based evaluation forms which enable a focus on the outcomes of practitioner training. These are currently being used on Level 3 training and neglect training and have shown significant increase in scores post-course. There is a system of reflective logs to enable workers to reflect on their learning and how this has impacted on the practice post-course.

Overall impact: 4 Established with sustained impact

d) DSCB members have an understanding of the issues affecting front-line practitioners and can evidence how this has influenced the development of services

The establishment of the Practitioners Forum and the Board’s Floor Walking exercise 2015/16 has enabled DSCB members to have an understanding of the issues facing front-line practitioners (see 1(c) for more details). The Case Review Group has now established a process based on the Welsh
methodology for Practice Learning Reviews, which involves practitioners giving their views on learning lessons review. Two such events have now taken place; feedback from those attending was that they were extremely useful and would lead to a change in the way they worked with other professionals. (See Annex 2 section 1.5 on Learning from Practitioners for more information).

Overall impact: 3 Implemented with early impact

Strategic Priority 4: DSCB is aware of emerging issues which have implications across the partnership and works effectively to ensure appropriate action is taken

a) DSCB develops a forum whereby there is a coordinated approach to priority issues which have cross-cutting agendas, such as Prevent, domestic abuse, female genital mutilation, modern slavery, hidden harm.

The Performance Accountability Board has been established to ensure key partners identify and act on agreed priorities. The group has been ‘action-focussed’ dealing with key themes by agreeing key actions and feeding back at the following meetings. Topics are introduced by considering reports either as a scoping documents or extended discussion topics. In addition, the PAB considers key inspection and other national reports which will affect the partnership and require a partnership response.

A full report was provided the Children and Young People’s Scrutiny Panel in December 2016 which identified the themes considered by PAB and action taken as a result:

<table>
<thead>
<tr>
<th>DONCASTER PAB – SUMMARY OF BUSINESS AND ACTION TAKEN 2016</th>
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<tbody>
<tr>
<td><strong>Scoping and extended topics</strong></td>
</tr>
<tr>
<td>Early help: Discussed barriers to progress and the need for the expectations of partner agencies to be made explicit</td>
</tr>
<tr>
<td>Working with families with challenges – extended discussion topic. Cross-cutting report provided identifying partnership challenges</td>
</tr>
<tr>
<td>Information sharing</td>
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<td>Topic</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td>Multi-agency information sharing agreement.</td>
</tr>
<tr>
<td>Children missing from care – extended discussion topic. Cross-cutting report provided identifying areas where partners could work more effectively with children most at risk of harm</td>
</tr>
</tbody>
</table>
| How do we develop a shared strategy for managing demand across the partnership? DSCB/PAB chair provided data illustrating the high level of demand at DCST front door and the need to work differently as a partnership. Discussion centred on:  
  - Do we have the right volume of activity?  
  - Should more be done in Early Help?  
  - Have we got work in Early Help that could be done more quickly?  
  - Have we got the balance right for lead agencies? | Action points for January 2017:  
  - Establish single point of access from January 2017  
  - Evaluate the impact of multi-agency training on the application and understanding of thresholds  
  - Undertake audit of thresholds  
  - Agree alternative arrangement for screening referrals from SYP  
  - Consider commissioning project to analyse demand and cost profile in Children’s Services arrangements |
| Multi-agency audit on understanding and application of thresholds. As a result of the above discussion the DSCB was asked to provide the preliminary findings from its multiagency audit of early help and thresholds key findings were:  
  - Good progress since previous review of early help commissioned by DSCB  
  - General understanding of thresholds  
  - Variable quality of early help assessments  
  - Query that the pathway from DCST to early help was clearly understood | Much discussion took place on the preliminary findings and it was agreed that the DSCB and DCST would jointly commission a further external review to examine practice at the front door. |

**Overall impact: 4 Established with sustained impact**

**b) DSCB promotes opportunities for working across geographical areas where this would provide a more cost-effective response or improvement to current working arrangements**

The DSCB has reviewed its processes in relation to Female Genital Mutilation as a result of the new statutory guidance and has provided seminars to raise awareness and inform the workforce of their duty under the new guidance. The Board is also working with the Health and Wellbeing Board to develop and implement the Hidden Harm Strategy. The aim of this strategy is to improve outcomes for children whose parents misuse drugs and alcohol.
Sub-regionally, Board Managers have held discussions about the possibility of providing some services on a sub-regional basis such as procedures, training and CDOP. Similar discussion have taken place with the DSAB to consider initiatives which could be more effective if undertaken jointly, such as some publicity or marketing campaigns and links with the wider community. The DSAB and DSCB currently hold a joint self-audit process. The second of these is currently underway, due to be completed in July 2017. They have also agreed to hold a joint Safeguarding Week in October 2017.

Sub-regional working has enabled the development of two innovative projects; The South Yorkshire Empower and Protect Innovations project set out to test a new model of working, supporting children at risk of CSE through the use of therapeutic interventions; the Mocking Bird Family Model is a new approach to foster care which has created ‘constellations’ of foster carers to provide a fostering ‘extended family’ for children in foster care. More information on these projects can be found in Annex 1, p.11.

Overall impact: 3 Implemented with early impact

c) DSCB considers the implications of the CSW Act (Wood Review) and plans towards its implementation

Preliminary discussions have taken place with relevant partners to consider the implications of the CSW Act. The Association of Independent Chairs Conference in November 2016 gave Chairs and Board Managers the opportunity to consider the opportunities and challenges which now present themselves. The Board awaits the new guidance and legislation to provide details of changes. However in the meantime it will continue to look at opportunities which may be provided by alternative processes and ways of working.

Overall rating : 3 Implemented with early impact
7. Quality and Effectiveness of Local Safeguarding Arrangements

This section covers the statutory responsibilities which the Board must have oversight of as identified in Working Together 2015. It provides a statement on the sufficiency of arrangements to ensure children are safe and identifies challenges and priorities for the coming year.

7.1 Voice of the Child and Community Engagement

Across the partnership in Doncaster the voice of the child has continued to be a high priority. The DSCB has seen its role as two-fold:

1. Ensuring that young people’s views influence the work of the Board
2. Seeking assurance from partners about how they have ensured the child’s voice has influenced their services.

Make Your Mark (MYM) is a national ballot consultation for young people (YP) aged 11-18yrs which identifies the top four priorities of concern to young people both locally and nationally. Doncaster reached 30.2% of the population age during the 2015 consultation. In February 2016, the Children and Families Partnership Board (CFPB) worked in partnership with young people to co-produce action plans based on each of the four locally identified priorities: Transport, Living Wage, Curriculum for Life and Mental Health.

In July 2016, young people representing disabilities, children in care, young carers, Doncaster College and members of youth parliament facilitated a democracy event. At this, students from across the borough had the opportunity to discuss the identified priorities in more detail with CFPB members and service providers thus enhancing youth voice participation. The DSCB supported this event and facilitated a workshop on mental health.

The outcome of the event was the co-production between young people and decision makers of agreed action plans based on the priorities identified in the MYM 2015 consultation which were endorsed by the CFPB. The actions relating to mental health were delegated to the lead for the
Children and Young People’s Mental Health Transformation Plan. The Board has continued to seek regular updates to ensure this plan is progressing. (see Appendix 1 for plan)

As part of the DSCB multi-agency audit process agreement is sought to contact young people for their views of the services they have received. The audit report on Children in Custody included the following feedback when asked if they had someone they felt they could talk to:

“YOS and key worker, they understand me and can make me think and behave differently” (YP F, aged 17).

“CAMHS made me realise I don’t have to focus on the same problem all the time I can live a life as well” (Child J, aged 14).

And from the Thresholds and Early help audit a young person commented on the services they had received:

“...IFST have been involved with the family and me working with us to make things better”.

In addition to direct influence, the Board has also sought assurance from partners regarding how they have ensured the voice of the child within in each agency, how this is incorporated into training and what impact it has. All key partners responded and provided assurance on how this was being done. For example, DMBC noted that its staff undertook Total Respect training and that they had now appointed Voice champions to lead on this work.

The DSCB Quality and Performance sub-group received single agency audits on a range of themes as part of its performance framework. One such report was received from DCST on an audit it had
undertaken on the voice of the child in child protection processes, as evidenced in case files. It noted that:

- A number of cases evidenced good use of direct work tools with children to obtain their views, wishes and feelings.
- More children could be invited to and encouraged to attend child protection case conferences.
- Children’s views, wishes, feelings and voices not always explicitly recorded on case records.
- Inconsistent recording regarding children’s engagement in child protection processes.

As a result, DCST has completed an action plan to address these issues, for example work has now commenced to encourage more children to attend conferences.

The Participation & Engage Sub group (P & E) is a formal sub group of and reports directly to, the Children and Families Partnership Board Executive group with a remit to uphold CYP’s right to a ‘voice’. All sub group members share the commitment to championing the voice of CYP as a ‘right’ within their respective organisations and within the P & E sub group and share the ambition for Doncaster to become the most ‘child friendly’ borough in the UK. Membership of the sub group ranges across the spectrum of the strategic partnership. Given its statutory obligations to lead the partnership, the local authority chairs the meetings, but no single organisation has control of the decision making process, all partners are equal members and all jointly own the work programme and share leadership and accountability.

The group first met in the summer of 2016 and produced some ‘mapping’ of voice and engagement across Doncaster as an intelligence base. The sub group began to meet formally in November 2016 and agreed its outline work programme and terms of Reference.

The most pressing two items on that work programme was the production of a CYPP engagement strategy and facilitating CYPF engagement in the Children and Young people’s Plan (CYPP). By January 2017, the group had produced the draft P & E strategy based on desk top evidence and national best practice.

A number of task groups were established and two major set piece consultative events were held at the Dome in February 2017 and the CAST theatre in May 2017, attended in total by over 100 children and young people from a range of backgrounds. These sessions also facilitated the consultation and production of the Children and Young People’s Plan 2017 – 2020, including the production of a child friendly version of the CYPP (in the form of a film) which was then launched at a high profile event at the Keepmoat stadium in May 2017. This culminated in the final draft of the P & E strategy which will be presented to the Children and Young Peoples Board in September 2017. A child-friendly version of the Children and Young People’s Plan is now being developed by this group and is expected to be available in September 2017.

7.2 Voluntary and community sector, including faith groups

The DSCB Faith and Culture group continued to meet regularly during 2016/17. Progress however was faltering due to the time needed to engage with community groups and having no specific resource to undertake the work. The approach which had been developed was to provide groups with a list of standards and an audit tool for them to rate themselves against. Discussions with community and faith groups found that the standards and audit tool was too complicated. In order to make progress the audit tool was simplified and a resource was provided by DCST to enable contact to be made with particular faith groups as identified by the sub-group to collaboratively complete the audit activity.

In October DCST provided additional resources through the Safeguarding and Standards Service. This has led to contact being made with members of the Muslim, Hindu, Sikh, Turkish and Tamil communities. Support has been given to complete the self-audit of safeguarding standards and groups have been supported in developing safeguarding procedures and training has been planned. Training has now been provided for the Redeemed Christian Church of God.
A number of groups have now been contacted and have been supported to adopt the safeguarding standards through the development of appropriate procedures and the provision of safeguarding training. This work is ongoing and in the future will address such issues as sexual exploitation, female genital mutilation and forced marriage.

In November 2016, a number of disclosures were made in the media relating to historical child sexual abuse which is alleged to have been carried out by football coaches. The abuse was against a number of professional footballers and former academy scholars at various professional clubs. The precise number of players, alleged abusers and clubs as yet is unknown.

In response to this, the Independent Chair of DSCB requested assurance on the safeguarding arrangements in sports settings in Doncaster. By using a similar approach to that used with faith groups, it developed an audit tool based against a set of standards and wrote to the larger sporting organisations to ask them to complete the audit tool and respond to the DSCB. Seven organisations responded:

- Doncaster Rovers FC
- Doncaster Rugby League Club
- Club Doncaster Foundation
- Doncaster Rugby Union Club
- DARTS (The Point)
- Doncaster Community Leisure Trust (DCLT)
- Flying Futures CIC
- Doncaster Chamber of Commerce
- Active Fusion

A report was provided to the DSCB in February 2017. This identified the key findings from the audit and future actions to be taken. It was agreed that each organisation would be invited to a challenge meeting to discuss the findings of their audit and agree any further support they may need. The challenge meetings all took place in March 2017. Most organisations were able to provide evidence of good safeguarding practice. Others were supported in developing improvements to their procedures and training was provided to all organisations by the DSCB.

This work is now being continued to include smaller sporting groups across Doncaster.

7.3 Thresholds for Intervention, Early Help and the Multi-Agency Safeguarding Hub

7.3.1 Thresholds and Early Help

Under Working Together 2015 the LSCB has a statutory function to assess the effectiveness of early help arrangements. Continued progress has been made in 2016/17 to establish systematic and increasingly effective early help provision. Concerns remain about the quality and consistency of casework; the take-up and effectiveness of the lead practitioner role in some partner agencies remains variable.

The DSCB has continued to have regular updates on the progress of early help including challenges being made through the Performance Accountability Board.
Early Help Strategic Group has developed a performance score card enabling them to target development. The performance data is provided on a quarterly basis to the Board through its own performance framework to provide assurances on progress.

**Key Findings on Performance:**

- Number of enquiries into the EHH has increased by 31% between Q4, 15/16 and Q4, 16/17.
- 75% of enquiries (6,230 of 8,343) into the Early Help Hub are for children living in the 30% most deprived LSOA’s in Doncaster. 57% of the 0-19 population of Doncaster live in the 30% most deprived areas.
- 56% of enquiries to the EHH have been for children aged under 9. 19% of all enquiries relate to young people between 14 and 18 years of age.
- On average there is between 1500 – 2000 cases open at any one time. Education is Lead Practitioner for 50 % of open cases followed by Parenting and Family Support Service 42 %.
- LP uptake from the health economy, by individual services remains below 2.5% each of the total allocated cases.

**Quality**

The quality of single agency early help cases audited by the DMBC Early Help Coordinators (EHCs) remains variable with the 77% of cases assessed as ‘inadequate’ or ‘requires improvement’ (32% and 45% respectively). The quality of work varies across the partnership with those cases where the lead practitioner is from the Parent and Family Support Service (PAFSS) (DCST) showing a consistently better standard with 84% of cases being either ‘requires improvement’ or ‘good’. In 2017/18 there will be a drive to improve quality through the EHCs working closely with managers across the partnership (not including PAFSS) to provide support and oversight to their staff. The EHC will also improve direct work with families by individual practitioner support. The key themes that emerge from all audit activity show that improvement is needed in the following areas:

- The quality of assessments, including the child’s voice to be evidenced and an analysis in terms of impact for the child required
- Father’s views not always sought and information from other agencies not always evidenced.
- The outcome of assessments did not always link to a clear plan of intervention.
- Plans not always SMART or up to date and a need for them to be regularly reviewed.
- Greater management oversight and supervision required and a need to improve and evidence reflective discussion.

Staff across all agencies report that the audit process is supporting them to improve their practice as lead practitioner.

**Training**

There is now a detailed programme of training available to all agencies to support them in delivering early help to families. Staff in all agencies report they are more confident in taking on the role of lead practitioner and better supported through training and the local networks when they are accessed.
What is Early Help?

‘What is Early Help?’ is an introductory course aimed at all professionals working with children. The role of the Lead Practitioner is more specific and aimed at professionals assuming that role. The Assessments/Outcomes and Plans Workshops are offered as additional support. The first two courses (‘what is Early Help?’ and ‘Role of the Lead Practitioner’ are mandatory, and the second two courses (‘Assessments Workshop and ‘Outcomes and Plans Workshop’) are voluntary; which may explain the difference in attendance. Attendance at all courses is reviewed on an on-going basis.

Impact of Training

In May 2017 an evaluation of the impact of training demonstrated that of the cases which were closed 44% were de-escalated, 27% remained static, and 8% escalated to a more targeted service. Although this demonstrates the effectiveness of work on outcomes, it is recognised that case closure reasons are not enough to show impact therefore the Outcomes Star is being introduced as the agreed method for evidencing impact consistently in 2017/18.

In April 2016 assurance activity was undertaken via the DfE appointed improvement partner (Achieving for Children) with a report to the DfE which provided assurances that the EH pathway was secure and that there was evidence of positive impact in the lives of families.

Summary of findings:

- There continues to be strong evidence that professionals from different agencies make appropriate referrals to the Early Help Hub in order to access multi-agency early help support for children and their families in a timely manner.
- The partnership is appropriately identifying and providing support to more families.
- The large majority of open cases also have a current family plan which is, again, a significant improvement. The timeliness of assessments and care planning is good.
- The quality of assessment and intervention planning remains variable but is improving.
- The impact of direct work has reduced the vulnerability of most children and young people. The Outcome Star Framework is increasingly being used with families and children to map and measure progress.
- Less concern re step-up but acknowledge an issue with step down from social care
- Performance data is sophisticated and provides intelligence about the quantity and effectiveness of early help support. This intelligence has been used well to develop services both at strategic and operational levels. The quality of performance data available to managers and practitioners is good.

Findings from the Multi-agency Audit Autumn 2016

As part of its regular audit activity the DSCB undertook a multi-agency audit of early help in the autumn of 2016 with a report that followed in January 2017. The findings of this report were discussed at the Partnership Accountability Board. The audit demonstrated that thresholds were understood in the majority of cases but not always applied correctly across the continuum of need. No
children were left at risk as a result of inappropriately applied thresholds. However, in a small number of cases, ACPS did not appear to have been proactive in making arrangements to step down the family when the threshold for social care intervention is no longer met. This was in part due to the reluctance of partners to take on the Lead Practitioner role.

As a result of the findings from this audit the DCST and DSCB commissioned a further review of the front door and early help services in June 2017. The findings from this review fall outside the dates of this annual report and will more correctly be reported in next year’s report, however in brief the findings were as follows:

- There is a good understanding of the various thresholds in place in Doncaster and they are generally operating well.
- There is a need to improve the step up and step down pathway arrangements from Early Help and CSC to ensure more effective support for individual children and young people as needs change and support information sharing on families.
- The Early help arrangements need greater engagement from some partners with improved communication about how the system works and the responsibilities to support families through an early response.

**Next steps**

Although considerable progress and early signs of impact is evident, more needs to be done. The DMBC Director of Children’s Services will continue drive forward the Early help agenda. He will provide challenge to relevant health providers to fully engage in the Early Help response and the uptake of the Lead Practitioner role. The DMBC Early Help Co-coordinators will continue to focus on improving the quality of practice within schools and to engage the partnership in the full early help training package. A review will be undertaken of cases where children are referred from early help services into children’s social care (step-up) and particularly where they are referred back to early help services from social care (step-down). The findings from the review will provide learning points for improvement. The Early Help Strategy Group will undertake a mapping exercise to demonstrate what services are available for families, define how these services can be accessed and ensure locality partnership resources are fully utilised. A communications strategy will be developed to ensure all professionals, families and the general public understand what the pathways and services are for families requiring early help.

**7.3.2 Multi-agency safeguarding hub arrangements (MASH)**

The MASH was introduced in 2015 led by DCST. The DSCB has received regular assurance reports on the progress of the MASH; the last one being in April 2017. The Board has requested clarity on the referral pathway and governance arrangements, however the last report was requested by the DSCB Independent Chair and focussed on key assurance questions (see below).

DCST social workers, Health (CAMHS), South Yorkshire Police and Education are all represented in the Hub. St Leger Housing previously were represented but are not currently represented. There is currently no single point of contact for children’s social care but this is expected to be in place by July 2017.

The volume of MASH enquires varies across each week and there is little predictability.

**Areas for development**

Since this report was provided the function of the MASH is being explored with partner agencies, to ensure that it meets the needs of Doncaster children and families into the future. A recent Ofsted visit has confirmed that the Front Door arrangements of the Trust are safe and did not relay any concerns into how the Mash is used as part of this process.
7.4 Families with complex needs

7.4.1 Children with Disabilities

Services for children with disabilities includes support offered in schools through the Special Educational Needs and Disability Service (SEND) based in DMBC, and services for those children with more complex disabilities who require an Education Health and Care Plan. Those with more complex needs would be supported through Children’s Social Care.

The SEND team continues to deliver all SEND statutory duties on behalf of the LA with a 100% compliance rate for conversions of statements to Education/health and Care plans. The team plays a critical role in liaising with Special Schools to support safeguarding practice in and around children with additional needs.

The team receives regular safeguarding input and have strong links with the wider support system, for example Commissioning, the Safeguarding Lead and Standards and Effectiveness Team. The team are responsive and act quickly when sub regional alerts on Out of Authority (OOA) placements are received; parental concerns are followed up with the parent, setting and services. The team plays a critical role in connecting special schools with the wider system.

The Children with Disabilities social work team transferred from DMBC to Doncaster Children’s Services Trust on 1st June 2016. On 1st September 2016 the Oaklands Residential Short Breaks children’s home also transferred to Doncaster Children’s Services Trust.

The Children with Disabilities Team is a social care team that consists of a team manager, social workers, social work assistants and business support colleagues. The role of the team is to provide a statutory social work service to children with complex, multiple and enduring disabilities and health conditions. Where there are safeguarding issues, these will be dealt with by the Children with Disabilities Team and where children with severe disabilities become children in care they will usually have a social worker in the Children with Disabilities Team. This includes those who become children in care as a result of having a short break package that involves more than 75 overnight stays per year.

The team members have specialist knowledge and skills in relation to disabled children, but also have the same core children and families social work skills as their counterparts in the area-based social work teams, enabling them to manage complex cases involving safeguarding concerns.

As well as safeguarding and supporting over 120 children at any time, the team also supports wider work for example in relation to transitions from children’s to adult services, supporting the provision of training on safeguarding disabled children and supporting the Trust’s Voice Group in relation to hearing the voice of disabled children who may not be able to communicate using words. The team are all trained to talk to children using Makaton and have a variety of resources that can be used to work with children who communicate without using spoken words.

Joining the Trust has enabled the team to develop closer working relationships with other social work teams; however the team have retained their important links with other services for disabled children including the SEN department, short break provision etc.

Oaklands is a children’s home that provides short breaks for children with disabilities who have complex care needs. These breaks give their families a rest but also provide the children with an opportunity for social interaction and fun in a safe care setting. The
Like all children's homes, Oaklands is inspected regularly by Ofsted and is currently graded as good. The report from the 9th March inspection states:

“This home was judged good at the last full inspection. At this interim inspection, Ofsted judges that it has improved effectiveness”.

A fully trained and supported staff team is able to meet the care needs of children and young people. The committed and efficient manager attained registered manager status in August 2016, having managed the home since January 2016. He is aspirational for the children and young people in his care to be happy, safe and achieve to the best of their ability. He has worked extremely hard to improve care and outcomes. This has included working together with senior managers from the trust to ensure that parents are fully informed and able to play a more active part in planning for their child’s care. The active participation of parents and family members, coupled with the impressive partnership working with local schools, ensure that children and young people receive consistent messages empowering them to make real progress in their personal development.

The recent addition of an excellent sensory room provides even more choice for shared experiences or quiet time alone. Bedrooms are individually prepared for children and young people’s arrivals, promoting a sense of welcome and security. The communal rooms are bright and colourful, with seasonal decoration on the walls, such as art work and posters in preparation for Mother’s Day.

Children and young people thrive in this stimulating atmosphere, allowing them to have fun with their friends. A taxi driver wrote in the compliments book: ‘When I turn in to this road with [Name] he giggles and claps and he doesn’t do that anywhere else.’ As a result of staff support and encouragement, children and young people are empowered to engage in social interaction in a way that they would not otherwise have been able to. This includes in-house activities as well as attendance at local soft-play centres. This promotes inclusion and expands children and young people’s horizons. The experienced and enthusiastic staff team provide children and young people with consistent, well-planned care. Staff report positively about the improvements in their support and supervision, which enable them to have more of an understanding of their role and responsibilities.

### 7.4.2 Stronger Families Programme

Stronger Families continues to be a transformational programme and seeks to embed an “ethos of working” and holistic approach to family working across all partners and agencies. Hence, in this second year of the expanded programme the DSCB were assured that the message that Stronger Families is not a separate service or a separate referral pathway and is in fact “everyone’s business”. It is being used as a means to strengthen and support the Early Help Offer and reinforce the role of the Early Help Hub – pathway and process. The programme continues to provide capacity in services to support the transformation needed to deliver coordinated whole family working; including four posts in the Early Help Hub, four EWO posts, Early Help posts, intensive family support, work in DCST and commissioned complex family support through YWCA.

Additional support is also available to services and agencies through use of the stronger families’ innovation fund and specialist advice and guidance from the DWP employment advisors.

Progress has been made with the implementation of the full case management system on EHM, an interim solution will be available in August 2017, and this will help recording, monitoring and tracking of families more efficiently and should lead to more claims being identified and support the management and monitoring of service transformation.

Stronger Families programme continue to fund training and programmes such as Moving on Together (MoT), Getting On programme and Working with Uncooperative Families. It has funded the
implementation of the Outcomes Star to help evidence progress with families through early help and support and has developed a robust Outcomes Plan.

A quarterly performance report from Stronger Families goes to DSCB and progress reports go to Health & Wellbeing Board and Safer Stronger Partnership Board. As a minimum an annual session with Overview and Scrutiny Management Committee (OSMC) takes place to reflect progress and issues. An issue was raised through the DSCB regarding ensuring that families are identified across the partnership in order that potential claims can be identified. Partners took this back into their agencies for action.

Next Steps and Future Challenges include:

- Further embedding Stronger Families ethos into practice across the Team Doncaster Partnership and thereby drawing out potential claims from cases. Targeted activity with services and partners is planned on a phased approach along with discussion about support, training and development opportunities and agreeing targets for PbR claims.
- Maximising the income potential for Doncaster. While we are on track to meet our targeted number of families engaged on the programme, the current projections of the payments by results claims figures are below target for Doncaster, which presents a risk to the future income for the remainder of the programme.
- The implementation of the whole family case management system through the Early Help Module is continuing and is expected to go live 1st October 2017.

7.5 Children in Need

In the first quarter of 2016/17 (Apr-June) there were 2790 child in need cases open to Doncaster Children’s Services Trust. This number reduced throughout the year and by quarter 4 2016/17 (Jan-Mar) the number stood at 2548. The decrease is attributable to the implementation of the Early Help Pathway and improved understanding of thresholds amongst professionals. This can be seen through an increase in early help referrals.

Doncaster has a higher number of Child in Need cases than the national average. The average rate of child in need cases, under the age of 18 years, for 2016/17 is 407 per 10,000 of the population. The latest national annual figure stands at 377 (Children in need census 2015/16). There is, however, considerable variability in the rate at a local authority level. At 31st March 2015/16 the lowest average number was 151 ranging to the highest of 700.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>National Average 2015/16</th>
<th>Doncaster Average 2015/16</th>
<th>Doncaster Average 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CIN cases per 10,000 of population under the age of 18 years.</td>
<td>377</td>
<td>382</td>
<td>404</td>
</tr>
</tbody>
</table>

DCST undertook a review of all its CIN cases to ensure that children were receiving an appropriate service. As a result a number of cases were escalated to child protection level, and this eventually also led to an increase in the number of children who became looked after. Recent audits of CIN cases have shown much greater consistency and improved practice providing assurance that these children are receiving a quality service at the right level.
7.6 Child Protection

In last year’s annual report it was reported that the number of children subject to a child protection plan had risen steadily from 305 in July 2015 to a high of 441 in December 2015 after which they began to decline. The Ofsted report noted that there was a legacy of children not receiving services early enough and some being left in vulnerable situations for too long. The reason for the increase in children subject to a Child Protection plan was attributed to DCST undertaking a review of its child in need cases after the Ofsted inspection in 2015, resulting in a large number of CIN cases being escalated to child protection. The number of children subject to a plan reached a peak of 442 at the end of February 2016 and since this time the numbers have declined to 430 at March 2017 and this trend has continued to June 2017 at 375. Information regarding statistical neighbours showed that Doncaster had a high number of children subject to a plan. The DSCB will continue to seek assurance that Doncaster is now in line with other similar Local Authorities.

As would be expected from this fall this is evident in the reduction in the number of Initial Child Protection Conference requests and increase in the numbers of children who have been removed from a plan. There has also been an increase in number of children who were subject to a CP plan who have become looked after.

Total number of children in need at the end of the month (includes CPP and CIC)

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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>2,543</td>
<td>2,684</td>
<td>2,790</td>
<td>2,738</td>
<td>2,665</td>
<td>2,587</td>
<td>2,481</td>
<td>2,561</td>
<td>2,582</td>
<td>2,594</td>
<td>2,559</td>
<td>2,548</td>
<td></td>
</tr>
<tr>
<td>2017/18</td>
<td>2,623</td>
<td>2,622</td>
<td>2,806</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>390</td>
<td>411</td>
<td>428</td>
<td>420</td>
<td>409</td>
<td>397</td>
<td>380</td>
<td>393</td>
<td>396</td>
<td>398</td>
<td>392</td>
<td>391</td>
<td></td>
</tr>
<tr>
<td>Rate/10k</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Children subject to a child protection plan per 10,000 population aged U18

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>54</td>
<td>43</td>
<td>51</td>
<td>46</td>
<td>62</td>
<td>66</td>
</tr>
</tbody>
</table>

% Children subject to a child protection plan for a second or subsequent time

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>19</td>
<td>18</td>
<td>16</td>
</tr>
</tbody>
</table>
The category of neglect continues to dominate. Audit activity suggests it is an overused category but for most neglect cases it is appropriately used. Further work is being undertaken to establish whether in some instances there is a more appropriate category, particularly for cases of domestic abuse. Work has been undertaken and will continue with the Child Protection service around this, including group audit of cases, managerial and self-review of recommendations, and workshops with the chairs around categories.

<table>
<thead>
<tr>
<th>Category of abuse</th>
<th>% of children under each category 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>14.9% (20.50% 15/16)</td>
</tr>
<tr>
<td>Neglect</td>
<td>74.9% (69.24% 15/16)</td>
</tr>
<tr>
<td>Physical</td>
<td>49% (5.86% 15/16)</td>
</tr>
<tr>
<td>Sexual</td>
<td>5.3% (4.31% 15/16)</td>
</tr>
</tbody>
</table>

Work has been undertaken to improve attendance or contribution of partner agencies at Child Protection conferences. This has included improvements in the timeliness of invitations and work across the partnership to emphasise the importance of good information sharing. This has also led to an improvement in agencies providing reports to conference, including GP’s, which in the past has proved problematic. The introduction of the Signs of Safety (SoS) format for all Child Protection reports has led to an improvement in the quality of reports provided, and consistency by professionals with families.

**Agency attendance at child protection conferences (CPC) 2016/17**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Initial CPC’s &amp; Transfer In</th>
<th>Review CPC’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Education</td>
<td>88%</td>
<td>93%</td>
</tr>
<tr>
<td>School Nurse</td>
<td>79%</td>
<td>74%</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>91%</td>
<td>83%</td>
</tr>
<tr>
<td>Midwifery</td>
<td>66%</td>
<td>81%</td>
</tr>
<tr>
<td>Probation</td>
<td>33%</td>
<td>51%</td>
</tr>
<tr>
<td>SYP</td>
<td>45%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Work has been undertaken to enable more children and young people to participate in their conference. This has been done by a number of means including the use of a PowerPoint and examples of direct work being presented to conference. There is a “Voice” champion in the team promoting participation and the voice of the child being evident in the conference. The introduction of MOMO (Mind of my Own – an app that children can use to directly share their views) has also provided children and young people with more choice of how they can engage and with the service / meeting and shares their views.

The DCST Signs of Safety (SoS) champion in the Child Protection team is working with DCST locality teams to implement the model consistently in all practice. The model was implemented into DCST conferences in March 2016. It has seen positive results in terms of understanding and engagement.
with professionals and families. The SoS conference report was implemented in October 2016 which has ensured that all conference reports are aligned to SoS, across the partnership.

### 7.7 Looked after Children

The DSCB receives the IRO Annual Report to provide assurances about services for looked after children. The information provided below is extracted from this report.

During the year 2016/17 there have been a total of 1296 review meetings which identifies that there were 232 more review meetings than 2015/16 (1064). This increase is in line with the number of children in care increasing as a whole over the year 2016/17. As at 31 March 2017, there were 510 children in care.

Over the past year there has been a gradual increase in the number of children in care in Doncaster. Although the figures have fluctuated slightly as children have entered and exited care.

- The number of children in care in Doncaster:
- 1st of April 2014 - 512.
- 1st of April 2015 - 483.
- 31st of March 2016 487.
- 31st of March 2017 510.

#### Children placed by age and placement type

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Under 1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-15</th>
<th>16+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male</td>
<td>Female</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Foster Care</td>
<td>13</td>
<td>8</td>
<td>18</td>
<td>20</td>
<td>39</td>
</tr>
<tr>
<td>Residential</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Foster care with relative or friend</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

#### Total children in care 2016/17

Children placed by age and placement type
Throughout the period 1 April 2016 – 31 March 2017, as well as the above placement type, a further breakdown illustrates the range of provision that was provided for children:

<table>
<thead>
<tr>
<th>Type of placement</th>
<th>No. of children placed during 2016/17</th>
<th>No. of children placed during 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaccompanied Asylum Seeking Children</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Placement in adjacent local authorities</td>
<td>80</td>
<td>74</td>
</tr>
<tr>
<td>Placement in distant local authorities</td>
<td>95</td>
<td>116</td>
</tr>
<tr>
<td>Children placed out of authority in foster care</td>
<td>119</td>
<td>125</td>
</tr>
<tr>
<td>Children placed out of authority with families and friends carers</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Children placed in DCST with families and friends carers</td>
<td>32</td>
<td>34</td>
</tr>
<tr>
<td>Children who became LAC as a result of remand into custody</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Placed in DCST children’s homes (inc. CWD)</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Children placed in DCST foster care</td>
<td>228</td>
<td>136</td>
</tr>
</tbody>
</table>

Since October 2014, DCST has ensured the appropriate application of the Looked After Children Regulations. Robust social work ensures that all children have the option to live with a family member explored. Work has also been undertaken to increase the number of children placed in Doncaster with foster carers. As evidenced above the number of children placed in distant authorities has decreased. There has been an increase of children being placed outside of DCST with families and friends carers.

Work has been undertaken to ensure children who have a plan to reside with their parents subject to placement with parent's regulations are robustly reviewed with timescales with revocation of care orders where these are no longer required to safeguard children.

Carers have been successfully supported by the Trust to apply to the courts for Special Guardianship Orders (SGO) and Child Arrangement Orders (CAO). This has ensured that these children have, following appropriate assessment, been able to remain with family members or friends and do not require the protection of a formal looked after status.

The number of children with three or more placements in a year has risen very slightly (by 1%) through 2016/17. An audit was undertaken in February 2016 which identified that some of the children who were experiencing frequent moves are children with more complex needs. This audit was undertaken again in March 2017 and positively indicated only one other child had moved into this category.
The development of a robust procedure to support placements when there are periods of instability will be introduced in July 2017. This will include the ability to hold a pre-disruption meeting when a placement serves notice and a disruption meeting if a young person experiences an unplanned move. This will aim to ensure early interventions are put in place when the placement requires additional support. There are of course times when placement moves are in the best interests of children, for example returning home or a move to an adoptive placement; these support mechanism will not be required in these instances. There has also been one young person who required secure accommodation to promote their own protection 2016/17.

7.8 Domestic Abuse – Growing Futures

7.8.1 Introduction and background

The Community Safety Service operates as part of the statutory Safer Stronger Doncaster Partnership (SSDP), working closely with a number of key partners who are members of the SSDP in a collective effort to reduce Crime and Disorder across all our Communities.

The service is also responsible for the management and delivery of a number of key services linked to the agendas of reducing crime, anti-social behaviour, domestic and sexual abuse. The Board is a key partner that supports the SSDP’s strategic approach to domestic abuse, which, during 2016/17, was confirmed as being underpinned by a whole family whole systems approach through Growing Futures.

In 2015/16, DCST with partners secured £3.1m from the Department for Education (DfE) Innovation Fund, throughout 2015 – 2017, to support the transformation of practice to children, young people and families. The innovation programme is known locally as Growing Futures and promotes the ethos that ‘Life doesn’t have to be like this’. Before Growing Futures there were very few interventions focused on children and young people, and even fewer focused on the recovery of victims and their children together, in order to achieve sustained reduced risk of victimisation, both locally and nationally. Perpetrator work was also focused on prosecution alone when evidence allowed, with no support to understand behaviour to enable a change in abusive behaviour.

Growing Futures project activity ended in March 2017, after which it was strategically adopted as a programme with a specific philosophy of practice.

The ambition of Growing Futures is to transform our social care and partners domestic abuse practice in Doncaster and inform the national programme through the DfE in order to:

- Reduce the emotional harm caused by domestic abuse to children;
• Directly support recovery from abuse for victims and their children;
• Significantly reduce repeat victimisation;
• Challenge the acceptance of domestic abuse and violence by families and whole communities; and
• Break the pattern of abuse as it re-presents itself in children and young people.

7.8.2 Objectives and Key Headline Indicators

• Reduce repeat cases to MARAC by 25%. This was achieved; at the end of the project, the MARAC high risk repeat rate had reduced from 49% to 28%
• Reduce to 30% repeat referrals to social care where DVA is a factor. This was achieved – at the end of the project the overall repeat referral rate was 28%. Where families had been directly supported by a Domestic Abuse Navigator (DAN), the repeat referral rate was lower; 15.8% after 6 to 9 months of cases closing. This is a 9.2% improvement against all cases known to CSC.
• Work intensively with around 240 high risk families per year (350 children)
• Work intensively with 350 medium risk families per year (500 children)
• Reduction of children admitted to care 5 to 15 per annum, resulting from 10% reduction in Children in Need where DA is a factor

In November 2016, the new DVA strategy for Doncaster was launched. Prior to this partners had agreed that Growing Futures would be locally adopted as programme to tackle DVA and we would continue to transform DVA service provision to reflect a whole family approach to DVA.

7.8.3 A different way of ‘thinking’ and ‘working’

Through Growing Futures, Doncaster partners have pioneered a different way of ‘thinking’ and ‘working’ that challenges traditional approaches to domestic abuse through an understanding of the dominant discourses in practice across offender services, adult victim support and social care practice that see working with families in silos, or not their role at all. Our approach is based on whole family working focusing on strengths within the family to minimise risk and vulnerability by delivering evidence based therapeutic practice to all family members alongside their other needs. It is therefore a long term way of thinking and working differently together as partners with families and not just a project. This requires a new approach through whole systems and practice leadership across a number of partnerships at strategic and operational levels through two key strands of reform:
• Partnership and capacity building
• Practice development - focused on social work and family support, but wider practice with partners

To achieve this reform we developed three key aims with specific actions under each to drive this work forward:

7.8.4 Raising awareness for agencies, practitioners, communities and families to challenge domestic abuse

• Executive Coaching and development of common purpose to support strategic leaders to influence their agencies thinking and practice and develop common ground on which to work more effectively together. At the end of the programme participants advised that their ability to work effectively together had increased by 39% and their ability to jointly support new ways of
working had improved by 50%. This has led to a review of DVA governance on behalf of the SSDP and, alongside a response to the recent scrutiny review of DVA, the structure of the SSDP DVA groups (and membership) has been refreshed to ensure operational and tactical DVA activity is strategically led and informed by performance.

- Communications Strategy as a key element of the prevention approach by developing key messages and campaigns aimed at victims, perpetrators and children and young people, along with resources to be used by services to support engagement and awareness raising, for example, a ‘tool kit’ for schools, youth and care providers to talk about and support young people who could be affected by DA. This was rolled out to 1200 local child and young people of whom 95% said they could now define hurtful relationships, 90% understood what abuse was and 98% now knew who to talk to.

- Research – Growing Futures enabled a project which was led by young researchers to understand why domestic abuse is so spatially acute in Doncaster and to develop materials to ‘speak’ to young people from young people. It was clear from this research that our young people, whilst noting domestic abuse is part of their lives; do not want it to remain so in the future. This informed the strategy, which ensured community capacity and young people’s voice forms part of the response in the borough.

7.8.5 Engaging and leading the development and learning of mainstream services

- Engaging and leading the development and learning of mainstream services
- Specifically designed to support continuing professional development and actively promoting learning through:
  - The development of a new Domestic Abuse Competency Framework for the wider workforce including a Domestic Abuse Award (Masters level) for champions and specialists working across partner agencies
  - Adoption of Signs of Safety (SoS) as a core philosophy of practice which, in relation to DVA, has ensured a shared understanding of risk and competency in safe assessment and an active response.
  - Refocus of social care practice but also significant focus on developing family support services to model a new type of workforce to work with families with multiple and complex needs which present alongside DVA.
  - Supporting our frontline practitioners to recognise DVA as a pattern of coercive control and to shift focus away from single incidents of domestic violence.
  - Development of a good practice guide which supports practitioners to respond to the whole family where domestic abuse is an identified feature in a case

7.8.6 Develop and evaluate new practice to change the way the partnership works together and with families with domestic abuse

- The evaluation of Growing Futures has now been released and disseminated, and we are informing not only local, but national, practice responses to DVA.
- We are also informing academic research in this arena – an area which, until the development of Growing Futures, was under researched in the UK.
- Locally, in 2016/17, we began to collate a wider data capture so we can build a data profile that focuses on outcomes as well as impacts.

7.8.7 Outcomes and achievements to date

We are starting to see an impact of Growing Futures direct work with families impacted by DVA. Despite DVA continuing to be a frequently recorded concern in 21.98% of Child and Family
Assessments with direct impact on children we saw a reduction of 18% when compared with the previous year. Contributing to this has been:

- Focus on the needs of all children and young people currently known to Children’s Social Care where there is an assessment of domestic abuse. DASH risk assessment is now embedded within Children’s Social Care case management to understand the level of risk. By the end of 2016/17, 52.12% of cases had a DASH risk assessment undertaken and this has enabled us better understand the risk posed alongside the typology of DVA which, in turns, means we can respond more effectively to the DVA.
- Reviewing practice and support for those children and young people who would benefit from early help. In 2016/17, this included the commencement of an extensive refresh of all local DVA training so that it reflects contemporary best practice and aligns with the whole family approach to DVA.
- Growing Futures Domestic Abuse Navigation Service - 91 cases were worked and closed by DAN’s in the statutory social care arena from September 2015 to March 2017. Although some have been re-referred there is a reduced rate of 15% against other case re-referral rates being 24%.

This refreshed focus when responding to DVA has enabled us to see:

- A recent reduction of cases to MARAC where children are involved alongside an increase in referrals to the Early Help hub;
- A reduction in Police call outs to families open and worked by DAN’s showing a more settled picture for these families alongside an overall reduction in reported incidents (from 3058 in in last 12 months to 2148)
- Closed cases following DAN support have achieved cost reductions in wider public sector costs and in CSC where children have not become looked after.
- % of repeat referrals in R&R in last 12 months from 22.6% to 11.1%
- Number CiN in last 12 months with domestic abuse has reduced to 296 and of CLA in last 12 months with DA to 1

Following the success of the programme, the DMBC has committed to fund the DCST over the next three years to further develop and mainstream the approach. The Board is committed to supporting the work with partners that has stemmed from Growing Futures, and also to embedding the new Domestic Abuse Strategy which identified the following key issues which are priority challenges as Doncaster continues to tackle domestic abuse alongside other complex needs. These are:

- Build community resilience, capacity and challenge cultural acceptance
- True joint commissioning across Boards and commissioners to tackle DA along with multiple needs in families
- Long term investment to tackle DA with whole place approach which will have wider public health benefits and support reduction of anti-social behaviour.
- Challenge services to ‘think’ and ‘work’ whole family and what this means in practice
- Research and evaluate the impact of silo working; traditional and professional hierarchy; and the impact of austerity on agency priorities to agree strategic approach to improve outcome.

### 7.9 Private Fostering

**Introduction**

Under Working Together 2015, one of the Board’s statutory functions is to develop policies and procedures to ensure the safety of and welfare of children who are privately fostered. Private fostering is an arrangement made by a child’s parents for a child under the age of 16 (or under 18 if the young
person disabled) to be cared for by someone other than a parent or close relative with the intention that it should last for 28 days or more.

As part of its challenge and assurance process the DCSB is provided with an annual report on the arrangements for privately fostered children. The report was presented to the Board in February 2017.

7.9.1 Private Fostering Notifications/Arrangements in the Year Ending 31 March 2017

In summary:
2 private fostering arrangements had already started.
5 new private fostering notifications were received.
3 notifications did not progress to full assessment
2 notifications progressed to full assessment
4 arrangements ended

7.9.2 Promoting Awareness of Private Fostering Notification Requirements

Private fostering materials have been sent to social care teams and other partner agencies. Private fostering awareness raising undertaken through the Multi-agency Private Fostering Focus Group which meets at quarterly intervals. The group which consists of representatives from partner agencies provides a forum for professionals to discuss strategies for undertaking a more proactive approach in private fostering publicity and awareness raising within their organisations, with the Private Fostering Co-ordinator taking the Lead and overseeing agencies cooperation and effective partnership working in this regard. The group focuses on sharing responsibility for raising awareness of private fostering.

- Private fostering information is included in the DSCB’s website and all board members are requested to promote the understanding and reporting of Private Fostering within their own agencies.
- Statements about private fostering “Looking after Someone Else's child’ and ‘what is the carer’s relationship to the child are included in the Doncaster Council Transfer Request Form and also the School Nursery Application forms.
- Private fostering is embedded in the Local Authority schools model safeguarding policy, so all schools know the procedures and also all staff know how to access support. The Safeguarding in Education lead also uses Engage Doncaster to keep the messages going into schools on a regular basis.
- Doncaster College Lead Practitioner Safeguarding include private fostering in their mandatory staff safeguarding training. All new Student Performance and Progress Tutors (SPPTs) been made aware of the requirement to report potential private fostering arrangements.
- Private Fostering is included in the ‘Refresher in Safeguarding Children Training’ pack delivered annually to all Private Nursery Managers in Doncaster.
- The Named Nurse Safeguarding Children has raised awareness of private fostering within NHS by including private fostering information in the staff monthly ‘Trust Matters’, newsletter and intranet.
- Private fostering information is included on the Fostering service Website and promoted through our Facebook page.
- The Private Fostering Co-ordinator has liaised with the Chair for the Faith and Culture groups to raise awareness of private fostering with BME and faith communities.
7.9.3 Private Fostering Week Campaign – 4th to 8th July 2016

Activities were undertaken during the private fostering awareness raising week which took place from 4th to 8th July 2016. The awareness raising and publicity activities were targeted towards the public, professionals working with children and young people and adults, communities including Faith and Culture groups. It included a wide range of activities such as:

- Articles in the local press
- Plasma screens in publically used buildings
- Emails to all staff in DCST, DMBC, St Leger Homes and NHS
- Letters to schools

7.9.4 Safeguarding and promoting the welfare of children who are privately fostered

Social care has a responsibility for ensuring that the welfare of privately fostered children is promoted and safeguarded. Each child known to be living in a private fostering arrangement in Doncaster has been monitored and supported through Regulation 8 statutory visits. This requires the child to be seen alone during each visit unless this is thought to be inappropriate in which case the social worker would record the reasons for not seeing the child alone.

7.9.5 Training

The Private Fostering Co-ordinator is a member of the CoramBAAF Northern Region’s Special Interest Group on Private Fostering. The group meets quarterly for the purpose of sharing and updating understanding of Private Fostering issues. The forum provides training and support resource for members to enhance skill knowledge base and improve their awareness and knowledge of practice issues.

Private Foster Carers can access training available to the Trust’s foster carers

7.9.6 Equality and Diversity

PF Co-ordinator has made links with agencies involved with BME, Faith and Culture groups. Private fostering is promoted through these agencies.

Private fostering publicity leaflets have been translated into 8 different languages which include: Polish, Czech, Slovak, Nepalese, Bulgarian, Mandarin, Russian and Urdu. Information can further be made available in different languages or format on request.

7.9.7 Priorities for 2017/18

DCST has arrangements in place to ensure its duties and functions in relation to private fostering are discharged. Private fostering guidance and information is available to practitioners and specialist advice is accessible through the Private Fostering Co-ordinator, and also the Childcare Legal Team. This report has clearly highlighted the efforts the service has made in engaging with appropriate organisations to ensure that there is good professional and public awareness of what constitutes private fostering and of the need to notify the Trust of existing or intended private fostering arrangements. However, it is to be acknowledged that notification has remained very low with no evidence of referrals made by parents or carers. Although low notification appears to be a national issue, the challenge is to uncover the hidden private fostering arrangements, as the children living in
those unknown arrangements are particularly vulnerable and lack the protection provided through the private fostering regulations.
The number of private fostering notifications remains low, therefore the following action will continue to be undertaken in 2017/18 in an attempt to increase notifications:

- Private Fostering Focus Group will continue to undertake action to promote awareness of Private Fostering.
- Private fostering information to continue to be cascaded to internal and partner agencies.
- To continue to provide children and young people, parents and carers with private fostering information to ensure clear understanding of the requirement to notify private fostering arrangements.
- To raise the profile of private fostering at strategic level with the support of Team Manager. The effectiveness of private fostering promotion requires to be monitored by a committed management staff, which will scrutinise practice and set targets to improve public awareness. The private fostering service would require an annual review of the provision and of the service plan, while focusing on trends in the overall impact of the private fostering arrangements.

7.10 Child Sexual Exploitation and children who go missing

Working Together 2015 included a duty on LSCBs to conduct regular assessments on the effectiveness of local responses to Child Sexual Exploitation (CSE). The Board’s multi-agency work to tackle child sexual exploitation (CSE) in Doncaster is coordinated through its Sexual Exploitation and Missing Children Sub-Group.

The Ofsted Inspection of Doncaster in 2015 highlights the improvements for child sexual exploitation in Doncaster. Inspectors saw “good work” and “Arrangements to respond to concerns where children are at risk of, or are suffering, child sexual exploitation are much improved” (Ofsted, 2015, P11).
The CSE sub-group made good progress against the actions set out in the overarching strategic plan for the group for 2016 -17. The plan was aligned to the strategic priorities of the Board and Ofsted recommendations. Identified areas for focus were the development of a CSE balanced score card to include data analysis, the identification of hot spots within the industry sector, the development of a strategic and tactical communications plan, awareness raising of the signs of CSE, engagement with faith centres and culturally diverse communities and creating a new PVYP (Protecting Vulnerable Young People) Group which had a broader remit and took over the existing CMOG (Children Missing Operation Group).
The emerging picture for some time in Doncaster has been that there are no particular groups or gangs that appear to be linked to CSE, however peer on peer exploitation, “boyfriend model” and internet grooming has seen a big increase.

There has been an increase in referrals in respect of younger children into the CSE team due to internet grooming and accessing inappropriate websites and pornographic materials. The CSE team have worked with some year 6 primary school children to talk about safe adults and incorporate online safety through implementing ‘All Right Charlie’ and internet grooming has seen a big increase.

There has been an increase in referrals in respect of younger children into the CSE team due to internet grooming and accessing inappropriate websites and pornographic materials. The CSE team have worked with some year 6 primary school children to talk about safe adults and incorporate online safety through implementing ‘All Right Charlie’ and internet grooming has seen a big increase.

1 This is a form of exploitation identified in the Barnardos Puppet on a String report http://www.barnardos.org.uk/ctf_puppetonastring_report_final.pdf
2 ‘Alright Charlie’ is a preventative resource pack that addresses child sexual exploitation (CSE) and grooming in a way that is age appropriate, created by The BLAST Project – the UK’s leading male only CSE service
Support to victims

The CSE team hosted by DCST is now an established multi-agency team consisting of 3 social work posts, one health, one education worker and 2 Barnardos workers co-located with specialist police officer colleagues and 2 missing persons investigators. Being co-located means that information can be shared in a timely way and responding to concerns can be undertaken quickly. Every referral relating to possible CSE is triaged through the MASH process within 24 hours. There is a designated CSE MASH worker who is able to screen referrals and ensure that CSE is appropriately identified. If cases progress from MASH, each case will be assessed and allocated accordingly. Assessments and plans are completed and staff will continue to work with young people until identified risk factors have been mitigated. If the referral does not require involvement from statutory services, these will be closed only after any on-going support needs have been identified and cases referred into the correct service.
The DCST was a partner in the sub-regional approach which tested a new model of working with children and young people who experience or are vulnerable to Child Sexual Exploitation (CSE). South Yorkshire partners agreed to commit additional funding to continue the trial over a full second year. During its period of activity, SYEP supported four Doncaster children in care and eight on the ‘at home’ element of the project. (see Annex 1, section 2.2 DCST for more information). Learning from the approach has been mainstreamed across South Yorkshire from April 2017.

Disruption and prosecution of perpetrators

Disruption continues to remain effective based on a partnership approach to offender, victim and location management. Police officer and PCSOs regularly submit intelligence on each of these areas with the public also frequently reporting information through CrimeStoppers. Intelligence from PVYP panel and from referrals from partner agencies, young people and families’ help to feed into disruption tactics, resources are deployed and information is shared with Thrive (Threat, Harm, Risk, Investigation, Vulnerability & Engagement, a fortnightly meeting for tactical managers within partner agencies aligned to the SSDP and other agencies) to provide a quick response in areas where concerns have been raised. Specific outreach has also taken place by the CSE team, police, education and Changing Lives in areas where concerns have been raised.

CSE Quality Assurance

A ‘Sexual Exploitation and Missing’ performance report is now provided to the group on a quarterly basis. The performance indicators within the data set provide the Child Sexual Exploitation sub group with information about the profile of CSE in Doncaster in terms of the age, gender and ethnicity of both victims and perpetrators. The data also provides an overview of the effectiveness of the police response through arrest and conviction rates. A breakdown of categories of sexual exploitation has provided the group with information regarding specific areas of concern, in particular online offences. The information has directed attention to raising awareness amongst young people and professionals regarding indecent images and malicious communication.

The data set also includes performance indicators for referral sources and assessment outcomes. This data has enabled the group to identify agencies with lower referral rates and ensure the effective targeting of awareness raising training. DCST Q4 16/17 data shows that the number of contacts into social care where there has been a concern of CSE has had some increase however only a small number of these were converted into a referral. This suggests that thresholds were not being well understood and children were being referred unnecessarily. Training has now taken place to improve this. SYP referral data demonstrated that there was a reduction in the number of referrals listed as sexual exploitation across the region. Doncaster continues to have the lowest number of referrals.
listed as sexual exploitation in the South Yorkshire regions for the end of Q4 16/17. The data also identifies that most referrals to social care come from the police and referral rates by some other agencies are low. It is currently unclear, however, whether these agencies are raising concerns with the police rather than social care or, alternatively, whether CSE is not being identified or acted upon. Work around identifying the referral source into the police is being undertaken to understand if improved knowledge of CSE is needed across the partnership.

A re-audit of CSE was undertaken in March 2016 which evidenced improvements in practice from the original audit in 2014. The audit group felt confident that the practitioners knew the signs and risk indicators of child sexual exploitation and this was articulated in referrals, assessments, case file recording and supervision within all agencies involved. The response demonstrated by agencies has been appropriate, timely and children had been kept safe. Tenacious practice was evidenced to disrupt activity of perpetrators and appropriate action had taken place. Positive impact could be demonstrated in 8 of the 12 cases and where a risk of child sexual exploitation was still present robust
risk assessments and safety plans were in place. A further single agency audit will be undertaken by DCST in 2017 to ensure continued progress.

**Industry Sector**

The Industry Sector Group has continued to work with businesses including hoteliers, taxi drivers, food establishments, public transport, private sector landlords and any sectors which may come into contact with Child Sexual Exploitation. Specific focus has been upon raising awareness of CSE amongst taxi drivers. Five additional safeguarding sessions were held and by the end of March 2017, 94% (approx. 900) of taxi drivers had received training. Training is now a mandatory requirement where action can be taken to withdraw the licences of those who have not engaged.

Following the delivery of training to hoteliers, South Yorkshire Police undertook an undercover operation visiting 13 hotels to establish whether safer practices had been adopted. The majority of hotels were found to have taken effective action in line with the training provided. Positive feedback was given and further training was offered to the other establishments.

**Communications Plan**

The CSE sub-group communications strategy has been finalised and a calendar of events and target areas has been developed. In conjunction with awareness raising sessions a number of communications were held during 2016/2017. These included a media release to promote CSE workers, a ‘spot the signs’ twitter campaign, targeted group work with young people with ‘low level’ risky behaviour, provision of a dedicated CSE page on the DSCB website, a CSE awareness day held in March 2017 and promotion of online safety and spotting the signs through publication in a local magazine with a circulation of 16,500 homes.

**Raising Awareness**

Throughout 2016/17 there has been a co-ordinated approach to delivering training in raising awareness of CSE with carers, professionals, faith groups and across schools. The number of people trained increased by over 10% from 2015/16. A specific focus has been on engaging with children and young people about indecent images, online grooming and malicious communication. A total of 3165 children and young people received awareness training which is an increase of 50% on the previous year. Referrals to DCST have seen an increase in concerns of CSE perpetrated online. This increase is attributable to the extensive awareness training provided. The outcome has been that more young people have been identified as victims and also as perpetrators and received appropriate professional support.

Raising awareness amongst young people is key to providing effective support to those at risk of CSE. The launch of the Respect website (www.doncaster.respectyourself.info/) has provided an online facility for young people to access information and guidance as well as signposting to support agencies. In addition partners support school carousels at the beginning of each year where CSE risk is highlighted to pupils. South Yorkshire Police deliver CSE awareness inputs to all year groups from Yr7 to Yr11 once a year and YOS have CSE champions who identify risk within YOS clients. Police officers regularly patrol hotspot areas and again, support is given to any young person deemed at risk. The CSE team, Police, CEOP, and public health ran an internet safety awareness day in the town centre where young people and parents were approached to discuss internet use and safety 37 males and 61 females participated in completing questionnaires about their internet use.
Faith and Culture

Work on community engagement with minority ethnic communities in relation to CSE has been included in the work of the Faith and Culture Sub Group. Progress is reported through the Sexual Exploitation and Missing Sub Group (see Faith and Culture Group, Section 8.2 for more information on the work of this group).

7.11 Children who go missing

Children who go missing are recognised to be particularly vulnerable to child sexual exploitation and other risks of harm. The effectiveness of help and protection for children missing from home and care has improved in recent years but it continues to be an area of concern nationally.

The Children Missing Operation Group (CMOG) amended its terms of reference in January 2017 to consider all young people identified with significant vulnerabilities with the aim of providing a greater focus on all children at risk of CSE. The group was renamed and became PVYP (Protecting Vulnerable Young People). The group meets monthly to share intelligence and discuss those children and young people most at risk. The DSCB PVYP manages anywhere between 6 and 12 cases at any one time that are considered to be the highest risk cases of children missing from care or home and at risk of CSE. Many of these young people have complex backgrounds and demonstrate CSE risk. The Brooke Serious Case Review into Child Sexual Exploitation has been used by the Sexual Exploitation and Missing Sub Group to identify strengths and gaps in the multi-agency responses to child sexual exploitation in Doncaster. An action plan was devised and implemented during 2016/17. An area of focus is children who go missing during school hours. The procedure for Children Missing
Education has been adapted to encompass this group of young people. Guidelines have been produced to assist schools in identifying these children and putting in place appropriate safeguards.

The need for improvements to the effectiveness of return home interviews for children who have gone missing was raised as an issue in December 2015 through a DSCB multi-agency audit. In December 2016, the service was brought in-house to be managed by DCST.

Three new advocate posts were established and staff came into post in the last week in November 2016 in preparation for the function transferring to The Trust on 1 December 2016. Additional out of hour’s capacity within the Targeted Youth Support Service was also established and this became functional in January 2017. An additional business support post was also established and the post holder started in early February 2017.

Over the year there was a slight increase in the number of children going missing and the number of missing episodes. However, in the last quarter of 2017 the number of missing episodes increased significantly and this trend has continued into Quarter 1 of 2017. An assurance report provided to the Performance Accountability Board in July 2017 showed that: “overall, the first six months of the new RHI service has seen an increase of 53% in missing episodes which in turn increased the demand for return home interviews.

At the same time, however, there has also been an increase in the proportion of interviews offered and taking place that is above and beyond the increase in the number of return home interviews required. An audit of missing episodes undertaken by DCST in July 2017 also indicates that the quality of RHIs has significantly improved as has the evidence of follow up support.

<table>
<thead>
<tr>
<th></th>
<th>Average Jun 16 – Nov 16</th>
<th>Average Dec 16 – May 17</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of missing episodes</td>
<td>81</td>
<td>124</td>
<td>+53%</td>
</tr>
<tr>
<td>Number of children with a missing episode</td>
<td>56</td>
<td>74</td>
<td>+32%</td>
</tr>
<tr>
<td>Number of return home interviews required</td>
<td>77</td>
<td>89</td>
<td>+16%</td>
</tr>
<tr>
<td>Number of return home interviews taken place</td>
<td>43</td>
<td>56</td>
<td>+32%</td>
</tr>
</tbody>
</table>

The increase in missing between December 2016 and May 2017 can to some degree be explained by the increase in missing episodes associated with children in care. These went up from 33 episodes June to November to 63 December to May. Further tracking is required to see if this is a continuing trend and establish the root causes. Initial hypothesis on increase relate to better reporting of missing episodes. The work with individual young people has proved beneficial with incidents of missing episodes reducing for those individuals. However it is possible that the increase may be in part be due to some young people with complex needs being placed in DCST children’s homes pending further work to secure longer term placements. Work continues to be undertaken by the RHI Advocates with staff at the homes to assist in reducing the number of missing episodes.

Areas for development:

- Reduce the number of children going missing
- Improve the identification of children who go missing during school hours
8. **Conclusion and Recommendations for Future Actions**

This report has provided detailed information on the effectiveness of safeguarding in Doncaster. It provides an overview of the work of the DSCB and its partners to promote the welfare of children and young people and has demonstrated the impact of the work undertaken.

The main body of the report provides the context of safeguarding and looks at the effectiveness of key safeguarding functions including early help, child protection, looked after children, domestic abuse and child sexual exploitation. Annex 1 provides detailed information from each partner providing assurance about the work they have individually taken to safeguard children and about how they have supported partnership working through the DSCB. Annex 2 provides an in depth look at the work the Board has undertaken to improve safeguarding practice by learning from a range of sources, in particular performance reporting, audit and case review. It also identifies how the Board has challenged partners to improve practice and the impact of those challenges and the work of the Board in general.

Taken together these three sections of the Annual Report demonstrate the progress which has been made in safeguarding. A marked difference is evidenced from the publication of the 2013-14 Annual Report, when the Board’s three year strategic plan was first developed, to the 2016-17 Annual Report. The Board now has all its statutory requirements in place and these are now embedded within the work of the Board. From its Learning and Improvement Framework the Board has been able to make appropriate challenge to its partners and there are many examples of effective partnership working to resolve the issues identified.

There are many examples of how the voice of the child has influenced the work of the partnership, and of the assurances sought by the DSCB to satisfy itself of the efforts being made in this respect. Nonetheless the DSCB’s ambition is to have more direct influence from children and young people. The DSCB has begun to make contact with the wider community but without a dedicated resource it has proved difficult to make a sustained impact in this area.

Although development is still required Early Help processes are now in place. There is increasing evidence that thresholds for intervention are embedded and there are an increasing number of professionals taking on the lead professional role and early help assessments. Further work is needed to ensure the quality and effectiveness of the early help assessments, and to improve the transitions between social care and early help. The role and effectiveness of the multi-agency safeguarding hub continues to challenge partners and this will be the subject of further review in the coming year.

The DSCB performance report has identified an improving picture in relation to the Children in Need cases, with a larger proportion being reported by DCST as ‘Good’ or ‘outstanding’. The number of children subject to a child protection plan has continued to rise. This is in response to improved and more robust practice; ensuring children are better protected than previously. There has been a reduction in the number of children requiring a Child Protection plan for a second or subsequent time and there has been positive work to ensure agency attendance at case conferences has improved. The Signs of Safety approach has been rolled out across the partnership and there is clear evidence of it being used in a large number of cases. The number of children in the category of neglect remains high. The DSCB will continue to embed its neglect strategy to ensure more effective working in this area.

There has been much improvement in services for looked after children against a backdrop of increasing numbers of children in care. There has been a decrease in the numbers of children looked
after in distant local authorities and an improvement in ensuring where possible that children are safely supported to reside with their parents. Good work has been undertaken to ensure children are supported to participate in their reviews and a range of methods have been developed to do this.

Growing Futures continues to show positive impact, particularly in reducing the number of times families were re-referred to MARAC. The commitment to continue the project after government funding ended is testimony to the commitment the partnership has to this way of working. The DSCB will continue to receive assurance of progress of this important work.

Progress continues to be made with regard to CSE with excellent links being made with the industry sector such as hoteliers, taxi drivers and fast food establishments. There has been a vast amount of training and awareness provided to professionals, children and young people and to the public. There is more work to do in analysing the work of the Protection Vulnerable Young People (PVYP) group ensuring that support to the most vulnerable young people is having an impact and improving outcomes.

The work of the Case Review Group and DSCB multi-agency audit activity has identified opportunities for improving practice. Action plans from these have moved forward and changes implemented as a result. However amendments to the audit and case review processes which have taken place this year will enable learning to be taken forward in a more timely way. The coming year will enable us to demonstrate the impact of the changes which have been made.

DSCB training continues to be well-evaluated and there is some evidence of the impact this is having on practice. The focus of the Workforce Development Group is now on coordinating the training provided by all partners. This will ensure that the impact of the training is more effective on practice.

As is evidenced throughout this report, there is a picture of continued improvement in Doncaster across the safeguarding partnership. However there is also no room for complacency with much still to embed and achieve. One fundamental challenge for the partnership is the need to reduce the level of demand for statutory children’s services. Referrals continue to be too high. Partner agencies are working with external consultants to understand current patterns of demand and commission more appropriate local provision. It will be essential over the next twelve months to conclude this analytical work and develop a timely plan for the commissioning and delivery of services.

In the coming year it is expected that the guidance on the Children and Social Work Act will come into being. This will present new challenges to the partnership. The DSCB will ensure a ‘business as usual’ approach whilst ensuring the transition is made to the new arrangements.

Below are key areas which the Board will be focussing on to continue progress. Appendix 2 identifies the Board’s strategic priorities for the next year.
**Areas for development:**

- The Board will establish a mechanism to ensure the voice of children and young people is directly heard at the DSCB
- Assurance will be sought on the review of the effectiveness of MASH
- Assurance will be sought regarding the quality of early help assessments and the embedding of the lead professional role across all agencies
- The Board will seek assurance on the effectiveness and impact of PVYP
- The Board will seek assurance on the implementation and effectiveness of the Neglect Strategy
- The Board will scrutinise and challenge the partnership’s strategy for managing demand in children's services.
- The statutory safeguarding partnerships will agree and implement local multi-agency arrangements for safeguarding in line with the Children and Social Work Act and statutory guidance.
- The Board will undertake an evaluation of the communication strategy
**Business Plan and Strategic Priorities 2016-17**

Statutory responsibilities of DSCB include:
- Serious Case Review
- Child Death Review Process (CDP)
- Performance Monitoring
- Training
- Quality Assurance

**DSCB Vision**
In Doncaster safeguarding children effectively is everyone’s business: Understanding the needs and views of children is at the centre of all we do.

The structure of the Board is:
- Chair
- Staff Group
- Performance Accountability Board

The on-going activity of DSCB is undertaken by the following subgroups:
- Learning and Improvement (includes Case Review Panel)
- Child Death Overview Panel
- Workforce Development
- CSE and Missing Children

And working task groups (time limited):
- Policies and procedures
- Female Genital Mutilation
- Hidden Harm
- Voice of the Child
- Childrens Missing
- Operations Group
- CSE Industry Sector

DSCB will ensure that the work of all partners and agencies within Doncaster meets the needs of a diverse population. Sub groups will ensure that diversity needs including ethnicity are recognised and addressed in the work of each group.

**SP 1 DSCB communicates effectively to ensure that the work of the Board is well publicised, that learning is disseminated and that the voice of children, young people, practitioners and the wider community (including minority groups and faith groups) are able to influence the Board’s work.**

a) Develop and implement a communications strategy which clearly identifies what messages will be shared with which groups and how this will be done and identifies delegation arrangements.
b) Implement young people’s participation strategy and ensure messages from young people are evidenced in the Board’s work.
c) Develop mechanisms to ensure practitioners’ views influence the work of the Board.
d) DSCB develops clear links with the wider community through the work of its Faith and Culture group and can evidence how safeguarding practice has improved as a result.
e) DSCB ensures that children’s workforce understands the importance of cultural competency in safeguarding children.
f) DSCB redevelops its website to ensure it provides up to date information in an easy to understand format for all key stakeholders.

**SP 2 DSCB is assured that effective arrangements are in place for responding to key safeguarding risks including early help, child sexual exploitation (abuse), neglect, domestic abuse, mental health of children and young people and that there is consistently good practice across safeguarding services.**

a) DSCB is assured that the early help strategy is effectively implemented and there is evidence of the impact this has had on outcomes for children, young people and their families.
b) DSCB thresholds are understood by practitioners and is embedded in practice.
c) Children and young people who are victims of sexual exploitation and abuse are provided with effective support which leads to improved outcomes.
d) Domestic abuse services are in place which reduce the risk of harm to families who have experienced domestic abuse and Doncaster communities better understand the harm caused by domestic abuse.
e) Practitioners understand and are able to respond to the early signs of neglect and this can be evidenced by a reduction in the number of families accessing social care services where neglect has been identified.
f) Services are in place to support young people’s mental health and the impact of these services can be seen in a reduction of hospital admissions for self-harm and attempted suicide.
g) Signs of Safety model is rolled out across the partnership and the DSCB is provided with evidence to demonstrate the effectiveness of the approach in Doncaster.

**SP 3 DSCB has a clear understanding of the effectiveness of the safeguarding system in Doncaster and can evidence how this is used to influence the Board’s priorities**

a) DSCB has a culture of challenge and is able to evidence how challenge has impacted on the provision of safeguarding services for children and young people.
b) DSCB data set provides the Board with appropriate information to enable it to identify the key safeguarding issues in Doncaster.
c) DSCB disseminates the lessons from case reviews, audits and complaints to practitioners and can evidence the impact this has had on practice.
d) DSCB members have an understanding of the issues affecting front-line practitioners and can evidence how this has influenced the development of services.

**SP 4 DSCB is aware of emerging issues which have implications across the partnership and works effectively to ensure appropriate action is taken**

a) DSCB develops a forum whereby there is a coordinated approach to priority issues which have cross-cutting agendas, such as Prevent, Domestic Abuse, Female Genital Mutilation, Modern Slavery, Hidden Harm.
b) DSCB promotes opportunities for working across geographical areas where this would provide a more cost-effective response or improvement to current working arrangements.
c) DSCB considers the implications of the Wood Review and plans towards its implementation.

Annual reports: DSCB receive Annual Reports to ensure that specific areas of work across partner agencies are effectively meeting the needs of children and young people. These reports include:
- LADO (Allegations) Annual Reports
- CDOP
- Private Fostering
- IRO/CPA Annual Report
DSCB Vision
In Doncaster safeguarding children and young people effectively is everyone’s business: Understanding the needs and views of children and young people is at the centre of all we do.

The structure of the Board is:
- Board
- Business Liaison Group
- Performance Accountability Board

The on-going activity of DSCB undertaken by the following subgroups:
- Case Review Group
- Workforce Development
- Quality and Performance Group
- Faith & Culture
- Child Death Overview Panel
- GSE and Missing Children
- Health
- Education

And working/task groups (time limited):
- Policies and procedures
- Protecting Vulnerable Young People’s Panel
- GSE Industry Sector
- Child Sexual Abuse Task Group

DSCB will ensure that the work of all partners and agencies within Doncaster meets the needs of a diverse population. Subgroups will ensure that diverse needs including ethnicity are recognised and addressed in the work of each group.

Strategic Priority 1
SP1 DSCB is assured that effective arrangements are in place for responding to key safeguarding risks and that there is consistently good practice across safeguarding services.

- a) The early help strategy is effectively implemented and there is evidence of the impact this has had on outcomes for children, young people, and their families
- b) Thresholds are understood by practitioners and is embedded in practice
- c) Systems are in place to effectively meet the needs of victims of sexual exploitation, including an understanding of the scope of CSE in Doncaster and offender management programmes
- d) Domestic abuse services are in place which reduce the risk of harm to families who have experienced domestic abuse and Doncaster communities better understand the harm caused by domestic abuse
- e) Practitioners understand and are able to respond to the early signs of neglect and this can be evidenced by a reduction in the number of families accessing social care services where neglect has been identified
- f) Services are in place to support young people’s mental health and the impact of these services can be seen in a reduction of hospital admissions for self-harm and attempted suicide
- g) Signs of Safety model rolled out across the partnership and the LSCB is provided with evidence to demonstrate the attractiveness of the approach in Doncaster

Strategic Priority 2
SP2 DSCB has a clear understanding of the effectiveness of the safeguarding system in Doncaster and can evidence how this is used to influence the Board’s priorities

- a) DSCB data set provides the Board with appropriate information to enable it to identify key safeguarding issues in Doncaster
- b) DSCB disseminates the lessons from case reviews, audits and complaints to practitioners and can evidence the impact this has had on practice
- c) DSCB members have an understanding of the issues affecting frontline practitioners and can evidence how this has influenced the development of services

Strategic Priority 3
SP3 DSCB communicates effectively to ensure that the work of the Board is well publicised, that learning is disseminated and that the voice of children, young people, practitioners and the wider community (including minority groups and faith groups) are able to influence the Board’s work.

- a) Ensure the effective implementation of the communications strategy by the subgroups clearly identifying how messages will be shared with whom and that the impact is evaluated
- b) Ensure partners demonstrate how they are communicating with children and young people and how this influences service provision
- c) DSCB ensures community groups such as Faith and cultural groups and sports clubs understand safeguarding issues and can demonstrate that they have safeguarding standards in place as identified by the DSCB
- d) DSCB partners demonstrate how they ensure that the children’s workforce understands the importance of cultural competency in safeguarding children

Annual reports: DSCB receives Annual Reports to ensure that specific areas of work across partner agencies are effectively meeting the needs of children and young people. These reports include:
- LAU(A) Allegations Annual Reports
- GSE
- CDOP
- Private Fostering
- Children Missing from Home and Care
- IRO/CPA Annual Report

Strategic Priority 4
SP4 DSCB is aware of emerging issues which have implications across the partnership and works effectively to ensure appropriate action is taken

- a) The Performance Accountability Board continues to ensure there is a coordinated approach to priority issues which have cross-cutting impact, in particular Early Help: Missing children and demand management at children’s services front door
- b) DSCB promotes opportunities for working across geographical areas where this would provide more cost-effective response or improvement to current working arrangements
- c) DSCB promotes opportunities for working with other strategic partners where this would provide a more cost-effective response or improvement to current working arrangements
- d) DSCB establishes appropriate processes to ensure the implementation of the Wood Review
### Appendix 3 – Ofsted Recommendations

<table>
<thead>
<tr>
<th>No.</th>
<th>Ofsted Recommendations (OR)</th>
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<tbody>
<tr>
<td>1</td>
<td>Monitor partner agencies contribution to early help through robust audit and tracking of the number of early help assessments completed and lead professional roles undertaken.</td>
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<td>2</td>
<td>Monitor partners agencies understanding and application of thresholds</td>
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<td>3</td>
<td>Ensure that high quality performance data is available and robust analysis occurs to enable the Board to have a good understanding of child protection and safeguarding activities across Doncaster.</td>
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<td>4</td>
<td>Ensure there is a programme of audits, and re-audits, to identify the strengths in multi-agency practice and where weaknesses are identified these are addressed promptly.</td>
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<td>5</td>
<td>Ensure the challenge log is effective in evidencing areas of concern that have been raised, addressed and show what improvements have been made as a result.</td>
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<td>6</td>
<td>Undertake a review of those children and young people admitted to hospital for self-harm and attempted suicide to determine reasons that will inform suitable preventative work.</td>
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<td>7</td>
<td>Improve the measurement of the impact of the DSCB work, including ensuring the experience of the child is at the centre of partnership working and monitoring of activities</td>
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<td>8</td>
<td>Implement a system to evaluate the effectiveness of training delivered and monitor the impact on practitioner’s work.</td>
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<td>9</td>
<td>Develop a communication strategy for the Board to ensure that the work of the Board is well publicised and that the learning identified through the Board’s scrutiny and review functions is disseminated across the children’s services workforce and the communities in Doncaster</td>
</tr>
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</table>
Marilyn Haughton Lay Member

This is my 4th year as a Lay Member on Doncaster Safeguarding Children’s Board. I have seen significant positive changes during this period, in particular how well attended the meetings are and an increase in accountability of all members. The sub groups continue to develop and update plans and strategies that enable us to respond appropriately to current trends and also to be proactive in prevention of harm to children and young people. The Safeguarding Board’s Training Programme reflects this and the introduction of lunchtime and evening seminars has enabled staff from across a wide range of organisations to access training to fit in with their working day.

Child Sexual Exploitation and Trafficking continues to be one of the priorities and the Multi-Agency CSE is well established and making their presence felt throughout Doncaster. The feedback I hear when I deliver CSE training is that they are very “accessible and helpful” whatever the query is. I was at the National Working Group for CSE conference in April and was proud to see for the second year running the team were nominated and runners up for an Award for Innovative Practice which I believe was well deserved.

Last year I said “My hope for the future is that we will embed Culture and Diversity into all our training programmes. We live in a wonderfully diverse community in Doncaster and training will contribute to an improved understanding of safeguarding in all communities and enable us to improve links with them.” I am pleased to say that this training has begun. Sessions have taken place for Early Years Teams, with more planned for this autumn. Training days are booked in through the DSCB and DCST. There is a strong commitment from members of our Faith and Culture Sub Group who are finding innovative ways to engage with all Doncaster residents. The Trust’s Equality and Diversity Advisor has been very proactive in working alongside the Chair of the Sub Group and other members to generate enthusiasm for some planned events in October where it is hoped communities can come together to celebrate their culture and heritage. This will provide us with a much needed opportunity to promote the safeguarding and wellbeing of all children and young people in Doncaster.
Appendix 5 – Akeela Mohammed Statement

Akeela Mohammed
My name is Akeela Mohammed and this is my 5th year as a Lay member on Doncaster Safeguarding Children’s Board. My interest in the work of the Board stems from my previous employment as a home visitor within Sheffield Council Support Teach and Educational Psychology Service followed by being the owner-manager of 2 private nurseries and therefore have a particular interest in safeguarding Early Years. I have been fortunate to also be a member of a number of sub-groups e.g. CSE and Faith and Culture group… This has given me the opportunity to gain a wider perspective on the provision of services and to question the Board’s own understanding and effectiveness of safeguarding children in Doncaster. The sub-groups have been presented with a number of challenges as individual agencies and as a partnership and I believe we have given a positive response to these challenges. I also feel reassured by the work of the Board in addressing the issue of child sexual exploitation in Doncaster and in the way it is striving to reach young people and the community in general.
I have now taken the role of Chair for the faith and culture group. We have over the last year had a very successful launch and have visited many faith groups. The mosques in particular have been hard to reach. One mosque has now had Safeguarding training and have implemented Policies and procedures. We are also going to ask this mosque to now attend CSE training. This is a very sensitive subject within the Muslim community. We are in the process to contact the other mosque. This will also help us focus on promoting the welfare of children from the faith and communities in Doncaster. Many of the different faiths that attend the Faith and culture group are now being supported in developing their policies and safeguarding training.
The Faith and Culture Group are also working alongside the Children’s Trust to Promote Black History Month.
One of the on-going challenges is to monitor the longer-term impact and influence of training on practice. BSCB have used various methods to engage the workforce in providing such feedback. This year we have carried out training with both mosques. We had a very positive response from the ladies from the mosque and other communities who came to a training session at Mary Woollett Centre. I also have accompanied the CSE team with some CSE training for women at Doncaster ethnic minority regeneration project. I have had discussions with South Yorkshire Fire Safety officers in regards to fire procedures in places of Worship as it has come to the attention of DSCB that fire drills are not carried out.
I hope to be able to continue in my role and to make stronger links into the community in my capacity as a Lay Member and Chair to contribute to the good work of the Board in keeping children safe in Doncaster.
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<th>Glossary of Terms</th>
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Funding
Attendance Monitoring - Board and Sub Groups
I am pleased to introduce myself as the new Independent Chair of the Doncaster Safeguarding Adults Board. When I joined the Board in July 2016 I was delighted to find that there is a real enthusiasm and commitment to prevent the abuse of vulnerable adults. I have also learned that there is an absolute commitment to working with vulnerable adults and their communities as equal partners.

Whilst the environment in which we are working is challenging with all the partners facing financial constraints and many undergoing organisational change it is clear that we can deliver services and interventions that are increasingly effective, efficient and focused on the needs of the people that we serve.

The Board has continued with its engagement agenda reaching out deep into the community to raise awareness of safeguarding adults and identifying how to get help through the Keeping Safe Campaign. In addition the Keeping Safe Forum has continued to grow in capacity and membership getting the message out in Doncaster.

The Board requested a review of its progress against the recommendations from a Safeguarding Adults Peer Challenge that was undertaken in November 2015. The review confirmed that progress is being made by the Board and its partners and it identified further areas for development which have now been included in the partnership action plan.

In order to be effective the Board must have good support. One example of this is the improved information that has been provided to the Board. This has helped us have a better understanding of the effectiveness of our work. As a result of this information it has been highlighted that in many cases, although effective safeguarding action has taken place, the adult involved does not feel safer. Whilst further work to develop our understanding it is of the utmost importance that we use the vehicle of Making Safeguarding Personal to mitigate the impact of the emotional trauma for those suffering abuse or neglect.

The Board held its annual away day in February to assess progress against its strategic objectives, refresh the strategic plan and revise the Board structure to make sure it is fit for the future. The day was productive with a clear direction established and expressed in the new Strategic Plan 2016-19. We will continue to pursue our strategic objectives through 2017-18, and working in partnership with the community of Doncaster, to make sure that safeguarding is everyone’s business.

Dr John Woodhouse
Independent Chair, Doncaster Safeguarding Adults Board
Membership of the board

Doncaster Metropolitan Borough Council, Adult Social Care
Doncaster Clinical Commissioning Group
South Yorkshire Police
St Leger Homes of Doncaster
Rotherham Doncaster and South Humber NHS Foundation Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
NHS England
South Yorkshire Fire and Rescue
Doncaster Safeguarding Children’s Board

Safer Stronger Doncaster Partnership
South Yorkshire Community Rehabilitation Service
Care Quality Commission (attends Board on annual basis by invitation)
Healthwatch Doncaster
SY National Probation Service
Yorkshire Ambulance Service represented by Doncaster Clinical Commissioning Group
Angela Barnes
Project Support Officer, Doncaster Keeping Safe Forum (attends Board on annual basis by invitation)
Governance
2016/17

The multi-agency Safeguarding Adults Board works to empower and protect adults at risk in Doncaster. It brings a range of agencies together from across the health and social care sector and holds them to account for the services they deliver. The Board has met on four occasions; overall there has been good multi-agency attendance. For transparency the Board’s annual reports, safeguarding adults reviews and Board minutes are publicly available and can be found at; www.doncaster.gov.uk/safeguardingadults.

Doncaster Safeguarding Adults Board
Chaired by Dr John Woodhouse, Independent Chair

Statutory duties:
- To produce a strategic plan in consultation with the community
- Publish annual report stating what has been achieved
- Conduct Safeguarding Adult Reviews

Prepare Group
Chaired by Dr. John Woodhouse, Independent Chair of DSAB.

The group coordinates and manages the core operational business of the Board allowing for the Board to focus on strategic safeguarding adults issues.

Sharing and Engagement sub group
Chaired by Susan Jordan, Chief Executive, St Leger Homes.

To raise awareness of safeguarding adults in the community and get the message out that safeguarding is everyone’s business.

Workforce and Practice Sub Group
Chaired by Pat Higgs, Assistant Director Care Management, DMBC

To develop core competencies for Safeguarding Adults and agree a multi-agency training programme.

Quality and Performance Sub Group
Chaired by Andrew Russell, Chief Nurse, Doncaster Clinical Commissioning Group

To revise the performance and assurance framework and monitor the performance and quality of safeguarding adult work in line with national and regional data.
## DSAB Key

### Achievements 2016/17

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<th>What we said we’d do</th>
<th>What we have done</th>
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<tr>
<td>1. Develop a Communication and Engagement Strategy alongside the community of Doncaster</td>
<td>We have refreshed the Communication and Engagement Strategy in partnership with the Doncaster community and safeguarding workforce, this is now complete and was launched at the Keeping Safe Event, held on the 22 November 2016 and uploaded to the Boards website.</td>
<td>Implement the communication action plan</td>
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<td>2. Inform people how to get help when abuse is identified</td>
<td>The Keeping Safe event provided an opportunity to raise awareness, share information and consult with partners. As a result of the consultation activity at this event a Task and Finish Group has been established to work with the Keeping Safe Forum (a major vehicle for actioning this piece of work) to design new leaflets, posters and other ways to promote the Keeping Safe Campaign. The Task and Finish Group are also considering options to further develop the Safeguarding Adults website.</td>
<td>Implement the communication action plan</td>
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<td>3. Provide information about what you can expect and how you can feedback</td>
<td>Further consultation was completed at the Keeping Safe Event in November 2016.</td>
<td>Develop and embed a user feedback process.</td>
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<td>4. Embed personalisation in safeguarding services (MSP) working towards achieving the agreed outcomes for adults at risk</td>
<td>DSAB have developed and implemented a strategy to embed Making Safeguarding Personal in practice.   - Phase 1 has been completed which includes embedding MSP across statutory health and social care services safeguarding policy and procedures.   - Phase 2 is now in progress which involves developing the wider independent workforce to undertake safeguarding enquiries in line with MSP and ensuring the system is robust to support this.</td>
<td>Continue with Phase 2 of the MSP strategy and evaluate the impact.</td>
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<td>5. Embed the Safeguarding Adults Competency Framework in practice</td>
<td>The Safeguarding Adults Competency Framework has been agreed in principle however there is a need to agree core competencies across Safeguarding Adults Boards, Children’s Boards and the Community Safety Partnership.</td>
<td>Embed competencies and launch across Doncaster as part of the Workforce Strategy</td>
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<td>6. Monitor outcomes for adults at risk</td>
<td>The Quality and Performance sub group meets on a quarterly basis to receive, analyse and discuss the safeguarding adults Performance summary (data set of info graphics) which is focused on outcomes for adults at risk. This provokes debate and identifies areas for further investigation and analysis.</td>
<td>In place and ongoing</td>
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<td>7. Map responses to low level concerns across all partnership agencies and across the wider partnerships</td>
<td>Not progressed during 2016/17</td>
<td>To be carried forward to 2017/18 work plans</td>
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<td>8. Raising awareness that abuse will not be tolerated and ‘Safeguarding is everyone's business’</td>
<td>The Keeping Safe Forum and annual Keeping Safe Event raise awareness of safeguarding adults across Doncaster. In addition committed multi-agency engagement represented at both the sub groups and task and finish group meetings continues to keep agencies focused on the safeguarding adults agenda.</td>
<td>Ongoing campaign message to be continued in line with the DSAB Communication and Engagement Strategy</td>
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<td>9. Carry out Safeguarding Adults Reviews in line with the Care Act to learn lessons and prevent reoccurrence</td>
<td>1 Single Agency Review has been identified during 2016/17 and is in progress and is being led by Health. 2 further are reviews pending a decision subject to ongoing investigations.</td>
<td>Ongoing monitoring and coordination of the SAR/LLRs through the Prepare Group</td>
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<td>10. Broaden the DSAB Performance framework to inform and assure the Board</td>
<td>The Quality and Performance sub group developed and agreed a revised Performance Framework and data sets which are focused on outcomes for adults at risk and themed around the 6 safeguarding principles. The Board have agreed this in principle subject to ongoing development. First presentations of the Performance Summary have provoked debate at Board level which has led to positive challenge..</td>
<td>Performance Summary subject to ongoing development during 2017/18</td>
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<td>11. Implement robust, open and honest challenge processes at Board level to hold agencies to account for effective safeguarding practice.</td>
<td>The Board have worked jointly with the Safeguarding Children’s Board to develop and embed a process that challenges agencies at Board level regarding their safeguarding arrangements. In addition to the Board has a challenge register for capturing areas of challenge raised and to record what impact this has had.</td>
<td>Challenge process to be repeated April 2017.</td>
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<td>12. Implement recommendations from the Safeguarding Adults Peer Challenge</td>
<td>The Peer Review Action Plan is now nearing completion. A Peer Review follow up undertaken by Dr Adi Cooper led to a further action plan including a gap identified in relation to a Policy for Self-neglect and Hoarding</td>
<td>Completion of Peer Review actions</td>
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The Board have worked in partnership with Doncaster Safeguarding Children’s Board to develop a joint safeguarding self-assessment and challenge process that will audit the effectiveness of safeguarding arrangements across partnership agencies. This provides an arena where partners will be held to account and challenged to provide evidence to support the information they have provided within their self-assessment. Where gaps are identified agencies will be asked to submit action plans to address.

The Board are also working jointly with Safeguarding Children’s Board and the Community Safety Partnership Boards to develop core competencies regarding safeguarding and domestic abuse. This will strengthen and support the safeguarding workforce providing clear direction on the competencies required to identify and respond to abuse and neglect.

In addition the three Boards have coordinated joint training for Modern Slavery and Human Trafficking in line with the requirements of the Care Act 2014 and Modern Slavery Act 2015. This training was delivered by South Yorkshire Police to a range of staff across the multi-agency partnerships detailing how to identify Modern Slavery and respond appropriately. This has proved to be in high demand and more training is scheduled for 2017-18.

**Implementing Making Safeguarding Personal in Doncaster**

The Boards continues to implement its Strategy to embed Making Safeguarding Personal and seek assurance that practice is outcome focused. The strategy identifies a 2 phase approach to implementing the required changes, which is a shift from process to outcomes for adults at risk. The strategy focused on a number of areas including:

- Supporting the required culture change of the workforce through training and communication plans
- Revising documentation, systems, policies and procedures to focus on outcomes for adults at risk
- Widening the DSAB Performance framework to focus on outcomes
- Preparing wider independent providers of health and social care to undertake S42 enquiries in line with Making Safeguarding Personal
- Ensuring robust governance arrangements to drive the strategy through service delivery, inform the Board of progress, hold agencies to account and mitigate the risk of failure

Phase 1 of the strategy has focused on supporting statutory health and social care services, ensuring the adult at risk is asked what they want at the beginning of the safeguarding adult’s process. Moving forward we will continue with Phase 2 of the strategy to ensure wider agencies are engaged and have the required skills to undertake Section 42 enquiries where appropriate.

The Board is now seeking assurance from agencies that Making Safeguarding Personal is being delivered in practice and making a difference to people’s lives.
The Safeguarding Adults Hub was created in April 2016 and brings together a range of agencies such as Social Workers, NHS Nursing Staff and trained Assessment Officers that are fully trained and competent in assessing and responding to safeguarding concerns. In addition the Police are co-located within the same building providing a fully multi-agency safeguarding function. Although in its infancy the Safeguarding Adults Hub has embedded the principles of Making Safeguarding Personal focusing on what the person wants from the beginning of the process and empowering adults at risk to achieve their outcomes.

During 2016/17 the Safeguarding Adults Hub received 2098 Safeguarding Concerns of which 676 (32%) progressed to a section 42 enquiry. 50% of enquires are concluded after a face to face meeting demonstrating a flexible and person centred response to the situation in line with the adults wishes. Leaving the more serious and complex safeguarding issues to be addressed through a thorough investigative enquiry process.

Proportionality is key when responding to safeguarding situations. The Hub identifies the most appropriate and proportionate response alongside the adult at risk or their representative often signposting to other services or processes where the adults outcomes will be better dealt with.

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**Safeguarding Adults Hub Case Study – Making Safeguarding Personal**

The Safeguarding Adults Hub received a safeguarding concern about an elderly lady ‘Eva’ who lived in the community who was being neglected and at risk of financial abuse by her neighbour. This resulted in a section 42 enquiry and a member of the Hub arranged to visit Eva at her local GP practice where she felt safe and comfortable. Eva had capacity and was able to say what she wanted to happen.

Eva expressed the following outcomes during the face to face meeting;

1. To move house - this would place Eva away from her neighbour to reduce the risk of community harassment.
2. To access a care package - this would reduce Eva’s reliance on her neighbour and the risk of financial abuse and neglect. This would ensure Eva’s needs are met and so that she can retain her independence.
3. To have assistance with financial management - although Eva was physically unable to manage finances effectively, she had the mental capacity to request the involvement of a service to manage her finances as she felt that this would reduce /remove the risk of on-going financial abuse and address the debt issues caused by the source of harm’s poor financial management.

All of Eva’s outcomes expressed were achieved after the face to face meeting by the Safeguarding Adults Hub process. Eva received an assessment by a Social Care area team to access care and go on the housing register. In addition the Safeguarding Adults Personal Assets Team accepted and arranged to manage Eva’s financial affairs.
Making a difference
The Hub empowers adults at risk to improve their lives as it puts service users and their families in the driving seat of the process and enables people to address concerns with the support of statutory services. It is a haven where people can access non-judgemental advice and support from professionals during some of the worst times of their lives, but in a proportionate way, at the service users pace.

Throughout 2016/17 the Safeguarding Adults Hub asked 80% of adults at risk what they wanted at the beginning of the safeguarding enquiry and in 94% of these cases the adult’s outcomes were either fully or partially achieved.

Moving forwards
• We will review our systems and ways of working to improve services for adults at risk focusing on the timeliness of safeguarding enquiries and actions taken by our partner agencies.
• We will continue to work with our partners in the NHS, Police and Community Services to ensure the Hubs process is streamlined and service user friendly, so people only have to tell their story once.
• We will 'Make Safeguarding Personal' by holding meetings wherever the adult at risk feels comfortable - with the people the service user feels most comfortable with.
• We will empower people to resolve problems in their lives to help make them feel safer in their homes and communities.

Refer to back page for details of how to report a safeguarding adults concern.
Raising Awareness

Our Keeping Safe Campaign

The Share and Engage sub group have been working hard to refresh the Board’s Communication and Engagement Strategy of which the Keeping Safe Campaign is a key part. In order to do this effectively consultations were carried out with staff and general public at the Keeping Safe Event held in November 2016, in addition a questionnaire was sent out to the public via St Leger Homes House Proud magazine.

The consultations highlighted three themes;

- **Communication** – the need to reach the most vulnerable people not linked to existing services
- **Raising awareness and education** – the need to continue to deliver training around safeguarding adults and keeping safe across Doncaster, with a focus on educating young people
- **Empowerment** – supporting people to feel comfortable to report abuse through peer support, training and appropriate feedback

The key messages of the campaign are;

- Everyone has the right to be safe, to be respected, to be heard
- Everyone has a role to play to make this happen
- If you see something, say something  (If you see, hear or suspect that someone is being abused, report it)

A number of methods have been used to support the campaign such as; consistent branding, marketing, press and public relations, social media, safeguarding film, leaflets, posters, banners and business cards, see below;

Moving forward the campaign action plan will be refreshed in line with the revised DSAB Communication and Engagement Strategy to ensure it continues to get the message out to the communities of Doncaster that safeguarding adults and keeping safe is everyone’s business.

www.doncaster.gov.uk/safeguardingfilm
Keeping Safe
Event 2016

We held our annual event at the Doncaster Castle Park Rugby Stadium on November 22nd 2016 with 148 people attending with a mixture of professionals and members of the public. This is a slight decrease from last year where 162 people attended. The overall theme of the event was how we have communicated with people in Doncaster so far and where improvements are needed. The event consulted on what needs to be done to promote Keeping Safe in Doncaster and how we can improve this.

In order to achieve this, we held a consultation activity among attendees at the event which focused on;

- Leaflets and posters
- Safeguarding Adults Website
- Advertising across Doncaster
- Working with Young People

The event also aimed to engage with young people in Doncaster. Members of the task and finish group organising the event held a number of sessions with different groups to gather the views of young people on adult safeguarding. These views were displayed at the event.

The event achieved its objectives and evaluated well with a wide range of agencies and members of the public attending. The results of the consultations from this event will be used to redesign campaign materials and to update our website so that we can provide accessible information to the community of Doncaster and engage effectively. This event was possible thanks to the efforts of all our partners and members of staff. We would like to thank everyone for their contributions to making the 2016 Keeping Safe Event a success.

See the Keeping Safe Event film at http://youtube.be/Piq8FIv53CU
The Board undertook a stock take of its progress against the peer review recommendations to ensure the actions were having the desired impact. Dr Adi Cooper, an expert in the Social Care sector was commissioned to undertake the stock take and visited Doncaster on 16th September 2016 to assess the progress made.

The stock take process included:
- Assessing a range of evidence
- Interviewing key strategic leads, partners and the independent chair
- Visiting the Safeguarding Adults Hub
- Discussions with team managers of Adult Social Care

The findings concluded that considerable progress had been made since the Peer Review with the following themes emerging:

- Impressed with openness and honesty of all Board partners
- Positive feedback regarding the Board Support Unit was expressed by all partners
- Gap in relation to a framework for self-neglect and hoarding was identified
- Revised Performance and Assurance Framework viewed as positive

The feedback from the stock take has been used to inform an action plan to strengthen further areas for development and will be implemented and monitored by the Board for governance purposes.

**Safeguarding Adults Decision Support Guidance**

The Guidance was developed in response to the Safeguarding Adults Peer Challenge findings, specifically in relation to the number of concerns being funnelled into the safeguarding adults system when other processes may have been more appropriate. It is intended to offer guidance for providers of health and social care services in making decisions with regard to safeguarding adults. The Guidance was developed to compliment provider internal incident and risk management procedures. This will help ensure the appropriateness of safeguarding adult’s referrals to prioritise resources for those most in need.
The Quality and Performance sub group have created a Framework modelled around Outcomes Based Accountability (OBA) methodology which identifies the end result (outcome) for the customer and then works backwards to identify the action needed that will make the difference. This process is designed to bring people together to share the responsibility of improving people’s lives across the partnership.

The Framework will be used to continually improve the services that multi-agency partners deliver and to facilitate and provoke challenge and debate at both an operational and strategic level. The “Information Journey” as well as the governance and escalation routes are clearly laid out to show how performance data is fed through from the appropriate systems via the relevant sub groups for regular analysis and challenge by service experts, sub group and Board members. This, in turn, will allow issues as well as good practice to be highlighted and reported back to relevant managers and staff.

This revised Performance Framework includes a summary of infographics made up of multi-agency performance indicators. The Board receives this performance information on a quarterly basis along with a supporting narrative of analysis.

The dashboard has been positively received by the members of the Board as a clear and accessible method of receiving performance data and has provoked much challenge and debate, identifying areas for further exploration and investigation.

The Performance Summary Dashboard will continue to be refined throughout 2017/18 in line with the Boards steer.
The Board has a statutory duty to undertake Safeguarding Adults Review when an adult at risk of abuse dies or has experienced abuse or neglect and there is a concern that partner agencies could have worked together more effectively to prevent that harm.

During 2016/17 1 Single Agency Review was identified and is currently being progressed by Health Services. In addition 1 Lessons Learned Review is in progress and a further Safeguarding Adults Review request is on hold pending the outcome of ongoing enquiries. Lessons learnt from reviews are fed into training and shared across the multi-agency partnership. The following lessons were learnt during 2016/17:

- Improving the application of the Mental Capacity Act to inform wider screening and health care interventions
- Recording and communicating effectively
- Timeliness in agreeing plans in relation to Adults health care needs

In addition good practice was also recognised and shared:

- Active management of the low Haemoglobin and risk of Urinary Tract Infections.
- The use of the Cardiff Tool to support annual assessments for people with Learning Disabilities (LD) and the fact that annual assessments were triggered and undertaken in line with the Royal College of Physicians recommendations.
- The use of the Mental Capacity Act 2005 following the diagnosis of cancer to support decision making in relation to treatment and care.
- The service and support provided by the Community Nurse (LD) service particularly post operatively.
- Clear use of the Mental Capacity Act 2005 when decisions were being made around treatment options for Adult F after the discovery of the cancer

The Board also learned lessons from a delayed review report and noted the detrimental impact on sharing learning across the partnership. The Board noted gaps in care may have already been considered and mitigated against due to overall changes in both the delivery of Health and Social Care. It was agreed that a short summary of the current position in relation to Pressure Ulcer Care and Prevention be presented to a future Board to assure the Board in relation to lessons learnt.

**Moving forwards**

Moving forward during the next twelve months, the Prepare Group will delegate the responsibilities for commissioning and undertaking Safeguarding Adults Review and Lessons Learned Reviews to a new Review and Learning Sub Group to strengthen the Boards approach to continuous learning and improvement. It will continue to develop the agenda to ensure sub groups are held to account for delivering the strategic objectives, core business and risks of the Board are managed as appropriate.
Our Priorities for 2017/18

Good progress has been made during 2016/17 against the Boards Strategic Plan demonstrating the commitment of partnership agencies during times of significant change in the architecture of public sector organisations, independent providers and increasing pressures due to budget restraints.

The Board held its annual away day in February 2017 to reflect and refresh its focus on a long term direction for the Board in line with the requirements of the Care Act 2014. In addition the findings from the 2016 Keeping Safe Event and local community consultation facilitated by Healthwatch were fed in to ensure priorities were in line with community expectations. The day resulted in a refreshed strategic plan for the Board and a revised sub structure that would support delivery of the 3 year Strategic Plan for 2016-19. Our aims moving forward are;

1. SHARING AND ENGAGING
   “Sharing information and engaging with the people of Doncaster”

2. HELPING, EMPOWERING AND SUPPORTING
   “Provide quality safeguarding services when abuse or neglect is identified and putting adults at risk at the centre of what we do”

3. PREVENTION
   “Ensure agencies are working together to prevent abuse or neglect and take appropriate action when needed”

4. PREPARE
   “Ensure the Board is fit for purpose through transformation and to ensure an effective response to safeguarding trends.”

The draft Strategic Plan 2016-19 will be presented to the Board for approval and embedded across the partnership commencing April 2017 and will be available on the DSAB webpage www.doncaster.gov.uk/safeguardingadults
To promote Keeping Safe in Doncaster
The Forum meets every 2 months hearing from speakers on different and informative topics with an average of 24 members attending the Keeping Safe Forum meetings in 2016/17. In addition the Forum have attended engagement activities to promote safeguarding, including local libraries in Scawthorpe, Denaby, Woodlands and a presence at Cusworth Hall and Elmfield Park fun days plus Balby Street School’s summer fayer.

To be inclusive
The Forum has welcomed 32 new members during 2016/17 and information about Keeping Safe is now distributed to 86 members, whilst promoting membership registration at meetings and events. Open discussions and ideas at the Task and Finish group for the Keeping Safe Event linked to this was involvement in preparing the booking information for the event and associated publicity. Forum meetings continue to encourage everyone to become involved in sharing their views and information on Keeping Safe in a professional and personal capacity.

To provide information
Guest speakers at the Forum meetings have given talks on the Eat Well Live Well Project, Scam Awareness, Mental Health, Keep Warm Keep Well and Advocacy services in Doncaster. We have used Twitter providing information to our 710 followers about health and social care services, opportunities for people to share their views on local strategies/plans alongside information on Adult Safeguarding, also distributing flyers, cards and posters to a range of organisations. Find the KSF agendas /minutes plus any flyers/posters on the Doncaster Keeping Safe Forum section on Healthwatch Doncaster website http://www.healthwatchdoncaster.org.uk/get-involved/doncaster-keeping-safe-forum/

To be reliable
The forum continues to hold its meetings at venues in the Borough, informing attendees with all the relevant information such as agenda, meeting minutes and supporting documents via email/post. All work of the Forum is reported to the Share and Engage Sub Group meetings

Eyes, ears, voice and action for Keeping Safe
The Forum agreed to support ChAD (Choice for all Doncaster) with their Safety in Doncaster awareness campaign and provided feedback on the DSAB Communication and Engagement Strategy that was launched at the 2016 Keeping Safe Event.

To represent the views of all in Doncaster
A consultation on the future of the Forum resulted in agreement for Healthwatch Doncaster to continue to support the group rather than become independent. The Forum gave feedback on an easy read leaflet for Keeping Safe in Doncaster at one of its meetings and Forum members participated in discussions around the Sustainability and Transformation Plans (STP). In addition a consultation was undertaken with young people on the Keeping Safe campaign and who keeps their family safe.
Doncaster Metropolitan Borough Council has the lead responsibility for co-ordinating safeguarding adults as outlined under the Care Act 2014. During 2016/17 we have led on this by creating the Safeguarding Adults Hub, a specialist team resourced and trained to receive and respond to safeguarding adults concerns. The Hub is located at the Mary Woollett Centre which is co-located with other safeguarding teams such as Safeguarding Children, Police and Independent Domestic Violence Advocacy Service.

The focus of Adult Social Care is changing and transformation in Doncaster is now well underway and picking up speed. During 2016/17 Council has given great emphasis to supporting culture change to embed the principles of Making Safeguarding Personal, moving away from a process led system to an outcomes focused approach. This puts the adult at the centre of the process asking them what they want to achieve in response to a safeguarding concern allowing for early and proportionate resolution.

**Governance**

Damian Allen, Director of People is the designated lead responsible for Safeguarding Children and Adults across the whole of Doncaster Council supported by the Assistant Director, Adult Social Care and Safeguarding. In addition a Head of Service for Safeguarding and Specialist Teams and Operational Safeguarding Adults Hub Team Leader posts are designated professional leads within the organisation.

As a local authority Doncaster Council commission and provide care for vulnerable adults across Doncaster and are accountable for the quality of these services. Robust governance arrangements are in place to commission and monitor contracts to ensure high quality services are delivered and people are kept safe. Weekly multi-agency meetings are held to focus on providers and to target support early to prevent escalation of issues.

**Safeguarding Adult Board Contribution**

As the lead for Safeguarding Adults, Doncaster Council contributes both financially and with staff resource to the Doncaster Safeguarding Adults Board. All designated posts are actively involved in the work of Doncaster Safeguarding Adults Board to ensure the Council are represented fully at both strategic and operational levels including the Board, Prepare Group and all sub group meetings by the relevant senior or operational leads.

**Prevention and Early Intervention**

A number of services are provided by the Council to provide support in the community to proactively prevent issues escalating into safeguarding concerns.

- Safer communities - tackling anti-social behavior and lower level community safety issues within neighborhoods
- Well-being, early intervention and prevention service - a community and family approach to supporting people to live in their own homes and be supported within the community
- Stronger Families – works together with families on the things they want to change, offering support to the whole family to make their own decisions wherever possible.
- Community capacity and engagement - stimulating local community activity, increase volunteering and support communities to do more for themselves

**Future Intentions**

Moving forwards Doncaster Council will be building on this work to transform services in line with the Doncaster Place Plan alongside our partners to ensure safeguarding is at the forefront of what we do.
Care Quality Commission (CQC)

In our approach to regulating, inspecting and rating services our inspectors use their professional judgement, supported by objective measures and evidence, to assess services against our five key questions. Our approach includes our use of Intelligent Monitoring to decide when, where and what to inspect, methods for listening better to people’s experiences of care, and using the best information across the system. We rate services to highlight where care is outstanding, good, requires improvement or inadequate and to help people compare them.

The five key questions we ask.

To get to the heart of people’s experiences of care, the focus of our inspections is on the quality and safety of services, based on the things that matter to people. We always ask the following five questions of services.

<table>
<thead>
<tr>
<th>Question</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are they safe?</td>
<td>By safe, we mean that people are protected from abuse and avoidable harm.</td>
</tr>
<tr>
<td>Are they effective?</td>
<td>By effective, we mean that people’s care, treatment and support achieve good outcomes, promotes a good quality of life and is evidence-based where possible.</td>
</tr>
<tr>
<td>Are they caring?</td>
<td>By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.</td>
</tr>
<tr>
<td>Are they responsive to people’s needs?</td>
<td>By responsive, we mean that services are organised so that they meet people’s needs.</td>
</tr>
<tr>
<td>Are they well-led?</td>
<td>By well-led we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.</td>
</tr>
</tbody>
</table>

Our approach was launched on 1 October 2014. This approach was developed over time and through testing and consultation with the public, people who use services, providers and organisations with an interest in our work. We will continue to learn and adapt how the approach is put into practice. However, the overall framework, including our five key questions, key lines of enquiry, characteristics of ratings and ratings principles will remain the same.

CQC role in safeguarding

As a regulator the main responsibility of the Care Quality Commission (CQC) is to ensure that all health and adult social care providers have clear and robust systems in place to keep people who use their services safe, that there is clear governance and oversight of those systems and that they employ staff who are suitably skilled and supported. The role and overarching objective of the CQC in safeguarding is to protect peoples’ health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.

As a regulator we are keen to work with local safeguarding teams and to establish effective working relationships and we see this as part of our function. These relationships help keep people safe.

We commit to CQC representation at a SAB meeting at least once per year in each local authority area. As a partner, as opposed to a member of the SAB, and a national regulator, the focus of our local inspection teams is on inspecting regulated services against our five key questions of safe, effective, caring, responsive and well–led. In doing this we work in partnership with local authorities and local CCGs to highlight areas of concern within regulated services. We will take regulatory action as appropriate.
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NHS England (Yorkshire and Humber)

NHS England responsibilities in relation to direct commissioned services
NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect, and children. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

Yorkshire and the Humber has an established Safeguarding Network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Mental Capacity Act (MCA), Child Sexual Exploitation (CSE) and Prevent. NHS England Yorkshire and the Humber works in collaboration with colleagues across the North region on the safeguarding agenda and during 2016/17 a Clinical Commissioning Group (CCG) peer review assurance process was undertaken covering all 44 CCGs in the North region.

Sharing learning from safeguarding reviews
In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, ensuring that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England Yorkshire and the Humber Safeguarding Network meets on a quarterly basis throughout to facilitate this. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters, a safeguarding newsletter for pharmacists has been circulated across Yorkshire and the Humber and one for optometrists and dental practices is being scheduled for March 2017.

Safeguarding Serious Incidents
All safeguarding serious incidents and domestic homicide’s requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. The Yorkshire and the Humber process to jointly sign off GP IMRs, as CCGs responsibilities for commissioning of primary care services is increasing, has been adopted across the north of England region to ensure consistency. NHS England works in collaboration with CCG designated professionals to ensure recommendations from reviews are implemented.

Assurance of safeguarding practice
NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. The Regional Designated Nurses undertook the review which included all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support. Themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG’s.
**Learning Disabilities Mortality Review (LeDeR) Programme**

Over the last 2 years a focus on improving the lives of people with a with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme was established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

All NHS regions have been asked to establish the LeDeR process locally to undertake the reviews. LeDeR also complements the NHS Operational Planning and Contracting Guidance for 2017/19 which contains 2 ‘must-dos’ for people with learning disabilities:

- Improve access to healthcare for people with a learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism.

LeDeR involves:

- Reviewing the deaths of all people aged 4 years and over
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities.
- Identify variation in practice and best practice.
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive. Good practice examples will be written up and shared nationally.

**Prevent**

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the Contest strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit, delivering a conference in October on ‘Exploitation, grooming and Radicalisation’ and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor. A research project to scope the current, attitudes, awareness and practice amongst GP colleagues has also been commissioned in the Region.

In December 2016, a North Regional Prevent conference was held to raise awareness of Prevent, delegates found this event a good opportunity to increase their knowledge and confidence in the role of the health sector in Prevent. Feedback received supported that there was an overall improvement in understanding the requirements of health organisations e.g; CCGs under the new statutory duty.

**Pressure Ulcers – “React to Red”**

React to Red was launched on 01 February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. Since its launch in February 2016, there has been significant interest in this resource from CCGs: private organisations; secondary care; hospices; domiciliary care providers; tissue viability nurses and care homes. During 2017/18 this work will continue to be a priority across NHS England North and will focus on embedding the programme as a quality improvement initiative using a focused approach co-ordinated by CCG’s and robust evaluation by NHS England North.
As commissioners of high quality, safe healthcare, Doncaster Clinical Commissioning Group (DCCG) has responsibility for ensuring that the health contribution to safeguarding is discharged effectively across the whole local health economy through its commissioning arrangements and partnership working.

All healthcare providers commissioned by Doncaster CCG are accountable for the quality of the service they provide. The Doncaster CCG Safeguarding Assurance Group has the responsibility for Safeguarding within Doncaster and covers the commissioning responsibilities of the Doncaster CCG.

**Governance**

Doncaster CCG continues to monitor quality via the safeguarding standards and safeguarding annual declarations which are included within existing and new contracts. During 2016/17 Doncaster CCG has received quarterly safeguarding reports from both main provider organisations which have been discussed and reviewed by the Doncaster CCG Safeguarding Assurance Group.
Doncaster CCG is required to have a Lead Professional for Safeguarding Adults and a Lead Professional for Mental Capacity. These roles are fulfilled by a single post holder. The Designated Nurse provides professional advice on safeguarding adults matters to the Doncaster CCG, health professionals, Local Authority and Doncaster Safeguarding Adults Board. Doncaster CCG continues to commission Strategic Leads and Lead Professionals in the main health providers to ensure:

- Accountability for safeguarding adults within their organisation.
- Provide representation at the Doncaster Safeguarding Adults Board at a strategic level.
- Robust and effective governance systems exist within their organisation.

**Safeguarding Adult Board Contribution**

Doncaster CCG contributes both financial and with resource to the Doncaster Safeguarding Adults Board. The CCG is represented at the Board, Business Coordination Group and Sub Group meetings by the Chief Nurse, Designated Nurse and/or the Named Nurse for Safeguarding Adults. Doncaster CCG supports all appropriate Safeguarding Adults work streams accordingly.

**Health Support in the Safeguarding Adults Hub**

The CCG has supported the provision of a Nurse into the Safeguarding Adults Hub. The post has enabled health expertise to become a central part of the evaluation process of the safeguarding process.

**Low Level Concerns**

The low level concerns that are raised within Doncaster CCG relate the patients within a Care Home setting or patients receiving Domiciliary Care. These concerns are managed via the Weekly Risk Meeting which is attended by the Local Authority and Doncaster CCG. Clear escalation processes are in place to support the more complex issues.

**Future Intentions**

Doncaster CCG are currently developing their Safeguarding Work Programme for 2017/18, safeguarding adults will be a key focus within the Work Programme.
NHS Case Study – Making Safeguarding Personal

Mr A has Parkinson’s Disease. His medication regime is very specific for him to maintain his independence and wellbeing. They continue to have a reasonable social life together within the confines of Mr A’s capabilities. Mrs A is his main carer and manages his medication administration. In the summer of 2016 Mr A was admitted for a weeks respite in a care home to allow Mrs A to have a break with friends. Mr A went to the care home and during this time his condition deteriorated dramatically, he was telephoning his wife and wanting to go home. This caused distress to both Mr and Mrs A. When Mrs A collected him from the home she was shocked at how unwell Mr A was. She checked his medication and realised that Mr A had not received the correct regime.

Safeguarding Concern
Mrs A contacted Safeguarding Adult Hub and this concern was passed to Lead Nurse within the hub and a face to face meeting was arranged with Mr and Mrs A to explain the safeguarding process and identify what their outcomes were in line with the principles of Making Safeguarding Personal. Mr A was fully capacitated and was able to express his views although, his verbal communication was impeded and Mrs A provided support when he was recounting his experience. Mr A’s outcomes were;

- No other resident should have to go through the experience he had.
- That care staff should have listened to his concerns regarding his medication
- Residents to be treated with dignity and respect as he felt the home was very institutionalised
- Improvement to moving and handling (he was not given opportunity to walk independently, he was put in a wheelchair)

Mr and Mrs A were asked if they wished to attend a planning meeting. The declined saying they wished to be informed of the progress and were happy to contribute in any way they could.

Safeguarding Enquiry
The Safeguarding Enquiry was conducted by the Enquirer and supported by the Lead Nurse

Outcomes for Mr and Mrs A
The outcomes from the enquiry were presented at the Outcomes meeting and all concerns were substantiated.

- The care home was supported by the Lead Nurse to implement changes to reduce the risk of similar concerns occurring.
- Mr A and Mrs A were able to have a single point of contact and felt empowered throughout the process and informed of process
- Mr and Mrs A were able to build a trusting relationship with the Lead Nurse and were confident in the enquiry
- Lead Nurse supported the Enquirer in regards to understanding the complexity of the medication regime for Parkinson’s disease.

This case demonstrates that using the Making Safeguarding Personal Model enables the individual and their outcomes to be the central focal point of the safeguarding process. This is a critical development in the safeguarding process that provides practitioners with a unique learning opportunity that each case provides. Clearly there are still residual actions required to fully embed MSP by adapting the technology, this remains on-going.
All safeguarding work undertaken is underpinned by the Trust values of providing services that are:

- Passionate
- Reliable
- Caring and safe
- Empowering and supportive staff
- Open, transparent and valued
- Progressive

In addition, all safeguarding developments and initiatives are aligned to the Trust’s strategic goals:

- Continuously improve service quality (safety, effectiveness and patient experience) for our service users and carers
- Nurture the talent, commitment and ideas of our staff in order to deliver excellent services
- Ensure value for money and increased organisational efficiency whilst maintaining quality
- Adapt and deliver services to meet agreed commissioned needs through enhanced multi-agency partnerships
- Maintain excellent performance, governance and a strong market position, and improve further our reputation for quality

Safeguarding is a fundamental component of all the care provided by the Trust. RDaSH acknowledges and appreciates that safeguarding is everybody’s responsibility and that regardless of what position we hold in the trust we all have a duty to protect those accessing our services from abuse and harm.

**Embedding personalisation**

A “Making Safeguarding Personal” approach has been adopted within any safeguarding enquiry that has been undertaken during this period. There has been a commitment to moving enquiries away from being process driven to experience which fully involve the adult at risk or their carer/advocate as appropriate.

**Accountability**

Overall responsibility for safeguarding adults at risk within the organisation rests with the Board Executive Lead Dr Deborah Wildgoose and the Board Non Executive Lead Pete Vjestica.

**Board Contribution**

A financial contribution comes from Doncaster CCG on behalf of the Health Community. RDASH contribute through Board and Sub group membership and provide support to multi-agency training programme.

**Low level concerns**

Low level concerns are managed through the organisations Incident Management Policy. These concerns are reviewed by the safeguarding adult leads and those identified as potential safeguarding adults concerns are reported as appropriate. Senior managers review all safeguarding adults concerns.

**Future intentions**

Moving forwards the Trust is looking to develop a joint safeguarding team including children’s and adults services. In addition it will look to continue to provide health support to Safeguarding Adults Hub building on the positive work achieved throughout 2016/17.
The Director of Nursing, Midwifery and Quality is the Trust Executive Lead for safeguarding and chairs the Trust Strategic Safeguarding People Board (SSPB), which oversees the safeguarding arrangements in the Trust. As well as safeguarding professionals the membership includes Care Group Heads of Nursing, Midwifery and Quality and Head of Therapy so that each Care Group has a representative that provides assurance to the Board. In addition, each Care Group has its own internal safeguarding arrangements.

The SSPB oversees the safeguarding arrangements in the trust. Its purpose is to:-
• Provide leadership and strategic direction for maintaining, developing and implementing safe and reliable safeguarding systems and processes within the Trust.
• Provide the Trust Executive Group and the Board of Directors with assurance of the Trusts compliance with statutory regulations, obligations and standards in relation to safeguarding.
• To receive feedback and assurance from the Care Groups.

From April 2016, the Safeguarding Team underwent a review using the Calderdale Framework. Changes to the team structure were implemented. Building on progress from last year’s key priorities “getting the ‘safeguarding’ message across to all staff” and “Visibility and accessibility of the safeguarding team” the safeguarding nurses now wear uniforms making them more visible to patients, staff and visitors while acknowledging their knowledge and expertise in their field. Regular drop–in sessions and ward rounds across the organisation make the nurses more approachable to staff and patients raising the profile of safeguarding. As an organisation who involve patients in making decisions about their care ‘Making Safeguarding Personal’ is not a new concept, however MSP has been incorporated into training to ensure our staff understand the importance of involving patients in safeguarding decisions as well as medical and nursing care.

The team held a safeguarding awareness week in December, holding stands across the organisations main 3 sites along with short teaching sessions. Seasonal safeguarding newsletters inform staff of hot topics and updates.

Audits have been undertaken in 2016/2017 by the Lead Professional and Specialist Nurse for Safeguarding Adults in relation to staff awareness of the MCA 2005 and compliance with DoLS. Currently there is another MCA and DoLS audit being carried out by internal auditors. Year by year we increase awareness, knowledge and compliance.

South Yorkshire Police

The Safeguarding Adults Teams (SAT) established in September 2015 are co-located with partners at the Mary Woollett Centre in Doncaster. The SAT is comprised of 2 Detective Sergeants supervising a mixture of experienced Detective and Police Constables, and Police Civilian Investigators. The department manages all cases of domestic abuse classified as high risk by the South Yorkshire Police Domestic Abuse Risk Assessment Unit. This includes evidence gathering, safeguarding of the victim, and processing of the suspect from arrest to final disposal at court. Further areas of responsibility managed by the SAT include serious sexual offences where the offender is known (domestic sexual abuse) and offences perpetrated against vulnerable adults as defined by the Care Act 2014.

Over the last 12 months professional relationships with practitioners from other members of the Safeguarding Adults Board have been forged in a drive to work more effectively in the response to protecting vulnerable people. The SAT has managed several high profile and resource intensive investigations to a successful conclusion. This has been achieved by collaboration with these practitioners through a joint approach.

Examples of work in practice include the death of an elderly resident at a local Care home. This brought together representatives from the Police, Adult Safeguarding, DMBC, CQC and HM coroner. The huge amount of work involved in this case could not realistically have been completed in a reasonable timescale by any single agency. As a result, vastly improved safeguarding measures have been implemented at the Care Home since this multi-agency-intervention.

A safeguarding referral made to SAT, of suspected sexual abuse of a vulnerable elderly lady by her son, required a comprehensive multi agency approach to manage the...
subsequent investigation. The criminal aspect of the referral became the focus of by the SAT. The safeguarding, re housing and any subsequent needs of the victim were professionally managed by partner agencies. Ultimately, the sexual abuse case was unfounded. However, as a result of this intervention the lady now has a comprehensive respite care and support package. Her son, (the perceived source of harm) is also now subject of assessment to determine if he has care and support needs under the Care Act.

SAT staff attend the Keeping Safe and Growing Futures conferences and events, conducting presentations and raising awareness of the Police’s roles, responsibilities and innovative ways to protect vulnerable people.

In January 2017 Police and Crime Commissioner (PCC) Dr Alan Billings visited the Mary Woollett Centre. He met staff and practitioners from across the spectrum of Doncaster Safeguarding and later made the following statement:

Dr Billings said: “The model that they have here in Doncaster to work closely together is obviously working very well. It was interesting to see how partners share information quickly and efficiently when working in person at the same location. This means they can utilise most of their time putting measures in place to keep people safe, rather than chasing up emails and administration.

“It is a difficult subject to discuss, as for each case the unit handles there is a potential risk to a person’s safety. We should not forget the work the practitioners undertake on a daily basis, and I am very grateful for their professionalism and dedication in working so hard to address these issues that now present themselves not only in South Yorkshire, but across the country”

In March 2017 Dr Billings set out in his 4 year Police and Crime Plan. One of his 3 main priorities is ‘Protecting Vulnerable People’. http://www.southyorkshire-pcc.gov.uk/About/Police-and-Crime-Plan.aspx. It is the intention of the SAT to continue working alongside partners to prevent abuse of vulnerable people using safeguarding and preventative measures. However, where suspected abuse has already occurred the SAT will be proactive in investigating, and ultimately prosecuting the perpetrators of abuse.

**St Leger Homes**

At St Leger Homes we have a comprehensive safeguarding approach embedded throughout our organisation which enables us to provide protection and support services to our most vulnerable and socially excluded individuals and families. We have established a single point of contact for all employees to report any concerns they have seen, heard or received from residents or other professionals whilst carrying out their day to day duties. Any actions arising from this are recorded and managed. St Leger Homes also works closely with partner agencies to take a proactive approach to safeguarding adults. We conduct courtesy visits and actively engage with our customers to identify issues, and then offer and arrange tailored support to meet their individual needs at an early stage.

**Making Safeguarding Personal Principles**

We have developed a strong safeguarding culture within the business that focuses on delivering the best personalised outcome for individuals with care and support needs. We place the adult at risk at the centre of all decision making to ensure that their desired goals and outcomes are recognised and achieved. Our safeguarding policy and procedure is underpinned by the six safeguarding principles; Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.
Governance
Paul Tanney, Chief Executive of St Leger Homes, has overall responsibility for adults at risk and provides both strong leadership and a clear vision to St Leger Homes. Paul is a member of the DSAB and chairs the Sharing and Engagement sub group which delivers the DSAB Communication Plan. In addition, there is a Designated Safeguarding Lead Officer whose role is to ensure we fulfil our responsibilities and promote positive practice within our organisation. They are a member of several DSAB sub groups; and sit on the Safeguarding Adult Review and Domestic Homicide Panels as and when required.

Preventative Measures
At St Leger Homes we recognise the importance of people and organisations working together to prevent abuse and neglect. We identify, engage and empower individuals to make choices and support them in accessing a range of options for support to keep them safe from abuse and neglect, tailored to meet their personal needs, at an early stage. Other preventative measures include safe recruitment practices, effective safeguarding training for all staff, effective supervision arrangements and the identification of a named safeguarding lead. We have ensured that we have a robust safeguarding policy and procedure, and that staff know how to raise safeguarding concerns.

Performance Information and Activity
St Leger Homes deal with many calls for advice and support relating to both adults and children. During 2016/17 a total of 308 concerns were received which resulted in 495 referrals for varying support services. All safeguarding concerns received are treated as a high priority and visits are made to the individuals address within 24 hours. All concerns are case managed by an Estates Officer and through engagement with the individual the best support services are be identified, offered and arranged to meet their personal needs.

All low level concerns are dealt with through the organisations safeguarding arrangements. These concerns are reviewed by the safeguarding lead and those identified as potential safeguarding concerns are reported as appropriate.

Future intentions for Safeguarding Adults
St Leger Homes will continue to learn, develop and fulfill its safeguarding responsibilities to the highest standards by:-
- Continuing to build on our collaborative approach to safeguarding children and adults, and continue to be a key partner in delivering the vision for Doncaster.
- Visible and influential in the delivery of Doncaster’s approach to safeguarding through effective engagement with other multi agency partnerships, partner agencies, frontline practitioners and adults at risk.
- Continue to deliver our rolling programme of safeguarding training and refresh training, both for our own staff and partners through the Review and Learning Sub Group and the training pool.
- Continue as chair of the Share and Engage Subgroup to build on the successful launch of the Board’s “Keeping Safe” campaign (via posters, leaflets, cards and visits to other agencies) to a wider audience.

South Yorkshire Fire and Rescue Service

Governance
In the last 12 months South Yorkshire Fire and Rescue have introduced an internal Safeguarding Executive Board and Reference Sub group. The purpose of these new arrangements, are to strengthen governance, through scrutiny and challenge across departments and to learn and improve in areas relating to multiagency working and information sharing.

Case Management and Policy
Safeguarding Concerns are triaged by the designated Safeguarding Advisor and out of hours by the Group Managers and data relating to this is published in the Prevention and Protection Quarterly report. The cases are predominantly related to self-neglect, often in association with fire risks and concerns about health and wellbeing. The High Risk Coordinators (2) manage the high fire risk cases locally. Policies, relating to Safeguarding, are updated annually together with an Equality Analysis and for adult safeguarding Making Safeguarding Personal is included and for child protection a Strengths Based Approach “Signs of Safety”.

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Contribution at Safeguarding Boards

South Yorkshire Fire and Rescue continues to be represented at both Local Authority Safeguarding Children and Safeguarding Adult Boards across the county (and SYP County Wide Safeguarding Board) and has contributed to a number of initiatives in policy development relating to self-neglect and hoarding.

Developments

In addition to the Fire Risk Assessment and Fire Safety advice given during the Home Safety Check, additional screening questions and signposting have been incorporated as a “Safe and Well Check”. This now includes “Falls”, “Crime Prevention” and “Sight testing” and has been piloted in Doncaster and is now being rolled out across South Yorkshire.

Doncaster College

The College has linked the ‘Making Safeguarding Personal’ principles into the curriculum for students on Health and Social Area Courses. Promotional materials have been utilised across the College and linked to the website: www.don.ac.uk.

The Assistant Principal Inclusion, Student Experience and Commercial Development, who is also a member of the College’s Executive Team, has overall responsibility for safeguarding adults within the College. The College has 8 Safeguarding Designated Officers overall. Complex cases are discussed by at least 2 Designated Officers with oversight by the Senior Safeguarding Designated Officer (Assistant Principal Inclusion, Student Experience and Commercial Development). There is a Safeguarding Vulnerable Adults Policy which is reviewed annually in line with government legislation and guidance. The College has completed the following audits:

- Education and Standards Effectiveness Service Annual Safeguarding Audit/Report 2015-2016
- Doncaster Safeguarding Children and Adults Boards Audit of Strategic and Organisational Arrangements to Safeguard and Promote the Wellbeing of Children and Adults at Risk 2017
- Safeguarding Adults Performance Dashboard Data Collection (October 2016).

The College’s Ofsted Inspection 2016 noted that:

- ‘Safeguarding is highly effective, steered by a clear policy that includes the promotion of tolerance, democracy and respect. The college provides an inclusive, welcoming and respectful environment. Students feel safe and know how to keep themselves safe online.’
- ‘Leaders, managers and staff promote an inclusive approach to education that includes developing students’ understanding of the Prevent duty and British values.’
- ‘Students and apprentices feel safe. They know how to seek help or raise concerns about incidents of bullying or unfair treatment and have confidence that managers and staff will respond quickly and effectively to resolve any concerns raised.’

The College has embedded safeguarding adults into the cross College Mandatory Safeguarding Training, which is updated by all staff every 3 years. The compliance rate as at 12th April is 91.46%. All 8 Safeguarding Designated Officers have attended the DSCB level 3 Training. 2 Safeguarding Officers have attended the Level 3 Safeguarding Adults Training. Designated Officers have attended DSAB sub group meetings and conferences. The College offers the Safeguarding Adults Board facilities for events and meetings.

Key Priorities for 2017/18:

- To embed safeguarding through online tutorial My SOLE using national noted dates and events as well as key themes in line with legislation.
- To facilitate staff training in British values and to ensure curriculum observation process takes account of this cross College.
- To undertake a cross College Prevent audit review – completed in September.
- To streamline the SC1 tracker to enable more specific detail of cases taken.
- To research online safeguarding tracking software.
- Two appointed safeguarding officers to undertake Mental Capacity Training to further enhance knowledge levels within DSO team.
In terms of promoting and developing its role as a relevant partner in Adult Safeguarding, Her Majesty’s Prison and Probation Service (HMPPS) formerly known as National Probation Service (NPS) continues on a journey to embed the safeguarding of adults into everyday practice and to improve co-operation with all relevant partner agencies.

At a national level, the recently published National Probation Service Policy Statement and associated Practice Guidance (Jan 2016) makes clear the NPS commitment to safeguarding and promoting the welfare of adults at risk. It recognises the importance of people and organisations working together to prevent and stop both the risk and the experience of abuse and neglect, whilst at the same time making sure an individual’s well-being is being promoted with due regard to their views, wishes, feelings and beliefs. It also identifies that Offenders in the community should experience the same level of care and support as the rest of the population and acknowledges the contribution NPS staff can make to the early identification of an offender who may have care and support needs, or of an offender who may benefit from preventative support to help prevent, reduce or delay needs for care and support. We are also aware of the NPS role with Victims under the Victims Charter and how they are often vulnerable adults.

In terms of the practical application of this policy statement, 2017 has seen the continuing programme of NPS mandatory e-learning training on adult safeguarding for all staff, followed by mandatory class room events for operational staff. The development of policy and guidance has been accompanied by the introduction of a new process mapping system (EQUIP) which provides front-line staff with easily accessible information on policies, processes and guidance around adult safeguarding. Each National Probation Service Division has a designated strategic lead for Adult Safeguarding. As part of the National Probation Service NE, the responsible strategic lead is Julie Allan, but our South Yorkshire Lead is Sally Adegbembo Head of Rotherham/Doncaster NPS Cluster.

It is explicitly recognised that Safeguarding is everyone’s responsibility and that the need to promote individuals welfare and protect them from abuse, neglect and serious harm will apply at every point of an offender’s journey. However, we recognise the importance of identifying at an early stage whether an offender has care and support needs, is a carer of a person with care and support needs, poses a risk of harm to adults at risk, and/or if they themselves are an adult at risk. There is a specific expectation that staff at pre-sentence report stage are pro-active in identifying adult safeguarding concerns. There is also a specific expectation that any identified offenders are appropriately ‘flagged.’

However, it is recognised that practice locally needs to be developed. From a strategic management perspective there is a continuing need to ensure that we get better at identifying and ‘flagging’ relevant cases, to help promote learning and improve service delivery. To ensure this is in place this year, as a priority, an audit of adult safeguarding cases will be performed on a six monthly basis alongside our child safeguarding audit which is already embedded in practice. From a frontline service perspective, we will continue to develop partnership working and to identify and promote those services which appear to be most effective, such as the close cooperation with social workers based within the South Yorkshire custodial estate. To help achieve this, Doncaster LDU have recently identified that Josie Turgoose, Senior Probation Officer/Victims Team Manager, will have a specific responsibility for Adult Safeguarding in Doncaster.
The Mental Capacity Act 2005 and subsequent Deprivation of Liberty Safeguards 2007 became statutory from April 2009. On 19th March 2014 the interpretation of the law by the Supreme Court changed, which has had a dramatic impact on Councils nationally due to a significant increase in Deprivation of Liberty Safeguard authorisation requests with no additional resources nationally identified to meet the increased demand. The safeguards are there to ensure;

- A deprivation of liberty is a last resort
- Their care and treatment is in their best interest and least restrictive
- They have someone appointed to represent them
- The person is given the right of appeal
- The arrangements are reviewed and not continued for longer than necessary

Over the period of April 2016 to end of March 2017 there have been 1360 requested authorisations to deprive individuals of their liberty, this is a similar number when compared with 2015/16 figures.

In response DMBC have continued to target resources to deal with the significant increase in DOLS requests. The Doncaster MCA / DoLS Team provides a single point of contact for organisations, professionals and the public in relation to Deprivation of Liberty issues. For further information visit http://www.doncaster.gov.uk/services/adult-social-care/raising-concerns or email dols@doncaster.gov.uk
The number of Safeguarding Concerns has reduced by 12.7% from 2402 in 2015-16 as compared to 2098 in 2016-17.

Despite this, there has been an increase in the proportion of concerns that convert into Section 42 Enquiries meaning that we are receiving more appropriate concerns about abuse or neglect that require further intervention. The introduction of the Care Act 2014 has seen a broadened definition of abuse and people defined as adults at risk, in addition people are becoming more aware of abuse and how to report safeguarding concerns. Moving forwards we need to use management information to target bespoke support and multi-agency training to those agencies/care providers who raise the highest number of concerns which do not lead to enquiries.

The Board published guidance in September 2016 to assist independent providers to identify appropriate safeguarding concerns and reduce the number of inappropriate safeguarding concerns being reported to the Safeguarding Adults Hub which could be dealt with through other processes. This guidance will be reviewed and re-launched during 2017/18 to ensure a consistent approach to identifying and preventing safeguarding concerns is applied within the independent sector.
Safeguarding Concerns received by Source of Referral

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Police</td>
<td>67</td>
<td>63</td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>122</td>
<td>127</td>
</tr>
<tr>
<td>Regulator</td>
<td>27</td>
<td>19</td>
</tr>
<tr>
<td>Relative / Family Carer</td>
<td>121</td>
<td>34</td>
</tr>
<tr>
<td>Community Health Care</td>
<td>55</td>
<td>19</td>
</tr>
<tr>
<td>Secondary Health Care</td>
<td>104</td>
<td>153</td>
</tr>
<tr>
<td>Social Care staff (statutory and independent)</td>
<td>1585</td>
<td>1261</td>
</tr>
<tr>
<td>Individual - Unknown / Stranger</td>
<td>15</td>
<td>77</td>
</tr>
<tr>
<td>Individual - Known but not related</td>
<td>47</td>
<td>6</td>
</tr>
<tr>
<td>Other private sector</td>
<td>253</td>
<td>332</td>
</tr>
<tr>
<td>Total number of concerns received</td>
<td>2402</td>
<td>2098</td>
</tr>
</tbody>
</table>

The above table considers all safeguarding concerns received by operational services including those that progress to a Section 42 enquiry, therefore the number is 2098.

The majority of concerns are received by care workers employed in the statutory and independent care sector. This demonstrates robust governance procedures in this sector indicating that care workers know how to identify abuse and respond to safeguarding issues.

Section 42 Enquiries by Age Groups

35% of enquiries related to the under 65 age group this includes people who have learning or intellectual disabilities and who are more vulnerable to situations such as exploitation. This is closely followed by the 75–84 and 85-94 age groups as demonstrated in the table adjacent.

61% of enquiries received by the Safeguarding Adults Hub are related to females and 39% for males. 94% of enquiries were categorised as ‘White’ (NB – not solely White British). This reflects the total population of Doncaster that are categorised as such in the latest census return (March 2011). This notes a slight decrease (2%) in Black and Minority Ethnic groups accessing the safeguarding adult service. The largest proportion of safeguarding adults Section 42 enquiries relates to people with physical support needs at 42%.

For purposes required by the Safeguarding Adults Collection only 1 count is permitted per adult at risk therefore the number is 595.
Neglect (31%) and physical (23%) remain the most commonly reported typologies of abuse, followed by financial (16.8%) and psychological (15.7%) abuse. This is a slight shift when compared with last year’s figures where financial abuse was the second most common type of abuse (21%) and physical third (19%). The Care Act 2014 introduced 4 more categories of abuse; domestic abuse, sexual exploitation, modern slavery and self-neglect. The Board is monitoring reporting of these new types of abuse to ensure awareness and reporting pathways are effective in these areas. To support with this a number of modern slavery training sessions have been delivered to staff across the multi-agency partnership with further training identified for 2017/18.

Issues relating to neglect and acts of omission most commonly relate to the independent care sector for example staffing levels, dependency of service users not assessed adequately to meet complex needs, lack of training for agency staff and a high turnover of staff.

Information continues to be shared at the multi-agency weekly risk meeting monitoring and escalating themes and trends across a range of commissioned services, to proactively improve quality, prevent abuse and respond appropriately and proportionately to safeguarding concerns within the independent care provider sector. Representation includes the Care Quality Commission, Health and Social Care Contract Monitoring Services, the Safeguarding Adults Board Support Unit and Operational Safeguarding Services. This model pools information on which to base sound and equitable decisions, also to identify support needed to improve quality.
The most common locations of abuse are within an adult's own home (46%) or within a Care Home (40%). The decrease in abuse occurring within a Care Home (40%) and increase in abuse with an adult's own home (46%) marks a shift towards the national trend as Doncaster has been an outlier in this area previously. The reasons for this could be due to the following:

- The Board issued clear guidance to care homes to assist with identifying and reporting appropriate safeguarding concerns to reduce the number of inappropriate safeguarding enquiries in this location
- The Keeping Safe Campaign is being effective, getting the message out deep within the community of what abuse is and how to report it resulting in a rise in 'own home' enquiries

Section 42 enquiries relating to abuse occurring within hospitals has seen a decrease from 5% last year to 1% in 2016/17. The low number of cases from this area is consistent with both regional and national trends and appears to be linked to the use of more established mechanisms such as complaints, incident and serious incidents reporting frameworks.

The number of Section 42 enquiries relating to a Community Service has decreased from 6% during 2015/16 to 1% in 2016/17.
While there has been an overall increase in the number of Section 42 enquiries the proportion of enquiries resulting in reduced risk has increased from 60% in 2015/16 to 64% in 2016/17. The percentage of enquiries where action was taken and the risk was removed has decreased during 2016/17 from 34% to 23%.

In 13% of cases the risk was reported as remaining. Safeguarding supports people in how they choose to live their lives in line with the wishes, feelings and identified outcomes of the adult at risk. As a person may decide not to accept support or to live in circumstances that place them at risk, safeguarding may not always be able to remove the risk. For example, a person may choose to live with a family member that has abused them. However, safeguarding will always look to empower people with options, that will help the person to be safe and in control of their own life.
Multi-Agency training courses are widely accessed by the workforce with attendance high demonstrating a demand for need. The training delivered over the year has had a real focus on embedding the Care Act 2014 and the principles of Making Safeguarding Personal. This has meant in a change in practice to focus on outcomes for adults at risk.

As we move forward we will continue to deliver training across Doncaster to ensure all agencies are equipped to undertake Section 42 Enquiries where appropriate. In addition a number of courses have been identified to address shortfalls in practice which have been identified through a training needs analysis. Below are attendance figures for 2016/17 for all Safeguarding Adults, MCA and DOLS courses.

<table>
<thead>
<tr>
<th>Safeguarding Adults Courses - Overall attendance 669</th>
<th>DMBC</th>
<th>Independent/Voluntary</th>
<th>NHS/RDaSH</th>
<th>DCST</th>
<th>STLH</th>
<th>DCCG</th>
<th>Other</th>
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<tbody>
<tr>
<td>Safeguarding Adults – Enquirers Course</td>
<td>17</td>
<td>13</td>
<td>39</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Safeguarding Adults – New Forms</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
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<td>Safeguarding Adults – Making Safeguarding Personal</td>
<td>21</td>
<td>7</td>
<td>6</td>
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<tr>
<td>Safeguarding Adults – Minute Taking</td>
<td>3</td>
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<td>2</td>
<td>1</td>
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<td>0</td>
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<tr>
<td>Safeguarding Adults – Raising Concerns</td>
<td>15</td>
<td>24</td>
<td>98</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Safeguarding Adults – Chair Training</td>
<td>10</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Safeguarding Adults – Manager Training</td>
<td>5</td>
<td>7</td>
<td>12</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Safeguarding Adults – Level 2 Basic Awareness</td>
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<td>210</td>
<td>31</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>10</td>
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<tr>
<td>Safeguarding Awareness for PA’s</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>1</td>
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<tr>
<td>Modern Slavery and Human Trafficking Awareness Session</td>
<td>12</td>
<td>15</td>
<td>6</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>9</td>
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<tr>
<td>Total</td>
<td>190</td>
<td>283</td>
<td>206</td>
<td>15</td>
<td>3</td>
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<thead>
<tr>
<th>MCA/DoLS Courses Overall attendance 301</th>
<th>DMBC</th>
<th>Independent/Voluntary</th>
<th>NHS/RDaSH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing Capacity and Best Interest Decision Making</td>
<td>12</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Complex decision making under the Mental Capacity Act</td>
<td>19</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>DOLS for Care Homes and Hospitals (Managing Authorities)</td>
<td>7</td>
<td>30</td>
<td>4</td>
</tr>
<tr>
<td>Introduction to DOLS – (Basic Awareness)</td>
<td>26</td>
<td>38</td>
<td>3</td>
</tr>
<tr>
<td>Judicial Deprivations of Liberty</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mental Capacity Act – Basic Awareness</td>
<td>45</td>
<td>67</td>
<td>1</td>
</tr>
<tr>
<td>Mental Capacity Assessments – Property and Affairs</td>
<td>24</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
<td>151</td>
<td>13</td>
</tr>
</tbody>
</table>
Doncaster Council
Safeguarding Children and Adults Training sits in the mandatory training requirements for the Council. In addition safeguarding adults training is hosted and coordinated by the Council to ensure agencies across Doncaster can access high standard multi-agency training to support the safeguarding adults workforce and framework.

South Yorkshire Police
Safeguarding awareness training is mandatory on induction for all staff who will have contact with children, families and vulnerable adults. Staff have access to online learning and associated policies and guidance and all front line staff receive and input into safeguarding, this includes call handlers, crime recording bureau and front desk staff. The crime training department has developed an online package around abuse which is to be launched 2017. Training includes spotting the warning signs and indicators of abuse and the channels of referral. Staff members can recognise the abuse or neglect of children / vulnerable adults and make referrals as appropriate. Staff understand the importance of intervening early.

Training pathways / individual training plans are in place for those staff members who will have more in depth contact with children and vulnerable adults. Additional training is proportional and relevant. Police officers also have 2-year student training programme which addresses safeguarding issues. The Police training centre hosts CID Protecting Vulnerable People Masterclasses at intervals during the year to "top up" both staff and officer knowledge across all areas of Safeguarding. Training needs are reviewed during staff annual reviews as well as dynamically through supervisory observation and monitoring and auditing of the systems used by staff. Staff can at any time request relevant additional training via the internal training request process.

The Force plan is available on the front page of the intranet and sets out the strategic vision for SYP with Protecting Vulnerable People as a core focus for the force. Force Policies and Procedures are linked to National best practice and guidance and is available to support and guide officers. A Specialist Safeguarding Adult Investigators Development Programme is nearing completion with material from the College of Policing and we expect to deliver this in 2017. Additional staff have been employed to deliver training within PPU specialisms.

St Leger Homes
Safeguarding children and adults features in our induction training for all new employees, and staff undertake mandatory Safeguarding Awareness training as part of our rolling programme of safeguarding training. Dependant on role, our staff also complete training on various topics including Prevent, Child Sexual Exploitation, Domestic Abuse, Sexual Abuse, Modern Day Slavery and Human Trafficking, Child Protection, Signs of Safety, Early Help and Suicide Prevention. All training delivered has been quality assured by the safeguarding boards.
DBTH
The corporate safeguarding team have continued to deliver the trust training programme and demonstrate an improvement in practice. In January 2017 following a regional review of safeguarding training across the acute hospital Trusts a new shorter training has been designed and implemented. This new training has just received quality assurance by local safeguarding boards.

DCCG
Safeguarding Adults Training sits in the mandatory training requirements for the Clinical Commissioning Group and is required on an annual basis or induction by all Clinical Commissioning Group staff.

RDASH
Safeguarding adults training is embedded within the organisation through the Trust Safeguarding Adult Policy through;
• Multi agency training
• Single agency training
• Clinical supervision

In addition through raising awareness and understanding of safeguarding adults, proactive risk assessments and planning for individuals and services and reporting and review of incidents (IR1’s).

South Yorkshire Fire and Rescue
The SYFR internal training programme includes a face to face Safeguarding Induction for all frontline staff (this includes volunteers) and then dependent on role and responsibility additional and bespoke Introductory and Refresher. The latter may be blended learning and/or external trainers are invited in for e.g. Domestic Abuse, Modern Slavery, Tele-care training. Community Safety Staff also attend Multi-agency training in their respective districts.

NHS England
It is mandatory for all NHS England staff to complete on line e-learning on Safeguarding Children and Adults every 3 years. Staff working within Safeguarding receive training appropriate to their level of work. Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse and adult safeguarding. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North region.

A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and the Humber attended by Bradford named GPs, it was well evaluated and plans for a north region named GP conference are in place for 2017/18.

NHS England has updated and is due to circulate the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.
### Partner Agency Contributions For 2016/17

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMBC – (Adult Social Care)</td>
<td>£111,660</td>
</tr>
<tr>
<td>CCG (including funding of Independent Chair)</td>
<td>£106,180</td>
</tr>
<tr>
<td>SY Police Crime Commissioner</td>
<td>£5,000</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>£222,840</strong></td>
</tr>
<tr>
<td><strong>Total Spend</strong></td>
<td><strong>£192,204</strong></td>
</tr>
<tr>
<td><strong>Total underspend</strong></td>
<td><strong>£70,114</strong></td>
</tr>
<tr>
<td><strong>Carry forward from 15/16</strong></td>
<td><strong>£39,478</strong></td>
</tr>
</tbody>
</table>
Partners Attendance 2016/17

### Board Attendance – 4 meetings held

<table>
<thead>
<tr>
<th>Agency</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Chair</td>
<td>100%</td>
</tr>
<tr>
<td>DMBC</td>
<td>100%</td>
</tr>
<tr>
<td>SYP</td>
<td>50%</td>
</tr>
<tr>
<td>DCCG</td>
<td>100%</td>
</tr>
<tr>
<td>Board Support Unit</td>
<td>100%</td>
</tr>
<tr>
<td>HMPS</td>
<td>25%</td>
</tr>
<tr>
<td>RDASH</td>
<td>100%</td>
</tr>
<tr>
<td>DBTH</td>
<td>100%</td>
</tr>
<tr>
<td>SYF&amp;R</td>
<td>25%</td>
</tr>
<tr>
<td>St Leger Homes</td>
<td>100%</td>
</tr>
<tr>
<td>NHS England</td>
<td>50%</td>
</tr>
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</table>

### Prepare Group – 3 meetings held

<table>
<thead>
<tr>
<th>Agency</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Chair</td>
<td>100%</td>
</tr>
<tr>
<td>DMBC</td>
<td>66%</td>
</tr>
<tr>
<td>SYP</td>
<td>66%</td>
</tr>
<tr>
<td>DCCG</td>
<td>100%</td>
</tr>
<tr>
<td>Board Support Unit</td>
<td>100%</td>
</tr>
<tr>
<td>RDASH</td>
<td>33%</td>
</tr>
<tr>
<td>St Leger Homes</td>
<td>66%</td>
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</tbody>
</table>

Share and Engage sub group attendance - 6 meetings held

<table>
<thead>
<tr>
<th>Agency</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Deputy</td>
<td>100%</td>
</tr>
<tr>
<td>DMBC</td>
<td>83%</td>
</tr>
<tr>
<td>SYP</td>
<td>0%</td>
</tr>
<tr>
<td>DCCG</td>
<td>0%</td>
</tr>
<tr>
<td>Board Support Unit</td>
<td>100%</td>
</tr>
<tr>
<td>RDASH</td>
<td>17%</td>
</tr>
<tr>
<td>SYF&amp;R</td>
<td>0%</td>
</tr>
<tr>
<td>St Leger Homes</td>
<td>100%</td>
</tr>
<tr>
<td>Doncaster Advocacy</td>
<td>0%</td>
</tr>
<tr>
<td>DBTH</td>
<td>50%</td>
</tr>
</tbody>
</table>

Workforce and Practice sub group - 6 meetings held

<table>
<thead>
<tr>
<th>Agency</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>100%</td>
</tr>
<tr>
<td>DMBC</td>
<td>100%</td>
</tr>
<tr>
<td>SYP</td>
<td>0%</td>
</tr>
<tr>
<td>DCCG</td>
<td>100%</td>
</tr>
<tr>
<td>SAU</td>
<td>100%</td>
</tr>
<tr>
<td>RDASH</td>
<td>67%</td>
</tr>
<tr>
<td>DBTH</td>
<td>67%</td>
</tr>
</tbody>
</table>

Quality and Performance sub group - 6 meetings held

<table>
<thead>
<tr>
<th>Agency</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair / Deputy</td>
<td>100%</td>
</tr>
<tr>
<td>DMBC</td>
<td>100%</td>
</tr>
<tr>
<td>SYP</td>
<td>0%</td>
</tr>
<tr>
<td>DCCG</td>
<td>100%</td>
</tr>
<tr>
<td>Board Support Unit</td>
<td>100%</td>
</tr>
<tr>
<td>RDASH</td>
<td>67%</td>
</tr>
<tr>
<td>DBTH</td>
<td>67%</td>
</tr>
</tbody>
</table>
To report a safeguarding adults concern

Adult Contact Team: 01302 737391 (option 3 for safeguarding)

Police: Non emergency 101 | Emergency 999

Care Quality Commission (CQC): 03000 616161

Emergency Out of Hours: 01302 796000
07786 220 022 (SMS) If you are deaf, hard of hearing or speech impaired

Deaf community: SMS text 07979 031116
(SMS) Police non emergency SMS 07786 220222

“If you see something, say something”
Item 10

Finance Report
Purpose of Paper - Executive Summary

This report sets out the financial position as at the end of September 2017.

The CCG is forecasting to achieve all of its financial targets for 2017/18 although a number of pressures are now arising.

The report also outlines:

- The key risk areas identified for 2017/18
- A summary of the CCG Efficiency Savings for 2017/18 (Appendix 2)
- A summary of the CCG’s Resource Allocation (Appendix 3)
- A summary of the CCG’s Reserve position (Appendix 4)

Recommendation(s)

Members are asked to:

- Receive the report and note the financial position for September 2017 (Month 6).
<table>
<thead>
<tr>
<th>Impact analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality impact</td>
</tr>
<tr>
<td>Equality impact</td>
</tr>
<tr>
<td>Sustainability impact</td>
</tr>
<tr>
<td>Financial implications</td>
</tr>
<tr>
<td>Legal implications</td>
</tr>
<tr>
<td>Management of Conflicts of Interest</td>
</tr>
<tr>
<td>Consultation / Engagement (internal departments, clinical, stakeholder &amp; public/patient)</td>
</tr>
<tr>
<td>Report previously presented at</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CCG identified a number of risks as part of the Financial planning for 2017/18. These included:</td>
</tr>
<tr>
<td>• Non delivery of parts of the Efficiency Savings programme</td>
</tr>
<tr>
<td>• Over performance against the main acute contracts</td>
</tr>
<tr>
<td>• Prescribing and High Cost Drugs Expenditure</td>
</tr>
<tr>
<td>• Individual Placements</td>
</tr>
<tr>
<td>A small contingency fund of £2.5m, which equates to 0.5% of the CCG’s allocation, has been set aside to mitigate against these risks, as required by the business rules. Should this not prove sufficient then the CCG will have to look at extending its efficiency programme further or potential other measures in collaboration with STP partners.</td>
</tr>
<tr>
<td>Assurance Framework</td>
</tr>
</tbody>
</table>
NHS DONCASTER CCG

2017/18 FINANCE REPORT MONTH 6 – SEPTEMBER 2017

1. Introduction

This report provides the financial position for NHS Doncaster CCG for 2017/18 as at the end of September 2017 (Month 6). The CCG is forecasting to achieve all of its financial targets for 2017/18 but pressures are starting to emerge.

2. Current Position

The following table shows the CCG’s current and forecast position for the key financial targets and statutory duties -

<table>
<thead>
<tr>
<th>Key Duty</th>
<th>Target</th>
<th>Month 6</th>
<th>Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Position</td>
<td>Achieve annual target of £12,142k surplus (£6,071k M6)</td>
<td>£6,073k</td>
<td>£12,143k</td>
</tr>
<tr>
<td></td>
<td>NHSE In year reporting - breakeven</td>
<td>B/E</td>
<td>B/E</td>
</tr>
<tr>
<td></td>
<td>QIPP Achievement (Plan £11,660k)</td>
<td>£3,560k</td>
<td>£7,970K</td>
</tr>
<tr>
<td>BPPC</td>
<td>95% + invoices paid within 30 days (NHS)</td>
<td>92.18%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>95% + invoices paid within 30 days (non NHS)</td>
<td>97.09%</td>
<td>98%</td>
</tr>
<tr>
<td></td>
<td>95% + invoice values paid within 30 days (NHS)</td>
<td>99.87%</td>
<td>98%</td>
</tr>
<tr>
<td></td>
<td>95% + invoice values paid within 30 days (Non NHS)</td>
<td>98.32%</td>
<td>98%</td>
</tr>
<tr>
<td>Cash Drawdown</td>
<td>1.25% of monthly drawdown remaining at period end</td>
<td>0.85%</td>
<td>1.25%</td>
</tr>
<tr>
<td>Running Costs</td>
<td>Maintain spend within annual target of £6,978k (£3,156k M6)</td>
<td>£2,849k</td>
<td>£6,610k</td>
</tr>
<tr>
<td>Capital Resources</td>
<td>Expenditure not to exceed allocation (N/A)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Key

- **Red**: Not achieving and unlikely to be met
- **Amber**: Not achieving but could be recovered
- **Green**: Achieving and on target to be met

The Month 6 position reflects a surplus of £6,073k which is in line with the target set by NHS England and the forecast is to achieve the £12,142k surplus for the year. The QIPP achievement is currently below target and is forecast to under achieve by approximately £3,690k, see section 4 below for more detailed information.
At this stage there is an expectation all organisations within the SYB footprint will meet their individual control totals and therefore meet the SYB control total.

The current and forecast position is summarised in the Operating Cost Statement included at Appendix 1.

The performance against the BPPC target for paying numbers of NHS invoices within 30 days has improved in month and delivered at 98.1% in September. It is expected that this will recover by year end and meet the overall target of 95%.

3. Key Messages and Risks

The largest financial risks identified as part of the Financial Planning process were around achievement of the ambitious efficiency plans, acute contract over performance, Prescribing, and increased funding associated with Individual placements (including Continuing Healthcare, Specialist Placement and Section 117 packages).

The delivery of the efficiency programme remains the highest risk and although significant work has been undertaken and plans are in place this will need to be closely monitored and any mitigating action taken early to ensure the financial control total is delivered (see Efficiency Savings Programme).

The Acute contract over performance remains a key risk as providers are undertaking additional activity to meet RTT targets. The September monitoring information from Doncaster Hospitals Trust indicates significant overtrading (£3.9m) relating to both a drive to deliver the 92% trust wide RTT target and the phasing of the demand management schemes in place across the system. The main areas of over performance relate to -

Elective & Day case Activity £1,156k
Emergency Activity £ 853k
Outpatient Activity £ 371k
Maternity Pathway £ 577k
A & E (Emergency Department) £ 227k
Paediatric Assessment Activity £ 205k
Excluded Drugs and Devices £ 184k
Non PbR Audiology Activity £ 122k

A full detailed review is currently being undertaken across of all areas of activity and discussions are underway with the trust to try and agree an overall financial position for year end to minimise risk across the system. Early indications from referral activity suggest referrals are starting to reduce and savings are now starting to materialise.

Remaining within the prescribing budget is a significant risk as an ambitious efficiency target has been set, although work is underway both locally and at an STP level there are not sufficient quantified schemes to deliver the target. The prescribing tool, Optimize Rx, is starting to have an impact in terms of reduced spend; to the end of August this is estimated at £115k. The budget is currently foresting to break even,
however there are new pressures arising due to items classified as NCSO (No Cheaper Stock Obtainable) due to shortages of products which can then be charged at a higher rate. The volume of products classified as NCSO is increasing on a monthly basis and this is being closely monitored by NHS England.

Individual Placements also remain a concern as cases continue to step down from Specialised Services (NHS England) with no funding being transferred. The CCG have already incurred a recurrent pressure of £1m during 2017/18 resulting from this transformation agenda. As further pressures emerge, these will be reported.

To help manage and offset the risks a small contingency fund of £2.5m was established as part of the NHS business rules. In addition, the 0.5% headroom reserve is currently being held as mitigation which equates to a further £2.5m, however both these values are non-recurrent in nature and poses a risk if relied on to recurrently balance the financial position.

4. Efficiency Savings Programme

The CCG has an ambitious efficiency plan equating to £11.6m. The main contracts with Doncaster and Bassetlaw Teaching Hospitals NHS FT and Rotherham, Doncaster and South Humber NHS FT were negotiated net of the agreed efficiency targets of £4.5m and £0.5m respectively.

To the end of Month 6, £3.6m of actual savings have been delivered with a forecast of £7.9m, the achievement against the majority of schemes can now be quantified. Each scheme has a RAG rating in terms of the current and forecast delivery, there are a large number of schemes that are rated Amber as although progress is being made through the delivery plans, the savings are slow to materialise and the annual target is unlikely to be met.

On prescribing there are some clearly identified savings in terms of the impact of Optomize Rx and rebates but there remainder of the QIPP appears to be fortuitous and cannot be attributed to a specific scheme.

A summary of progress against all schemes can be found at Appendix 2.

5. Further Allocations

The CCG has received the following non recurrent allocations in September; £28k for LD Transformation support, £70k for Diabetes Treatment and Care Transformation Fund and £618k Vanguard Funding for Sheffield Teaching Hospitals.

6. Capital Resource

The CCG has not yet received any capital funding in 2017/18.
7. Better Care Fund

The detailed plan for the Better Care Fund has now been submitted to NHS England and is awaiting formal sign off, once this has been approved further information will be shared with the Governing Body.

8. Conclusion and Recommendations

The committee is asked to receive and note the Finance Report for September 2017 (Month 6).
NHS DONCASTER CLINICAL COMMISSIONING GROUP

Appendix 1

2016/17 FINANCE REPORT SEPTEMBER 2017
Opening Budget

OPERATING COST STATEMENT

Baseline Allocation
Co-Commissioning
HRG4+
IR Rule Chnages
In year drawdown of prior year surplus
Historic Drawdown
Running Cost Allowance
Initial Allocation

Recurrent
Budget
£000s

Non Rec
Budget
£000s

Total
Budget
£000s

-445,139
-42,534

-6,773
-494,446

4,024
-362
-438
-12,021
0
-8,797

YEAR TO DATE

FORECAST
Recurrent
Budget
£000s

-445,139
-42,534
4,024
-362
-438
-12,021
-6,773
-503,243

In year changes
Surplus/Deficit Carry Forward - 1617 Final Outturn
Reception and clerical training - (Training Care Navigators and Medical
Assistants)
Diabetes Treatment and Care Transformation Fund - Intervention funded:
Multi-disciplinary Footcare Team (MDFT) - Bid ID DTCN08 MDFT
Diabetes Treatment and Care Transformation Fund - Intervention funded:
Diabetes Inpatient Specialist Nurses (DISN) - Bid ID DTCN08 DISN
NHS WiFi
Market Rents - Admin adjustment
Market rents adjustment
Paramedic Rebanding Additional Funding 2017-18
£86,014 - HSCN - GP funding , £48,401 - HSCN - CCG funding ,
CYPT IAPT Trainee staff support costs
Transfer NHCN - CCG funding from programme to running costs
Transfer NHCN - CCG funding from programme to running costs
Transfer of Cancer MDT funding £289,659 to NHSE Specialised services
LD transformation funding for TCP
Additional month5 IR Changes

-445,139
-42,534

-6773
-494,446

Non Rec
Budget
£000s

Total
Budget
£000s

Forecast
Outturn
£000s

Variance
(Under)/ Over
£000s

0
0
4,024
-362
-438
-12021
0
-8,797

-445,139
-42,534
4,024
-362
-438
-12,021
-6,773
-503,243

-445,139
-42,534
4,024
-362
-438
-12,021
-6,773
-503,243

-121

-121

-121

0

-54

-54

-54

0

-88

-88

-88

0

-52
-137
-157
303
-98
-134
-21
48
-48
290
-56
-22
-618
-504,208

-52
-137
-157
303
-98
-134
-21
48
-48
290
-56
-22
-618
-504,208

0
0
0
0
0
0
0
0
0
0
0
0
0
0

Recurrent
Budget
£000s

Non Rec
Budget
£000s

Total
Budget
£000s

Variance
(Under)/
Over
£000s

YTD Actual
£000s

0
0
0
0
0
0
0
0

-494,446

-8,797

-503,243

0
0
-494,156

-52
-137
-157
303
-98
-134
-21
48
-48
0
-56
-22
-618
-10,052

-81,578

-81,578

0

Acute Contracts - DBHFT
Acute Contracts - Other NHS
Acute Contracts - Other Providers Non NHS

186,163
37,241
4,443

1,186
4,848
125

187,349
42,089
4,568

186,144
38,074
4,530

929
4,211
0

187,073
42,286
4,530

190,751
36,439
5,276

3,678
-5,846
746

93,576
21,211
2,265

0
0
0

93,576
21,211
2,265

97,254
16,724
2,639

3,678
-4,486
374

Acute Contracts - Urgent Care
Acute - Non Contract Activity
Total Acute Services

5,843
2,574
236,264

0
0
6,159

5,843
2,574
242,423

5,843
2,574
237,165

0
5
5,146

5,843
2,579
242,311

5,843
2,610
240,919

0
31
-1,392

2,921
1,292
121,265

0
0
0

2,921
1,292
121,265

2,922
1,308
120,848

0
15
-418

Mental Health Contracts - RDaSH FT
Mental Health Contracts - Other NHS
Mental Health Contracts - Other Providers
Mental Health - Non Contract Activity
Total Mental Health Services

34,864
1,094
17,435
6
53,399

0
0
0
0
0

34,864
1,094
17,435
6
53,399

34,786
1,167
17,403
6
53,362

144
0
0
0
144

34,930
1,167
17,403
6
53,506

34,930
784
19,397
0
55,111

1
-383
1,994
-6
1,605

17,506
241
8,701
3
26,452

0
0
0
0
0

17,506
241
8,701
3
26,452

17,508
190
9,093
0
26,792

2
-51
392
-3
339

Community Contracts - RDaSH FT
Community Contracts - Other NHS
Community Contracts - Other Providers
Total Community Services

30,857
395
10,977
42,229

0
438
0
438

30,857
833
10,977
42,667

30,880
394
10,640
41,914

28
0
-521
-493

30,908
394
10,119
41,421

30,908
409
10,226
41,543

0
15
107
122

15,494
197
5,271
20,962

0
0
0
0

15,494
197
5,271
20,962

15,493
204
5,320
21,018

0
7
49
56

63,565
614
4,176
802
41,992
111,149

0
0
0
0
0
0

63,565
614
4,176
802
41,992
111,149

63,565
614
4,176
802
42,037
111,194

0
0
998
86
0
1,084

63,565
614
5,174
888
42,037
112,278

63,565
672
5,238
825
41,766
112,066

0
58
64
-63
-271
-211

31,782
307
1,957
444
20,335
54,825

0
0
0
0
0
0

31,782
307
1,957
444
20,335
54,825

31,783
338
1,890
440
19,931
54,380

0
31
-67
-4
-405
-445

27,164
27,164

0
0

27,164
27,164

28,096
28,096

0
0

28,096
28,096

28,350
28,350

254
254

14,048
14,048

0
0

14,048
14,048

14,891
14,891

843
843

0
0

0
0

0
0

0
0

0
0

0
0

0
0

0
0

0
0

0
0

0
0

0
0

0
0

Medicines Management
Safeguarding
Mental Health Assessments
NHS Property Services Recharge
Corporate non running costs

518
39
0
2,404
2,961

0
0
0
0
0

518
39
0
2,404
2,961

518
39
0
2,234
2,791

0
0
0
0
0

518
39
0
2,234
2,791

506
39
0
2,234
2,779

-12
0
0
0
-12

265
19
0
1,117
1,401

0
0
0
0
0

265
19
0
1,117
1,401

256
19
0
1,055
1,330

-9
0
0
-62
-71

Chief Pharmacist
Admin & Business Support
Contract Management
Finance
Corporate Costs & Services
Human Resources
Health & Safety
Patient & Public Involvement
Communications & PR
Performance
Quality Assurance
Primary Care Support
Strategy & Development
Governing Body
Corporate Running Costs

88
879
535
717
397
82
11
112
5
833
628
193
803
1,491
6,773

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

88
879
535
717
397
82
11
112
5
833
628
193
803
1,491
6,773

88
883
539
717
429
82
11
112
5
833
631
147
806
1,491
6,773

0
144
0
0
13
0
0
0
0
48
0
0
0
0
205

88
1,027
539
717
442
82
11
112
5
881
631
147
806
1,491
6,978

86
835
522
665
442
95
11
79
5
874
612
160
890
1,333
6,610

-2
-192
-18
-52
0
13
0
-32
0
-7
-19
13
84
-158
-368

44
168
274
360
227
41
5
56
2
441
315
73
403
745
3,156

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

44
168
274
360
227
41
5
56
2
441
315
73
403
745
3,156

51
140
251
297
214
48
3
35
3
415
289
80
330
692
2,849

7
-27
-22
-63
-13
7
-2
-21
0
-26
-26
7
-73
-53
-307

Total Corporate Costs

9,734

0

9,734

9,564

205

9,769

9,389

-380

4,557

0

4,557

4,179

-378

2,226

2,460
2,460

2,226
0
2,226

2,226
2,460
4,686

2,226
2,460
4,686

0
0
0

0
0
0

0
0
0

0
0
0

0
0
0

0
0
0

483,755

8,311

242,109

0

TOTAL ALLOCATIONS

Prescribing
Oxygen Services
Other Primary Care Services
GPIT
Delegated Co-Commissioning
Primary Care Services
Continuing Healthcare
Continuing Healthcare Services

290

Non Recurrent Programmes
Non Recurrent Programmes

1% Non Recurrent Headroom Reserve
Contingency Reserve 0.5%
Total Reserves
TOTAL APPLICATION OF FUNDS

2,460
2,460

2,226

2,226
2,460
4,686

482,399

8,823

491,222

SURPLUS 1% REQUIREMENT*
TOTAL
* As directed by NHS England - All CCGs are required to make a surplus of at least 1%

492,066

492,065

-1

242,109

242,107

-2

12,021

12,142

0

-12,142

6,071

0

-6,071

503,243

504,208

492,065

-12,143

248,180

242,107

-6,073


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<thead>
<tr>
<th>Delivery Plan</th>
<th>Scheme</th>
<th>Annual Plan £’000</th>
<th>YTD £’000</th>
<th>Forecast £’000</th>
<th>RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childrens &amp; Maternity</td>
<td>Paediatric Assessment Tariff</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>154</td>
<td>36</td>
<td>80</td>
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<tr>
<td>Childrens &amp; Maternity</td>
<td>Paediatric Assessment Activity</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>172</td>
<td>47</td>
<td>93</td>
</tr>
<tr>
<td>Childrens &amp; Maternity</td>
<td>Asthma, LRTI and URTI Activity</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>91</td>
<td>60</td>
<td>121</td>
</tr>
<tr>
<td>Childrens &amp; Maternity</td>
<td>Paeds A&amp;E Activity</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>53</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Community &amp; End of Life</td>
<td>Community QIPP various schemes</td>
<td>Rotherham, Doncaster and South Humber NHS FT</td>
<td>222</td>
<td>111</td>
<td>222</td>
</tr>
<tr>
<td>Continuing Healthcare/Care Homes</td>
<td>Improved Governance, Assessment and Reviews, S117 and Market Engagement</td>
<td>N/A</td>
<td>2,500</td>
<td>1,250</td>
<td>2,500</td>
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<tr>
<td>Intermediate Care</td>
<td>Impact of Intermediate Care redesign on NEL Admissions</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>461</td>
<td>118</td>
<td>237</td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>Impact of Intermediate Care redesign on A&amp;E Attendances</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>25</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Reduction in NEL Admissions</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>461</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health &amp; LD</td>
<td>LD frequent flyers</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health &amp; LD</td>
<td>Mental Health QIPP various schemes</td>
<td>Rotherham, Doncaster and South Humber NHS FT</td>
<td>278</td>
<td>139</td>
<td>278</td>
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<tr>
<td>Planned Care</td>
<td>Reduction in Gp referrals 6%</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>963</td>
<td>211</td>
<td>595</td>
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<tr>
<td>Planned Care</td>
<td>Reduction in acupuncture activity (NICE guidance)</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>96</td>
<td>1</td>
<td>49</td>
</tr>
<tr>
<td>Planned Care</td>
<td>Procedures of Limited Clinical Value/Thresholds (Asymptomatic Hernias)</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>420</td>
<td>0</td>
<td>192</td>
</tr>
<tr>
<td>Planned Care</td>
<td>Procedures of Limited Clinical Value/Thresholds (Hip &amp; Knee replacements)</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>809</td>
<td>0</td>
<td>314</td>
</tr>
<tr>
<td>Planned Care</td>
<td>Procedures of Limited Clinical Value/Thresholds (Haemorrhoidectomy)</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>99</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Planned Care</td>
<td>Procedures of Limited Clinical Value/Thresholds (Cataract Surgery)</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>201</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Planned Care</td>
<td>Procedures of Limited Clinical Value/Thresholds (Carpal Tunnel Syndrome)</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>0</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Planned Care</td>
<td>Procedures of Limited Clinical Value/Thresholds (Dupuytrens Syndrome)</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>0</td>
<td>0</td>
<td>56</td>
</tr>
<tr>
<td>Planned Care</td>
<td>Procedures of Limited Clinical Value/Thresholds (Ganglion)</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Planned Care</td>
<td>Procedures of Limited Clinical Value/Thresholds (other providers)</td>
<td>Other Acute providers</td>
<td>1,300</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Planned Care</td>
<td>Use of biosimilars (FY impact)</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>296</td>
<td>148</td>
<td>296</td>
</tr>
<tr>
<td>Prescribing</td>
<td>Review of formulary links to Right Care</td>
<td>Prescribing</td>
<td>TBD</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prescribing</td>
<td>Wastage/medicines optimisation</td>
<td>Prescribing</td>
<td>150</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prescribing</td>
<td>Optimise Rx</td>
<td>Prescribing</td>
<td>400</td>
<td>115</td>
<td>265</td>
</tr>
<tr>
<td>Prescribing</td>
<td>Primary Care Rebates</td>
<td>Prescribing</td>
<td>50</td>
<td>43</td>
<td>87</td>
</tr>
<tr>
<td>Prescribing</td>
<td>Specials/rn part 8</td>
<td>Prescribing</td>
<td>75</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prescribing</td>
<td>Other Savings to be verified by scheme (currently underspending)</td>
<td>Prescribing</td>
<td>1,859</td>
<td>1,152</td>
<td>2,182</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Urgent care signposting and streaming to UCC</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>456</td>
<td>65</td>
<td>130</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Paramedic pathfinder impact on A&amp;E Attendances</td>
<td>Doncaster &amp; Bassetlaw Hospitals Teaching Hospitals NHS FT</td>
<td>58</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

**Totals:** 11,660 3,560 7,970

**Notes:**
Each scheme has now been RAG rated based on a financial assessment of current and forecast delivery, this does not necessarily reflect the actions and progress made in the delivery plans. Where information is difficult to obtain the RAG rating will be Amber until such time as the savings can be quantified. Information is not yet available to support all the DBH schemes or prescribing due to timing of data.

**RAG Rating key:**
- Scheme has clear deliverables and is on target to be met in full or exceed target
- Slippage on scheme, savings likely to be greater than 50% of target but will not be met in full
- No clear plans, scheme not delivering or scheme will deliver less than 50% of target
### NHS DONCASTER CLINICAL COMMISSIONING GROUP

**APPENDIX 3**

**SUMMARY OF RESOURCE ALLOCATIONS AS AT MONTH 6 SEPTEMBER 2017**

<table>
<thead>
<tr>
<th>Recurrent £000's</th>
<th>Non Recurrent £000's</th>
<th>Total £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Allocation</td>
<td>-445,139</td>
<td>-445,139</td>
</tr>
<tr>
<td>Co-Commissioning</td>
<td>-42,534</td>
<td>-42,534</td>
</tr>
<tr>
<td>HRG4+</td>
<td>4,024</td>
<td>4,024</td>
</tr>
<tr>
<td>IR Rule Changes</td>
<td>-362</td>
<td>-362</td>
</tr>
<tr>
<td>In year drawdown of prior year surplus</td>
<td>-438</td>
<td>-438</td>
</tr>
<tr>
<td>Historic Drawdown</td>
<td>-12,021</td>
<td>-12,021</td>
</tr>
<tr>
<td>Running Cost Allowance</td>
<td>-6,773</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Resources Available at Plan Stage</strong></td>
<td><strong>-494,446</strong></td>
<td><strong>-8,797</strong></td>
</tr>
</tbody>
</table>

**Adjustments to the Resource Limit:**

**Month 01 April**

<table>
<thead>
<tr>
<th>Recurrent £000's</th>
<th>Non Recurrent £000's</th>
<th>Total £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>No adjustments</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Month 02 May**

<table>
<thead>
<tr>
<th>Recurrent £000's</th>
<th>Non Recurrent £000's</th>
<th>Total £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>No adjustments</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

**Month 03 June**

<table>
<thead>
<tr>
<th>Recurrent £000's</th>
<th>Non Recurrent £000's</th>
<th>Total £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/Deficit Carry Forward - 1617 Final Outturn</td>
<td>-121</td>
<td>-121</td>
</tr>
<tr>
<td>Reception and clerical training - (Training Care Navigators and Medical Assistants)</td>
<td>-54</td>
<td>-54</td>
</tr>
<tr>
<td>Diabetes Treatment and Care Transformation Fund - Intervention funded: Multi-disciplinary Footcare Team (MDFT) - Bid ID DTCN08 MDFT</td>
<td>-44</td>
<td>-44</td>
</tr>
<tr>
<td>Diabetes Treatment and Care Transformation Fund - Intervention funded: Diabetes Inpatient Specialist Nurses (DISN) - Bid ID DTCN08 DISN</td>
<td>-26</td>
<td>-26</td>
</tr>
<tr>
<td>NHS WiFi</td>
<td>-137</td>
<td>-137</td>
</tr>
<tr>
<td>Market Rents - Admin adjustment</td>
<td>-157</td>
<td>-157</td>
</tr>
<tr>
<td>Market Rents Programme adjustment</td>
<td>303</td>
<td>303</td>
</tr>
<tr>
<td>Paramedic Rebanding Additional Funding 2017-18</td>
<td>-98</td>
<td>-98</td>
</tr>
<tr>
<td>£86,014 - HSCN - GP funding , £48,401 - HSCN - CCG funding , CYPT IAPT Trainee staff support costs</td>
<td>-134</td>
<td>-134</td>
</tr>
<tr>
<td></td>
<td>-21</td>
<td>-21</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
<td><strong>-489</strong></td>
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</table>

**Month 04 July**

<table>
<thead>
<tr>
<th>Recurrent £000's</th>
<th>Non Recurrent £000's</th>
<th>Total £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer of Cancer MDT funding £289,659 to NHSE Specialised services</td>
<td>290</td>
<td>290</td>
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<tr>
<td>LD transformation funding for TCP</td>
<td>-28</td>
<td>-28</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>290</strong></td>
<td><strong>-28</strong></td>
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</tbody>
</table>

**Month 05 August**

<table>
<thead>
<tr>
<th>Recurrent £000's</th>
<th>Non Recurrent £000's</th>
<th>Total £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes to IR Rules</td>
<td>-22</td>
<td>-22</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
<td><strong>-22</strong></td>
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</table>

**Month 06 September**

<table>
<thead>
<tr>
<th>Recurrent £000's</th>
<th>Non Recurrent £000's</th>
<th>Total £000's</th>
</tr>
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<tbody>
<tr>
<td>Diabetes Treatment and Care Transformation Fund - Intervention funded: Multi-disciplinary Footcare Team (MDFT) - Bid ID DTCN08 MDFT</td>
<td>-44</td>
<td>-44</td>
</tr>
<tr>
<td>Diabetes Treatment and Care Transformation Fund - Intervention funded: Diabetes Inpatient Specialist Nurses (DISN) - Bid ID DTCN08 DISN</td>
<td>-26</td>
<td>-26</td>
</tr>
<tr>
<td>Vanguard Funding - Sheffield Teaching Hospitals</td>
<td>-618</td>
<td>-618</td>
</tr>
<tr>
<td>LD transformation funding for TCP Q2</td>
<td>-28</td>
<td>-28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
<td><strong>-716</strong></td>
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</table>

**Revised Resources available as at Month 6 September 2017**

<table>
<thead>
<tr>
<th>Recurrent £000's</th>
<th>Non Recurrent £000's</th>
<th>Total £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>-494,156</td>
<td>-10,052</td>
<td>-504,208</td>
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### RISK RESERVES AND CONTINGENCIES

#### National Risk Reserve

<table>
<thead>
<tr>
<th></th>
<th>Recurrent</th>
<th>Non Recurrent</th>
<th>Total</th>
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<tbody>
<tr>
<td>Initial Plan</td>
<td>0</td>
<td>2,226</td>
<td>2,226</td>
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<tr>
<td>Budget Transfers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No transfers as at Month 6 - funding uncommitted and ringfenced as per NHSE Guidance</td>
<td>0</td>
<td></td>
<td>0</td>
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<tr>
<td></td>
<td>0</td>
<td>2,226</td>
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</table>

#### 0.5% Contingency

<table>
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<th></th>
<th>Recurrent</th>
<th>Non Recurrent</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Initial Plan</td>
<td>2,460</td>
<td>0</td>
<td>2,460</td>
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<tr>
<td>Budget Transfers</td>
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</tr>
<tr>
<td>No transfers as at Month 6</td>
<td>2,460</td>
<td>0</td>
<td>2,460</td>
</tr>
<tr>
<td></td>
<td>2,460</td>
<td>2,226</td>
<td>4,686</td>
</tr>
</tbody>
</table>

Cross Check to Operating Cost Statement: 2,460 2,226 4,686
Item 11

Corporate Assurance Report Quarter 2
The key points from this report to which the organisation’s attention is particularly drawn are:

- **Risk Register:** At the end of Quarter 2 we had 23 risks on the Risk Register with 10 of these risks rated as high an increase from 6 high risks at the end of Quarter 1. 9 risks are currently being treated and 1 tolerated as an emerging risk.

- **External assessments:** The annual external audit letter was received in the quarter which summarised the key issues arising from the 2016/17 audit. In addition, the 2017/18 audit deliverables and timescales have been presented in completing for 2017/18 the interim audit, the ISA 260 report and the final auditor’s report. Internal Audit have completed the payroll audit from the annual work plan on behalf of Sheffield CCG as host of the HR service.

- **Constitution, governance structure, standards of business conduct and conflicts of interest:** The optional appraisal of the Member Engagement model is to take place in the next quarter, with any proposed changes to the model to be consulted with by the membership and changes the constitution made in line with the guidance released from NHS England. Terms of reference for all committees are being reviewed as part of an internal review of the CCG’s governance structure. New conflicts of interest guidance released in June 2017 has been incorporated into the CCG’s policy with requests for conflict of interests of decision makers being the focus in future.

- **Health & Safety, Fire and Security:** The competent person for Health & Safety at the CCG has confirmed that the CCG is in compliance with legislation. Fire drills for Sovereign House and White Rose House respectively have been successfully concluded with the CCG having a full complement of fire marshals.

- **Emergency Preparedness, Resilience & Response (EPRR):** The 2017/18 draft self-assessment of compliance with the NHS England Core Standards was received and approved by the Governing Body in September as full compliance, confirmed and challenged by NHS England. The coordination of the strategic EPRR as the shared service has now moved from Doncaster CCG to Rotherham CCG in the South Yorkshire and Bassetlaw region. The quarter’s Joint Health Emergency Planning Meeting with the Local Authority has taken place with an
exercise in response to outbreak/mass treatment scenarios to be delivered in November.

- **Information Governance:** An Information Governance Workplan for 2017/18 has been developed and is being implemented. Work undertaken in the last Quarter includes a cyber-security action plan being reviewed and plans to raise staff awareness in future and IG incidents being reviewed in the quarter with none reportable.

- **Organisational Development:** During quarter 2 preparations for the annual NHS survey have been underway with staff having the opportunity to participate in the survey. The Performance and Development review process is being reviewed and expanded to include Talent Management.

- **Mandatory & Statutory Training:** There is a mixed position in respect of compliance with mandatory & statutory training, which is being addressed through robust action by line managers.

**Recommendation(s)**

It is recommended that the meeting considers and notes the information provided.

**Impact analysis**

<table>
<thead>
<tr>
<th>Quality impact</th>
<th>Nil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality impact</td>
<td>Neutral</td>
</tr>
<tr>
<td>Sustainability impact</td>
<td>Sustainability impacts are listed in the report</td>
</tr>
<tr>
<td>Financial implications</td>
<td>Nil</td>
</tr>
<tr>
<td>Legal implications</td>
<td>Nil</td>
</tr>
<tr>
<td>Management of Conflicts of Interest</td>
<td>None identified</td>
</tr>
<tr>
<td>Consultation / Engagement (internal departments, clinical, stakeholder &amp; public/patient)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Report previously presented at**

Information which fed the report has previously been received by a range of other CCG meetings / Committees.

**Risk analysis**

Risks are highlighted throughout the report.

**Assurance Framework**

1.1
CORPORATE ASSURANCE REPORT

Quarter 2
2017/18
(1 July – 30 September 2017)
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Sub-Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Section 1 Risk Management</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1.1. Assurance Framework</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>1.2. Risk Register</td>
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<td>4</td>
</tr>
<tr>
<td>1.3. Internal Incident Reporting</td>
<td></td>
<td>5</td>
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<td>1.4. Claims &amp; Legal Issues</td>
<td></td>
<td>6</td>
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<tr>
<td>Section 2 External Assessments</td>
<td></td>
<td>7</td>
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<tr>
<td>Section 3 Committee Activity</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Section 4 Corporate Governance</td>
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</tr>
<tr>
<td>4.1. Constitution &amp; Establishment</td>
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<tr>
<td>4.2. Standards of Business Conduct / Conflicts of Interest</td>
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<tr>
<td>4.3. Governance Structure</td>
<td></td>
<td>10</td>
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<tr>
<td>4.4. Statutory roles</td>
<td></td>
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<tr>
<td>4.5. Procedural Document Management</td>
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<tr>
<td>4.6. Health &amp; Safety, Fire Safety &amp; Security</td>
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<tr>
<td>4.7. Emergency Resilience &amp; Business Continuity</td>
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<td>4.8. Sustainability</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>4.9. Complaints Management</td>
<td></td>
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<tr>
<td></td>
<td>4.10. Counter Fraud</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>4.11. Whistleblowing</td>
<td>15</td>
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<tr>
<td>Section 5 Information Governance</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>5.1. The protection and use of personal confidential data</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>5.2. Information Governance Toolkit</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>5.3. Information Governance Workplan</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>5.4. Freedom of Information Act Requests</td>
<td></td>
<td>17</td>
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<tr>
<td>5.5. Subject Access Requests</td>
<td></td>
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<tr>
<td>Section 6 Organisational Development &amp; Staffing Governance</td>
<td></td>
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<tr>
<td>6.1. Organisational Development</td>
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<tr>
<td>6.2. Workforce Structure</td>
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<td>18</td>
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<tr>
<td>6.3. Workforce Breakdown</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>6.4. Mandatory &amp; Statutory Training</td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>
Executive Summary

The key points from this report to which the organisation’s attention is particularly drawn are:

- **Risk Register:** At the end of Quarter 2 we had 23 risks on the Risk Register with 10 of these risks rated as high an increase from 6 high risks at the end of Quarter 1. 9 risks are currently being treated and 1 tolerated as an emerging risk.

- **External assessments:** The annual external audit letter was received in the quarter which summarised the key issues arising from the 2016/17 audit. In addition, the 2017/18 audit deliverables and timescales have been presented in completing for 2017/18 the interim audit, the ISA 260 report and the final auditor’s report. Internal Audit have completed the payroll audit from the annual work plan on behalf of Sheffield CCG as host of the HR service.

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- **Organisational Development:** During quarter 2 preparations for the annual NHS survey have been underway with staff having the opportunity to participate in the survey. The Performance and Development review process is being reviewed and expanded to include Talent Management.

- **Mandatory & Statutory Training:** There is a mixed position in respect of compliance with mandatory & statutory training, which is being addressed through robust action by line managers.
Section 1 – Risk Management

1.1. Assurance Framework

The Governing Body Assurance Framework captures risks to the achievement of our strategic corporate objectives. It is reported quarterly to the Governing Body for oversight of risks and approval of changes and has been refreshed during the last Quarter. Audit Committee also receive the Framework quarterly and undertake a “deep dive” on the risks associated with one corporate objective per meeting; Corporate Objective 2 is scheduled to be reviewed by the Audit Committee during Quarter 3.

<table>
<thead>
<tr>
<th>Number of risks</th>
<th>Start of year</th>
<th>End of Q1</th>
<th>End of Q2</th>
<th>End of Q3</th>
<th>End of Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk treatment</th>
<th>TOLERATE</th>
<th>TREAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of year</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>End of Q1</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>End of Q2</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>End of Q3</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>End of Q4</td>
<td>6</td>
<td>6</td>
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</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk rating</th>
<th>Start of year</th>
<th>End of Q1</th>
<th>End of Q2</th>
<th>End of Q3</th>
<th>End of Q4</th>
</tr>
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<tbody>
<tr>
<td>1 to 5</td>
<td>Low</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 to 11</td>
<td>Medium</td>
<td>6</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>12 to 15</td>
<td>High</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>16 to 20</td>
<td>Very High</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>Extreme</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

1.2. Risk Register

At the end of Quarter 2 we had 23 risks on the Risk Register with 10 of these risks rated as high.

These are 1) A&E 4 hour waits, 2) the integrity of key information assets in a cyber-attack / power disruption, 3) impact on reporting figures for Delayed Transfers of Care that may have a negative CCG position, 4) primary care prescribing, 5) the expiry of Patient Group Directions (PGD’s), 6) the ability to robustly forecast prescribing expenditure, 7) viability and sustainability of General Practice due to a closure at short notice, 8) preparation and readiness for future national primary care policy requirements, 9) financial pressures in Primary Care with regards to IT infrastructure and locum payments, and 10) lack of Primary Care estates strategy in Doncaster (new risk).

9 are being treated and have action plans in place with 1 being tolerated as an emerging risk.
<table>
<thead>
<tr>
<th>Risk treatment</th>
<th>End of Q4 16/17</th>
<th>End of Q1</th>
<th>End of Q2</th>
<th>End of Q3</th>
<th>End of Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOLERATE</td>
<td>20</td>
<td>11</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>7</td>
<td>10</td>
<td>12</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk rating</th>
<th>End of Q4 16/17</th>
<th>End of Q1</th>
<th>End of Q2</th>
<th>End of Q3</th>
<th>End of Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5</td>
<td>Low</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 to 11</td>
<td>Medium</td>
<td>22</td>
<td>14</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 to 15</td>
<td>High</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 to 20</td>
<td>Very High</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Extreme</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>27</td>
<td>21</td>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There have been 7 incidents reported in the last Quarter.

- Five of the incidents were information governance issues (four of which were breaches from outside our organisation and one an internal breach of sending data to an incorrect email of a person with the same name on NHS.net).
- One incident was a security concern relating to a unknown vehicle parked in White Rose House car park with a number of occupants that intimidated a member of staff (reported to the Police).
- One related to an accident/injury category due to a fall but no significant harm was caused.

None of the incidents were externally reported to the Information Commissioners Office or via the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
## Score & Risk rating

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk rating</th>
<th>End of Q4 16/17</th>
<th>End of Q1</th>
<th>End of Q2</th>
<th>End of Q3</th>
<th>End of Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5</td>
<td>Low</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 to 11</td>
<td>Medium</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 to 15</td>
<td>High</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>16 to 20</td>
<td>Very High</td>
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<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Extreme</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>9</td>
<td>9</td>
<td>8</td>
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<td></td>
</tr>
</tbody>
</table>

### 1.4. Claims & Legal issues

Insurance to the CCG is commissioned from the NHS Litigation Authority (NHSLA), which is renaming to NHS Resolution.

No new claims were received in the last quarter and there are no claims outstanding for the CCG.

The CCG has sought legal advice on one matter in the last Quarter relating to procurement and contracting advice.
## Section 2 – External Assessments

The following external assessment/inspection reports have been received in the last Quarter.

| **Internal Audit** *(Service commissioned from 360 Assurance)* | **Completed Audit Reports**: Work completed from the audit plan during the quarter are the Primary Care Quality Monitoring Benchmarking Report and the review of 2016/17 Payroll, completed on behalf of Sheffield CCG as host of HR Services for 6 CCGs in Yorkshire with significant assurance.  
**Follow-up of previous years audit recommendations**: A number of actions from 2015/16 and 2016/17 internal audits are awaiting reporting.  
**Head of Internal Audit Opinion**: The Head of Internal Audit opinion is to be concluded in 4 stages with progress reported by the Internal Auditors at the Audit Committee. Stage 1 is currently in progress to conclude. |
|---|---|
| **External Audit** *(Service commissioned from KPMG)* | **Annual Audit Letter**: The Annual Audit Letter was received, which summarises the key issues arising from the 2016/17 audit. The letter was addressed to the Members of the Governing Body, but is also intended to communicate the outcome to external stakeholders, and is placed on the CCG website. The External Audit fee for 2016/17 was £69,800.  
**2017/18 Audit Deliverables**: Details of deliverables and timescales for 2017/18 have been presented to complete the interim audit, ISA 260 report and the final auditor’s report in the opinion of the accounts and the value for money (VfM) conclusion. |
| **Service Auditor Reports** | **Shared Business Services (Financial Accounting Services)**: No significant issues affecting the CCG.  
**Business Services Authority (Prescribing)**: No significant issues affecting the CCG.  
**Electronic Staff Record**: No significant issues affecting the CCG. |
## Section 3 – Committee Activity

<table>
<thead>
<tr>
<th>Audit Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the two meetings held in the last Quarter at which the Committee:</td>
</tr>
<tr>
<td>• Noted the Annual Audit letter for 2016/17 as part of the External Audit progress report</td>
</tr>
<tr>
<td>• Noted the delivery of work from the 2016/17 Internal Audit Plan being complete, a range of internal audit reports as detailed in section 2 of the report and key messages were delivered from the Primary Care Quality Monitoring Benchmarking Report</td>
</tr>
<tr>
<td>• Acknowledged stage one of the Head of Internal Audit work underway with a governance and risk management survey to be issued to Governing Body members</td>
</tr>
<tr>
<td>• Considered the counter fraud progress report of all counter fraud activities undertaken during 2016/17 aligned to the self-assessment of commissioner standards</td>
</tr>
<tr>
<td>• Discussed the Assurance Framework Quarter 1 position, implementation of audit recommendations and approved the Corporate Governance Management Group being dissolved</td>
</tr>
<tr>
<td>• Approved the following updated policies; Information Governance Strategy Framework and Associated Procedures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remuneration Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Remuneration Committee meets as required. One meeting was held in the last Quarter to discuss issues in line with its terms of reference as approved by the Governing Body.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality &amp; Patient Safety Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the meetings held in the last Quarter, the Committee discussed the following areas at the meetings:</td>
</tr>
<tr>
<td>• Overview of Quality Reports for each of our main providers – acute, mental health, community, urgent care, care homes, individual placements and primary care.</td>
</tr>
<tr>
<td>• The Medicines Management Report including current risks such as capacity of the team and PDG’s due to expire at the end of September.</td>
</tr>
<tr>
<td>• The Infection prevention and control report highlighted an MRSA case to the attention of the group amongst a comprehensive report</td>
</tr>
<tr>
<td>• Serious Incident Report, a Safeguarding Adult &amp; Children Report, a Complaints Report and the Caldicott Workplan and Log.</td>
</tr>
<tr>
<td>• Minutes from Sub Groups including Medicines Management, Incident Management, Area Prescribing and Safeguarding Assurance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement &amp; Experience Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two meetings were held in the last Quarter where the following areas were discussed:</td>
</tr>
<tr>
<td>• The Sustainability &amp; Transformation Plan Engagement update and outcome reports, with the latter to gather more information about perceptions of and feelings towards the South Yorkshire and Bassetlaw Sustainability and Transformation Plan.</td>
</tr>
<tr>
<td>• A report on the update of the Local Communications and Engagement integration of Doncaster commissioning and service provision.</td>
</tr>
<tr>
<td>• The Healthwatch Doncaster Grant Report in maintaining efforts to develop and progress on recruiting wider representatives within the Ambassador Scheme.</td>
</tr>
</tbody>
</table>
| Executive Committee | Three meetings were held in the last Quarter at which the Committee:  
- Reviewed the Quarter 1 Assurance Framework  
- Discussed Care Navigation in General Practice in enabling alternatives to GP appointments to ease GP workload and release capacity  
- Approved amendments to the Maternity, Adoption, Parental & Shared Parental Leave Policy  
- Discussed an overview of the current situation concerning QIPP and Finance  
- Considered mental health investment plans including for CAHMS, IAPT, Community, Acute and Crisis Care, Perinatal Mental Health and Early Intervention in Psychosis  
- Considered the Commissioner contracting and procurement recommendations for contracts due to expire in the next 12 months  
- Discussed and approved business cases for Continence and Dietetic respectively  
- Noted that a QIPP programme board is to be established reporting into the Executive Committee |
| Primary Care Commissioning Committee | Three meetings were held during the last Quarter at which the Committee:  
- Discussed the committee effectiveness review and agreed to amend the terms of reference for the committee  
- Discussed the GP Forward View Implementation Plan progress updates including levels of investment, GP and wider Primary Care workforce, workload, practice infrastructure and care redesign  
- Noted the Proactive Co-ordinated Primary Care update report updates and the status of practices submitting their quarterly reports with outstanding practices being followed up  
- Reviewed applications to close lists, a branch site closure and merger of practices  
- Noted the BMA ballot on list closures and the subsequent results  
- Received updates on Quarterly Primary Care Finance and primary Care Quality reports  
- Considered and decided upon an options appraisal for the Keeping Well Service  
- Noted and discussed the GP Patient Survey 2016/2017 Results  
- Received minutes from sub groups. |
| 4.1. Constitution and Establishment | As a Membership organisation comprising 43 Member Practices, NHS Doncaster CCG remains fully authorised by NHS England. The Member Engagement model is at the request of locality members being option appraised and consultation with Members will commence in the next quarter. Any future amendments to the Member Engagement Model and any other requirements to amend the CCG’s constitution will be concluded in line with the NHS England amendments to constitution process, with authorisation by the CCG’s members and consultation with key stakeholders. Terms of reference of all committees are to be reviewed as part of an internal review of the governance structure of the CCG by the Head of Corporate Governance. |
| 4.2. Standards of Business Conduct & Conflicts of Interest | *Declarations of Interest:* In June 2017, NHS England released refreshed CCG guidance on managing conflicts of interest. The CCG’s Standards of Business Conduct and Conflicts of Interest Policy has been updated and aligned to the new guidance. This was approved by our Governing Body on 21st September 2017. The CCG has commenced the process of collecting Declaration of Interest forms from employees, GP practices and partners and colleagues involved in CCG business with a new register of interest developed to capture the returns. Going forward, only interests of Decision Makers within the CCG will be published on our website. The register is expected to be published by the end of October 2017. National conflicts of interest training is still to be confirmed but expected to be rolled out in Autumn of 2017. *Disclosure of Gifts and Hospitality:* There have been no disclosures of gifts and hospitality within the last quarter. |
| 4.3. Governance Structure | Our meeting governance structure is detailed overleaf. Activity flowing through each formal Committee of the Governing Body is captured in Section 3 of this report. There have been no changes to the governance structure during the last quarter with the memorandum of understanding for South Yorkshire and Bassetlaw being worked through in potential future governance implications for an Accountable Care System. |
4.4. Statutory roles

The Officers fulfilling the key statutory roles required of a CCG are:

**Strategic:**
- Accountable Officer – Chief Officer
- Accounting Officer – Chief Finance Officer

**Governance:**
- Accountable Emergency Officer – Chief Officer
- Conflict of Interest Guardian – Lay Member for Audit & Governance
- Conflict of Interest Lead – Associate Director of HR and Corporate Services
- Whistleblowing Lead – Associate Director of HR and Corporate Services
- Senior Information Risk Owner – Associate Director of HR and Corporate Services
- Health & Safety Competent Person – Head of Health, Safety & Security
- Fire Safety Responsible Person – Associate Director of HR and Corporate Services
- Fire Safety Competent Person – Head of Health, Safety & Security
- Security Management Director – Associate Director of HR and Corporate Services
- Local Security Management Specialist – Head of Health, Safety & Security
- Claims Officer – Associate Director of HR and Corporate Services
- Local Counter Fraud Specialist – 360 Assurance
- Registration Authority – HR Team

**Quality / Safeguarding:**
- Caldicott Guardian – Chief Nurse
- Safeguarding – Chief Nurse
- Research Governance – Chief Nurse
- Equality & Diversity Executive Lead – Associate Director of HR and Corporate Services
- Accountable Officer Controlled Drugs – Director of Nursing in the local NHS England Area Team (delegated operationally to the CCG Head of Medicines Management)

4.5. Procedural Document Management

Procedural documents due for review are on track. There have been several refreshed Human Resources and Employment policies that have been disseminated and published on the CCG website with another set due to be reviewed by the Executive Committee and Joint Negotiation and Consultative Forum with Staff Side Representatives.

4.6. Health & Safety, Fire Safety & Security

**Health & Safety:**
- The Competent Person for Health & Safety has confirmed that the CCG remains compliant with health & safety legislation.
- The Health & Safety Executive publication of revised legislation has been reviewed, and none impacts upon the CCG’s duties.
### Fire:

- There have been two successful fire drills on 24th July at Sovereign House and White Rose House respectively, with staff evacuating both premises promptly.
- The CCG has a full complement of Fire Marshals who undertake weekly fire alarm tests at Sovereign House and have reported no problems. The Landlords Agent (Integral) run weekly fire alarm tests at White Rose House.
- The Facilities Team continue to conduct fire safety checks at Sovereign House and assist with the safety checks undertaken at White Rose House. NHS Property Services are now undertaking monthly fire safety checks on ground floor of White Rose House. Monthly Fire Marshall Safety Reviews have also been carried out at Sovereign House with no significant areas of concern highlighted.

### Security:

- NHS Doncaster CCG is part of a partnership with the South Yorkshire and Bassetlaw CCG’s for Health, Safety and Security hosted by NHS Rotherham Clinical Commissioning Group. As part of this service we have access to advice and support from an experienced and accredited NHS security management professional.
- There has been one security concern in the last quarter with concerns raised regarding the ease of access to the car park out of hours for non CCG employees or visitors. This has been highlighted due to a recent incident relating to an unknown vehicle parked in White Rose House car park with a number of occupants that intimidated a member of staff. This was reported to the Police and patrols of the area have been increased.
- A new digi lock is to be installed at Sovereign House to improve access during out of hours, particularly after 5pm when the reception closes. This eliminates the requirement for additional keys to be supplied to staff who may need to stay after 5pm therefore reducing the risk of a security breach.

### 4.7. Emergency Resilience and Business Continuity

**Emergency Preparedness, Resilience & Response (EPRR):**

- The CCG’s 2017/18 draft NHS England Core Standards for EPRR self-assessment was received and approved by the Governing Body in September.
- The CCG’s self-assessment under the NHS England Core Standards for EPRR to the Local Health Resilience Partnership has been assessed in a confirm and challenge session with NHS England and the South Yorkshire and Bassetlaw health EPRR community. The reviewed outcome from this is full compliance with all core standards.
- The coordination role for strategic EPRR has now moved from NHS Doncaster CCG to NHS Rotherham CCG as part of the existing shared service for Health, Safety & Security which is hosted by NHS Rotherham CCG.
- The quarter 2 Joint Health Emergency Planning Meeting with the Local Authority has taken place in October with an outline provided for Exercise Larissa on 15th November to review our preparedness and response arrangements for outbreak/mass treatment scenarios.

**Business Continuity:**

- CCG team business continuity plans have been reviewed and
4.8. Sustainability

The sustainability action plan is currently under review, with a view to be fully aligned to the end of year reporting process in the annual report and accounts in coordination with NHS Property Services. Further guidance on end of year sustainability reporting is expected towards the end of Q3/start of Q4.

The CCG continues at Sovereign House and White Rose House respectively, to have recycling facilities in place for paper, cans, batteries and plastics which will be built-in to wider sustainability plans reportable locally through the corporate assurance report and nationally according to forthcoming annual guidance.

4.9. Complaints management

**Summary:** Below is a summary of complaints data for NHS Doncaster CCG for the last quarter which has been reported to NHS Digital.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Upheld</th>
<th>Partially upheld</th>
<th>Not upheld</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2016/17 Annual Total</strong></td>
<td>70</td>
<td>10</td>
<td>31</td>
<td>65</td>
</tr>
<tr>
<td><strong>2017-18</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quarter 1</strong></td>
<td>12</td>
<td>0</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td><strong>Quarter 2</strong></td>
<td>29</td>
<td>3</td>
<td>5</td>
<td>15</td>
</tr>
</tbody>
</table>

3 complaints opened in Quarter 1 were resolved in Q2 2017/18
9 complaint opened in Quarter 2 are carried forward to Q3 of 2017-18

Themes and trends from complaints are reported through the Committee structure of the organisation.

Of the 29 complaints received and investigated during the quarter (11 involved one or more MP letters):
- 13 complaints related to current CHC – relating to the decision-making process, outcome delays and communication,
- 6 related to the CCG – commissioning decisions and communication
- 1 complaint relates to a retrospective reviews – Solicitor’s correspondence not answered
- 1 related to a Previously Unassessed Periods of Care (PUPoC) claim – the decision
- 5 related to an Individual Funding Request – non-eligibility,
- 2 related to Children’s CHC – the provide and the care package
- 1 related to a Personal Health Budget – communication

The complaints which were upheld related to:
- CCG - Lack of feedback to family following an MDT review
- Retrospective CHC – Solicitor complaint relating to unanswered correspondence
- CHC current – Solicitor, authored as first point of contact, not advised of CHC assessment date.

The complaints which was partially upheld related to:
4.10. Counter Fraud

The CCG’s Counter Fraud Specialist (CFS) is commissioned via 360 Assurance. The Audit Committee receives assurance via Counter Fraud reports which cover the areas of contract performance, strategic governance, inform and involve, and prevent and deter.

The Counter Fraud Specialist prepared a comprehensive report of all counter fraud activities undertaken during 2016/17, which was aligned to the CCG’s self-assessment of compliance with commissioner standards and provides evidence to support the declared overall ‘green’ rating.

4.11. Whistleblowing

Whistleblowing may relate to financial, employment or clinical care concerns. There were no whistleblowing disclosures in the last Quarter.

<table>
<thead>
<tr>
<th>Category</th>
<th>2016/17</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Whistleblowing disclosures</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
# Section 5 – Information Governance

## 5.1. The protection and use of Personal Confidential Data

We continue to operate within the Section 251 exemptions agreed by the national Confidentiality Advisory Group.

- CAG 7-04(a)/2013 Disclosure of commissioning data sets and GP data for risk stratification purposes to data processors working on behalf of GPs.
- CAG 7-07(a)(b)(c)/2013 Application for transfer of data from the HSCIC to commissioning organisation accredited safe havens: inclusion of invoice validation as a purpose within CAG 2-03 (a)/2013.

We have a Data Sharing Contract with NHS Digital which is due for renewal from 1 December 2017 and a consolidated Data Sharing Agreement which is due for renewal from the same date.

Our Fair Processing Notice was last updated in April 2017 and is published on our website.

## 5.2. Information Governance Toolkit (IGT)

The Information Governance Toolkit is a national toolkit administered by NHS Digital which enables us to measure our information governance compliance. In Quarter 1 it had been confirmed that the IG Toolkit standards for 2017/18 will replicate those for 2016/17 and the expected national Toolkit refresh has been postponed to the next financial year. The new toolkit, version 14.1, has been released in Quarter 2 and is now available for input. NHS Digital have advised that this version is ‘an interim solution pending introduction of a redesigned product - as recommended in the National Data Guardians Review of Data Security, Consent and Opt-outs, and based around assuring local implementation of the ten data security standards set out in that review.’

NHS Digital have also released a Data Security Awareness e-learning package in July 2017 which replaces the annual IG training provided through the IG Training Tool. This available for CCG Employees via the Electronic Staff Record (ESR).

## 5.3. Information Governance Workplan

An Information Governance Workplan for 2017/18 has been developed and is being implemented. Work undertaken in the last Quarter includes:

- A Cyber Security Action Plan has been reviewed with plans in place to develop a newsletter to raise staff awareness against threats.
- IG incidents have been assessed using the IG Serious Incident Requiring Investigation (IG SIRI) tool - none were reportable.
- A full risk register review for Q2 was undertaken throughout September 2017 with additional risks added.
### 5.3. Freedom of Information Act Requests

The following table shows the number of Freedom of Information Act requests received and the number responded to within the 20 working day timeframe.

<table>
<thead>
<tr>
<th>Enquirer type</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Commercial</td>
<td>32</td>
<td>25</td>
</tr>
<tr>
<td>Education Establishment</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Legal</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Media</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Member of Public</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>MP</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other NHS</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Public Authority</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Voluntary Sector</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td><strong>83</strong></td>
</tr>
<tr>
<td>% responded to within 20 working days</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Thirteen Section 21 exemptions were quoted for information accessible by other means, which is linked to our ongoing approach to place more information into the public domain on our website to support transparency. We also used a Section 43 (commercial interests) and a Section 12 exemption (information would take over 18 hours to collate).

Trends in request topics relate to continuing healthcare, patient transport services, weight management and bariatric surgery, finance spend and staff expenses, budgetary commitments, prescribing and dispensary services and IT information and security.

### 5.4. Subject Access Requests

The CCG is required to meet statutory timeframes for responding to Subject Access Requests under the Data Protection Act. The statutory timeframe is 40 days.

Six subject access requests were received within the last quarter and was responded to within the required timescales. A further request for clarification on information released to one subject access request has been received and is on track to be responded to within the statutory timeframe.
6.1. Organisational Development

Organisational Development is our systematic approach to improving organisational effectiveness – one that aligns our strategy, our people and our processes to drive forward our vision and effectively enact our Strategic Plan.

During quarter 2 preparations for the annual NHS staff survey have been underway and again this year all staff will have the opportunity to participate in the survey. The staff survey is a valued method of staff feedback and enables targeted action planning to improve staff experience.

The Performance and Development Review process is being reviewed and expanded to include Talent Management to ensure the organisation has a mechanism for identifying talent and the ability to target training and development interventions appropriately. This will enable effective succession planning across the organisation.

6.2. Workforce Structure

**Governing Body:** Our Governing Body membership comprises 18 roles – the Chair, 10 elected Locality Leads (two in each of the five commissioning Localities), 3 Lay Members, a Registered Nurse (also the Chief Nurse), a Secondary Care Specialist Doctor, the Accountable Officer (the Chief Officer) and the Chief Finance Officer.

**Chair:** Dr David Crichton.

**Chief Officer:** Mrs Jackie Pederson.

**Locality Leads:** Post holders and portfolios are detailed below:

<table>
<thead>
<tr>
<th>Locality Lead</th>
<th>Lead clinical areas</th>
<th>Lead corporate areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jeremy Bradley</td>
<td>• Prescribing</td>
<td>• Remuneration Committee</td>
</tr>
<tr>
<td>North East Locality</td>
<td></td>
<td>• Quality &amp; Patient Safety Committee</td>
</tr>
<tr>
<td>Dr Marco Pieri</td>
<td>• Planned Care</td>
<td>• Primary Care Commissioning Committee</td>
</tr>
<tr>
<td>North West Locality</td>
<td>• Cancer</td>
<td>• Engagement &amp; Experience Committee</td>
</tr>
<tr>
<td>Dr Niki Seddon</td>
<td>• Musculoskeletal (MSK)</td>
<td>• Engagement &amp; Experience Committee</td>
</tr>
<tr>
<td>North West Locality</td>
<td></td>
<td>• Remuneration Committee</td>
</tr>
<tr>
<td>Dr Nick Tupper</td>
<td>• Mental Health</td>
<td>• Engagement &amp; Experience Committee</td>
</tr>
<tr>
<td>Central Locality</td>
<td>• Planned Care</td>
<td>• Primary Care Commissioning Committee</td>
</tr>
<tr>
<td>Dr Khaimraj Singh</td>
<td>• Learning Disability</td>
<td>• Engagement &amp; Experience Committee</td>
</tr>
<tr>
<td>South East Locality</td>
<td>• Care Homes</td>
<td>• Primary Care Commissioning Committee</td>
</tr>
<tr>
<td>Dr Lindsey Britten</td>
<td>• Neurology</td>
<td>• Remuneration Committee</td>
</tr>
<tr>
<td>South West Locality</td>
<td>• Information Technology &amp; Premises</td>
<td>• Quality &amp; Patient Safety Committee</td>
</tr>
<tr>
<td>Dr Karen Wagstaff</td>
<td>• Continuing Healthcare / Individual Placements</td>
<td>• Audit Committee</td>
</tr>
<tr>
<td>South West Locality</td>
<td>• End of Life Care</td>
<td>• Incident Management Group</td>
</tr>
<tr>
<td></td>
<td>• Endocrine including Diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dementia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Community Nursing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Intermediate Care</td>
<td></td>
</tr>
</tbody>
</table>
### Lay Members: Post holders and portfolios are detailed below:

<table>
<thead>
<tr>
<th>Lay Member</th>
<th>Lead areas</th>
</tr>
</thead>
</table>
| Lay Member - Audit & Governance  
Miss Anthea Morris | • Chair of Audit Committee  
• Chair of Remuneration Committee  
• Lay lead for Audit and Governance |
| Lay Member - Patient & Public Involvement  
Mrs Sarah Whittle | • Chair of Engagement & Experience Committee  
• Public and Patient Involvement Champion |
| Lay Member - Primary Care Commissioning  
Mrs Linda Tully | • Chair of Primary Care Commissioning Committee  
• Lay lead for primary care commissioning |
| Secondary Care  
Doctor Member  
Dr Emyr Wyn Jones | • Chair of Quality & Safety Committee  
• Lead for Secondary Care, bringing an understanding of patient care in the secondary care setting |

### Senior Management Team: Post holders and portfolios are detailed below:

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Lead areas</th>
</tr>
</thead>
</table>
| Chief Finance Officer  
Mrs Hayley Tingle | Chief Finance Officer’s Team:  
• Financial Strategy, management, control, reporting & governance  
• Contracting  
• Procurement  
• External Audit  
• Internal Audit  
• Counter Fraud |
| Chief Nurse  
Mr Andrew Russell | Chief Nurse’s Team:  
• Quality & Safety  
• Safeguarding  
• Medicines Management  
• Serious Incident management  
• Contractual quality  
• Clinical governance and assurance  
• Continuing Healthcare (including Previously Unassessed Periods of Care)  
• Personal Health Budgets |
| Director of Strategy & Delivery  
Mr Anthony Fitzgerald | Director of Strategy & Delivery’s Team:  
• Strategic Plan  
• Delivery Plans  
• System transformation  
• Commissioning in partnership  
• Performance management, Business Intelligence & Information Technology  
• Primary Care Commissioning  
• Communications, Engagement and Experience |
| Associate Director of HR & Corporate Services  
Mrs Lisa Devanney | Associate Director of HR & Corporate Services’ Team:  
• Corporate Governance – including Risk Management, Information Governance, Health, Safety & Security, Emergency Planning, and Headquarters management  
• Human Resources & Organisational Development  
• Equality & Diversity  
• Secretariat and corporate support function |

### Workforce: A breakdown of the workforce is detailed below:

<table>
<thead>
<tr>
<th>Workforce Breakdown</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount</td>
<td>173</td>
</tr>
<tr>
<td>Whole Time Equivalent</td>
<td>155.16</td>
</tr>
<tr>
<td>Cumulative Sickness Absence Rate</td>
<td>4.97%</td>
</tr>
<tr>
<td>Turnover Rate</td>
<td>2.07%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>25%</td>
</tr>
<tr>
<td>Female</td>
<td>75%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>16-20</td>
<td>2%</td>
</tr>
<tr>
<td>21 - 30</td>
<td>9%</td>
</tr>
<tr>
<td>31 – 40</td>
<td>25%</td>
</tr>
<tr>
<td>41 – 50</td>
<td>32%</td>
</tr>
<tr>
<td>51 – 60</td>
<td>27%</td>
</tr>
</tbody>
</table>
### Ethnicity

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>87%</td>
</tr>
<tr>
<td>Mixed – Multiple Ethnic Groups</td>
<td>1%</td>
</tr>
<tr>
<td>Asian/Asian British</td>
<td>3%</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Disability

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declared disability</td>
<td>6%</td>
</tr>
<tr>
<td>No declared disability</td>
<td>10%</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>84%</td>
</tr>
</tbody>
</table>

### Religion/Belief

<table>
<thead>
<tr>
<th>Belief</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christianity</td>
<td>63%</td>
</tr>
<tr>
<td>Buddhism</td>
<td>1%</td>
</tr>
<tr>
<td>Islam</td>
<td>1%</td>
</tr>
<tr>
<td>Atheism</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>12%</td>
</tr>
</tbody>
</table>

### Sexual Orientation

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>1%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>1%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>91%</td>
</tr>
<tr>
<td>Not disclosed</td>
<td>7%</td>
</tr>
</tbody>
</table>

### Mandatory & Statutory Training

**Mandatory & Statutory Training:** Compliance is monitored on a quarterly basis to ensure to ensure that employees who are non-compliant, or who will become non-compliant in the next three months, are encouraged to complete their training. The Quarter end position is detailed below alongside a comparison with the previous Quarter. Those areas that are requiring attention are being addressed through Executive leads and line managers to address the compliance rate.

<table>
<thead>
<tr>
<th>Name of Training</th>
<th>Compliance rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1 2017/18</td>
</tr>
<tr>
<td>Equality &amp; Diversity</td>
<td>74%</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>64%</td>
</tr>
<tr>
<td>Fraud</td>
<td>79%</td>
</tr>
<tr>
<td>Health &amp; Safety incorporating Risk Management</td>
<td>69%</td>
</tr>
<tr>
<td>Information Governance</td>
<td>67%</td>
</tr>
<tr>
<td>Moving &amp; Handling</td>
<td>78%</td>
</tr>
<tr>
<td>Safeguarding Adults</td>
<td>72%</td>
</tr>
<tr>
<td>Safeguarding Children &amp; Young People</td>
<td>76%</td>
</tr>
<tr>
<td>Infection Prevention</td>
<td>65%</td>
</tr>
<tr>
<td>Induction</td>
<td>100%</td>
</tr>
</tbody>
</table>
Item 12

Chair & Chief Officer Report
The purpose of this report is to update the Governing Body on issues relating to the activity of the CCG of which the Governing Body needs to be aware, but which do not themselves warrant a full Governing Body paper. This month the paper includes updates on the following areas:

- Missed Appointments Consultation
- Consultant Connect
- 360
- Staff Survey
- Winter Assurance
- Flu Update
- Accountable Care System Update

The Governing Body is asked to:

- Note the report.
<table>
<thead>
<tr>
<th>Impact analysis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality impact</td>
<td>Neutral</td>
</tr>
<tr>
<td>Equality impact</td>
<td>Neutral</td>
</tr>
<tr>
<td>Sustainability impact</td>
<td>Nil</td>
</tr>
<tr>
<td>Financial implications</td>
<td>Nil</td>
</tr>
<tr>
<td>Legal implications</td>
<td>Nil</td>
</tr>
<tr>
<td>Management of Conflicts of Interest</td>
<td>Paper is for information. No relevant interests.</td>
</tr>
<tr>
<td>Consultation / Engagement</td>
<td>N/A</td>
</tr>
<tr>
<td>(internal departments, clinical, stakeholder &amp; public/patient)</td>
<td></td>
</tr>
<tr>
<td>Report previously presented at</td>
<td>None</td>
</tr>
<tr>
<td>Risk analysis</td>
<td>Nil</td>
</tr>
<tr>
<td>Assurance Framework</td>
<td>1.1</td>
</tr>
</tbody>
</table>
1. **Missed Appointments Consultation**

Healthwatch Doncaster are working with the CCG and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust to speak to local residents to understand some of the reasons why people do not attend some hospital appointments. The findings from this work will be fed into a project team which is made up from representatives from each organisation, with recommended actions taken forward in order to reduce the number of missed appointments in the future.

Healthwatch Doncaster will also be heading out into communities to speak to local people in order to find out more. The CCG has circulated the link to survey to all staff.

[https://www.surveymonkey.co.uk/r/missedhospitalappointments](https://www.surveymonkey.co.uk/r/missedhospitalappointments)

2. **Consultant Connect**

The CCG is working with Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust to improve communication between GPs and hospital consultants. The CCG has commissioned a telephone advice and guidance system that enables GPs to gain immediate advice from a specialist during a consultation with a patient. This functionality is now available within the specialities of trauma and orthopaedics, respiratory, ENT, paediatrics, haematology and care of the elderly. The CCG will be undertaking an audit across users in December to evaluation the practice so far.

3. **Doncaster CCG 360 Stakeholder Survey 2017/18**

NHS England will be running the CCG 360 Stakeholder Survey for 2017/18. An information pack will be sent to the CCG imminently and we are working through compiling our stakeholder list which is due to be submitted by 8 December 2017. NHS England will publish the final report in June 2018.

4. **Staff Survey**

Quality Health are running the annual NHS staff survey for the CCG this year. The survey went live at the end of September and closes 1 December 2017. All staff employed at the beginning of September have the opportunity to participate in the survey. The response rate so far for Doncaster CCG is 60%, the national mean response rate for all Trusts using Quality Health is 32%.
5. Winter Assurance

The CCG has received guidance from NHS England regarding operational requirements for the winter period. The CCG and their partners have agreed the Winter Plan and will continue to work together to ensure a system approach.

6. Flu Update

NHS England continue to encourage employers to support flu vaccination and funding for the delivery of flu immunisation for social care workers is confirmed. The extension of the seasonal flu vaccination will be delivered by community pharmacies that are registered to deliver the seasonal flu advanced service and the GP practices that sign up to a new Enhanced Service that is being developed for this scheme. The vaccination programme for CCG staff has been completed with an uptake of 50%.

7. South Yorkshire and Bassetlaw Accountable Care System (Health and Care Working Together) Update

A briefing from the ACS has been issued which covers:

- Recruitment to a Citizens Panel to support the work of the ACS
- Engagement events with public and patients
- Service developments nearer to where people live
- Work looking at hospital services getting underway
- Events for stakeholders

More information can be found in the briefing attached.
Item 13

Locality Feedback
Item 14

Receipt of Minutes
Minutes of the Audit Committee
Held on Thursday 14 September 2017 at 9:00-10.50
Meeting Room 3, Sovereign House, Heavens Walk, Doncaster, DN4 5HZ

Committee Members
Present:

Miss Anthea Morris (Chair) Lay Member
Dr Karen Wagstaff Locality Lead
Mrs Sarah Whittle Lay Member
Dr Emyr Wyn Jones Secondary Care Doctor Lead

Formal Committee Members
Present:

Mrs Hayley Tingle Chief Finance Officer
Mrs Kay Meats Client Manager – 360 Assurance
Mr James Boyle External Auditor, KPMG
Mrs Leanne Hawkes Deputy Director - 360 Assurance

In attendance:

Ms Rhona McCleery Corporate Governance Office
(Minutes)
Mrs Sue Hardy Operational Lead PUPOC
(observing)
Mr Andrew Russell Chief Nurse
Mr John Lawson Senior Finance Manager
(Deputising for Mrs Wyatt)

1 Apologies for Absence

Apologies were received from:
Mrs Amanda Smith - Counter Fraud 360 Assurance
Mrs Tracy Wyatt - Deputy Chief Finance Officer
Mrs Lisa Devanney - Associate Director of HR and Corporate Services

2 Declarations of Interest

The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Doncaster Clinical Commissioning Group (CCG).

Declarations declared by members of the committee are listed in the CCG’s Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link: www.doncasterccg.nhs.uk

The meeting was noted as quorate.

Declarations of interest from today’s meeting:
3 Minutes of the meeting held on 13th July 2017

Two changes were requested to the minutes of the previous meeting:
Mrs Amanda Smith was in attendance at the meeting and it should be noted as such.
Remove bullet point 5, paragraph 2, page 4.

The minutes of the meeting held on 13th July 2017 were then agreed as an accurate record.

4 Matters Arising via Action Tracker

The actions within the tracker were updated and a revised copy will be sent with the minutes.

Mrs Tingle spoke of the Commissioning Agreement to be discussed with the Local Authority (LA) and the Legal Agreement to be in place by April 2018. Miss Morris and Mrs Tingle agreed to make arrangements to meet with their counterparts at the LA for further discussion.

5 External Audit

5.1 External Audit Progress Report

Mr Boyle introduced the report and the following key messages were highlighted:
• All actions for the external audit are RAG rated at Green
• Mrs Tingle noted that out of the £325m investment, South Yorkshire and Bassetlaw (SY&B) were in receipt of around £11m, half of which was for Doncaster and Bassetlaw Foundation Teaching Hospital (DBFTH) for purchase of a scanner. Further bids for Capital have been submitted; the exact figures for the amount available in the next tranche are not known as yet. Readiness has been the key for success.
• Mrs Tingle commented that along with advice from Ernst & Young and the CCGs Legal Advisers, any examples or feedback from External Audit around the Accountable Care Partnership (ACP) would be welcomed.

The Committee noted the report and the information contained
6 Internal Audit

6.1 Internal Audit Reports

- **Progress Report.**
  Mrs Meats introduced the report and the following key messages were highlighted:
  - Some of the audits have been re-phased on the basis of discussions held with the Chief Finance Officer and Corporate Secretary. This is reflected in section 4.1 of the report.
  - Planning has commenced for the Commissioning and Decommissioning Decision Making Internal Audit. The Effectiveness of QIPP Plans review is at draft report stage.
  - The work in relation to Governance and Risk Management is currently on-going.
  - Stage 1 of the 2017/18 Head of Internal Audit Opinion work has been completed.
  - A copy of the Governments response to the Caldicott Report has been included for information.
  - There has been a change in wording for the Audit Engagement Opinions.
  - Appendix A - 3 items will be picked up and discussed further at the November meeting of this Committee.

Miss Morris commented that this is not the first time, unfortunately, that we have not been in receipt of Internal Audit reports when half way through the year. It was agreed that the reports due to be brought to the upcoming meetings of this Committee are expected to be:

- **November**
  - Effectiveness of the QIPP Plan
  - Governance and Risk Management
  - Data Quality Follow Up
  - Quality of Care in Care Homes follow up
  - Primary Care Co-Commissioning follow up

- **January**
  - Commissioning and Decommissioning Decision Making
  - Primary Care Strategy
  - S117 Arrangements Extended follow up

- **Partnership Governance -** this was added as part of the contingency with 5 days set aside. Members of the Committee were asked to consider what other areas of risk that could be considered in these 5 days. Dr Jones suggested Data Security and GDPR as a possibility. Mrs
Whittle suggested support with Partnership Governance and Mr Russell raised Care Home processes and systems as a possibility.

Committee is to inform Mrs Tingle of suggestions for areas of risk that could be discussed within the 5 days set aside.

Mrs Tingle spoke of agreement with timescales and that the reports should be adding value within the organisation. Some of the Internal Audit work requested is, by nature, time consuming. It should not be underestimated that we are entering a completely different environment in terms of ACP and Integrated Commissioning. Mrs Tingle feels that there is a need for it to be explored by Governing Body. Resources will be taken out of the system and agreement is needed on which areas Internal Audit can assist with.

Miss Morris commented that an Internal Audit Committee Plan was agreed at the beginning of this year when there was an awareness of the issues.

Mrs Tingle accepted the comment but asked that it be noted that an incredible amount of work has been done with Ernst and Young, and a number of challenging objectives have been set. It needs to be agreed realistically, as to where the Audit Plan is going to land and balance is required.

Mr Russell agrees that the resources are to be used wisely and that indicative planning is to be changed to reflect work carried out. Mrs Whittle commented that there is an awareness of the extra work taking place but there is a concern that with fewer Chiefs now within the organisation that the day-to-day work can be balanced successfully with the work across Doncaster.

It is requested that progress against the Internal Audit Plan is noted within the Corporate Risk Register, with discussion at the next Executive Committee. Miss McCleery will liaise with Mrs Satterthwaite about inclusion.

Mrs Hawkes stated that she is confident in the capacity levels that are now in place and that the concerns are valid. Conversations will continue with the CCG to maintain focus.

Miss Morris requested that target dates be reinstated to the table at 4.1 in the Internal Audit Progress report.

Mrs Meats gave a further update on the work around QIPP planning and reporting. It was noted that QIPP planning is now integrated into all of the CCG processes and forms part of the delivery planning process. In terms of management arrangements it is very much part of business as usual for the CCG. Within the detail driven plans, there are differences in the detail for delivery and management of QIPP plans. It was felt that there was
the need for more formal process for risk assessing and setting robust metrics from the outset. With current QIPP reporting there were concerns around whether the current reporting arrangements were being given a high enough profile within the CCG. It was also queried whether the risks and achievements are being accurately recorded. Clarity is needed, particularly for Lay Members around what the current position was for all schemes, what the RAG ratings were and where achievements of savings have occurred, are they based on recurrent or non-recurrent measures. It is therefore recommended that all QIPP schemes have a clearly identified means of performance management which can be monitored.

The Committee noted the report and the information contained within it.

- **Head of Internal Audit Opinion Stage 1 Report**
  The committee noted the report and the following key messages were noted:
  - The report covers the 1st stage review and has been refreshed in line with the years agreed objectives.
  - A survey to Governing Body members, a review of the Assurance Framework and a review of effectiveness of implementation will follow through the year.
  - At the next meeting of this Committee, the results of the survey and shared lessons will be made available.
  - One recommendation is made at this stage; consider putting the Risk Register and GBAF as a standing agenda item at the Quality and Patient Safety meeting.
  - A further update will be given at the November meeting.

The Committee noted the report and the information contained within it.

7 Financial Reporting

7.1 Financial Exception Reports

Mr Lawson presented the report to the committee and the following points were noted:
- There have been no losses or special payments since the last audit committee meeting
- There is one application to waive the tenders and quotes procedures. This is for West Wakefield Health and Wellbeing for £26,520 as they are the only accredited supplier of the service.
- Debtor and Creditor balances had improved since the previous meeting. Formal debt recovery has commenced in respect of the debt at First Care Ltd (The Hollies) and with
one PHB patient. The DMBC debt is relating to recharges for CHC cases and this is under regular review.

- The number of outstanding invoices over 6 months old and £5000 has reduced from 37 to 22. The majority remaining are part of the CHC work. Mr Russell confirmed that a Task and Finish group is now tasked with looking at the integration and improving processes for CHC and a Finance sub group is being developed. A CHC steering group will be in place to feed directly to the JCCC meeting.

- Mrs Tingle commented on the significant balance for Outstanding Creditors. There is optimism that all will be resolved. A significant piece of work has been undertaken and this will continue. No new issues have been identified and actions are being taken to pre-empt any future issues. Significant balances should be cleared by year end and formal legal routes of recovery will be considered.

The Committee APPROVED the Single Quote Waiver.

7.2 Purchasing Card Proposal

Mrs Tingle and Mr Lawson presented the proposal to the committee for Approval and the following points were noted;

- There has been a previous reluctance in going down the route of acquiring payment card. There is no petty cash system in place and there is no intention to set one up.

- There are occasions when, potentially, it could lead to savings when purchasing items such as Rail Tickets. Exceptional items only would be considered.

- The need for two cards was queried. Mrs Tingle confirmed that RDaSH manage our Supply Purchases, for which they are paid a fee. The CCG would like this to continue and it is felt to be appropriate that they would hold one of the cards. The other card would be for the Chief Officer of the CCG to allow for ad hoc purchases such as Train Tickets and Hotel Accommodation if needed. Mrs Tingle gave examples of circumstances where the cards could have been used and saved the CCG money.

- The risk of inappropriate use is heavily minimised as there would be the need for prior approval, transparency in authorisation and spending. The usage would be monitored at the highest level.

- It may impact on the current fee paid to RDaSH for their service but this is reviewed on a regular basis and has been reduced in the past.

- The question of use by those not named as account holders was queried. Miss Morris asked that Mrs Tingle make enquiries as to who would be most appropriately named as

Mrs Tingle
card holders.
- Credit limit of £4000; how easy is it to change the limit and who would be responsible for doing so? Mrs Tingle will explore the flexibility of these options and submit as a post meeting note.
- The scheme of delegation will be checked and the named card holders will be added to it. Advice from Internal and External Audit is welcomed.

The Committee asked for the information above to be provided before approving the proposal to open a credit account for two Government Purchasing Cards. It was agreed that this could be done by email after the meeting.

The Committee noted the report and proposal and the information contained within them.

8 Integrated Governance, Risk Management and Internal Control

8.1 Assurance Framework Quarter 1 position

The Committee reviewed the framework and the following points were noted:
- This had been previously reviewed at Governing Body who gave their approval. The Committee noted the information provided.

8.2 Implementation of Audit Recommendations

The committee noted and AGREED the recommendations presented within the spreadsheet except for Recommendation IA038/02. It is recommended that this remain OPEN until the end of the financial year. More clarification is required on how Partnership Governance will look.

Mr Russell spoke of the process for escalation for concerns within Care Homes, and whether this was written down. A debate was had internally to the Organisation and it was agreed that any concerns and actions can be escalated via the weekly Cross Agency Risk and Quality Meeting.

NHS England, over the last year, has fine-tuned some of their Risk Management Guidance. This is now embedded and is the process the CCG would take with any commissioning of services within the NHS.

Quality and Care within Care Homes is now a standing Agenda item for the Quality and Patient Safety meeting. This gets fed through to Governing Body via the minutes.

Dr Jones confirmed that the reports at the Quality and Patient Safety meeting are very detailed and address all the issues.
Feedback and passing information to Primary Care colleagues remains a challenge but the Quality and Risk Group would make the decisions weekly about whether to escalate concerns to practices.

Mrs Whittle suggested that it should be highlighted in the agenda item for Quality and Patient Safety minutes at Governing Body, as a particular area to note.

Mr Russell confirmed that the Adult Safeguarding Board has been doing a piece of work around Low Level concerns and this is been on their workplan for the upcoming 2 years. It is about gaining intelligence when Low Level Concerns are noted and plotting themes and trends. It feeds directly into the Risk Group meetings.

Mr Russell gave feedback about the recommendation of linking CCGs quality objectives to quality premium. This has been subject to significant debate at the Care Home Implementation Steering Group. The decision was made that introducing a quality premium at this stage would not add benefit at this time. There are enough fundamental issues around Care Home fees and what we want to commission. There is a 3 year plan in place to implement the strategy. Quality will be clearly defined and fee structure will be arrived at via discussions around complex care. There is an expectation that a quality threshold will be defined through this work.

8.3 Integrated risks arising from other Committees

**Remuneration Committee** – No Meeting since previous Audit Committee.

**Quality & Patient Safety Committee** – No issues or risks to report

**Primary Care Commissioning Committee**: A number of GP Practices are requesting to close their lists. The number of Merger requests is also increasing. There would be a financial impact on the CCG as the IT responsibility sits with the CCG. It is agreed that they should be added to the Risk Register.

**Engagement & Experience Committee**: No issues or risks to report

**Executive Committee**: The Financial was discussed and this is deteriorating. An extraordinary meeting is being called to look at DBH contracts in more detail. It is felt that a separate Finance Committee should be put in place.

**Clinical Reference Group**: No issues or risks to report

Mrs Tingle

9 Administration Arrangements

9.1 Audit Committee Forward Planner

The Committee noted and approved the forward Plan.
GDPR is to be added to the November agenda. Assurance Framework Deep Dive on Strategic objectives to be brought forward.

Private discussions with Auditors are to take place either side of the next meeting. Internal and External Audit to confirm to Miss McCleery their preference for either 8.30am or after the meeting

10 Any Other Business
Nothing Raised

11 Date and time of next meeting
Thursday 9th November 2017
9am-12:00 midday, Meeting Room 3, Sovereign House
Minutes of the Quality & Patient Safety Committee
Held on Thursday 7th September 2017 at 09:30 – 11:30
Boardroom, Sovereign House

Formal Committee Members Present:

- Dr Emyr Jones (Chair) Secondary Care Doctor Member
- Mr Andrew Russell Chief Nurse, DCCG
- Mrs Suzannah Cookson Safeguarding Children & LAC, DCCG
- Mr Ian Boldy Designated Nurse for Safeguarding & Quality, DCCG
- Dr Jeremy Bradley GP Representative, DCCG
- Mrs Wendy Feirn Senior Nurse, Quality & Patient Safety, DCCG
- Mrs Christina Quinn Patient Experience Manager, DCCG
- Mrs Gill Bradley Deputy Head of Medicines Management, DCCG
- Mrs Jenny Rayner Senior Officer for Quality, DCCG
- Mrs Andrea Stothard Quality & Patient Safety Manager, DCCG
- Dr Lindsay Britten GP Representative, DCCG
- Mrs Leah Denman Lead Nurse for All Age Individual Placements & Safeguarding Adults
- Mrs Karen Tooley Lead Nurse for Care Homes, DCG
- Dr Eric Kelly GP Safeguarding Children Lead, DCCG

Formal Committee Members in Attendance: None

In attendance: Mrs Nicola Burrow Note Taker, Corporate Support Officer, DCCG
Observation: Mrs Sue Hardy Operation Lead, PUPoC

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<th>Action</th>
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<tr>
<td><strong>1. Welcome and Apologies</strong></td>
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<tr>
<td>Dr Jones welcomed everyone to the meeting. Apologies for absence were received from: Andrea Ibbeson, Deputy Designated Nurse for Children’s Safeguarding &amp; LAC</td>
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<td><strong>2. Declarations of Interest</strong></td>
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<tr>
<td>The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Doncaster Clinical Commissioning Group (CCG). Declarations declared by members of the committee are listed in the CCG’s Register of Interests. The Register is available either via the secretary to the</td>
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Governing Body or the CCG website at the following link:
www.doncasterccg.nhs.uk

The meeting was noted as quorate.

Declarations of interest from today’s meeting:

There were no declarations made.

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<th>3.</th>
<th>Minutes and Actions of the Previous Meeting – Enclosure A &amp; B</th>
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<tr>
<td></td>
<td>The minutes of the meeting held on 6(^{th}) July 2017 were approved as a true record.</td>
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<td>Refer to the Committee Action Log for all action updates.</td>
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<th>4.</th>
<th>Matters Arising not on the Agenda</th>
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<td></td>
<td>The Committee went through the action log for the meeting. All updates will be recorded on the action log.</td>
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<td>There were no other matters arising raised by Committee Members.</td>
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<th>5.</th>
<th>QUALITY</th>
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<td></td>
<td>5.1 DBTHfT Quality Report - Enclosure C</td>
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<td>Mrs Cookson gave the following highlights:</td>
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<td></td>
<td>Business Intelligence Report</td>
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<td>It was noted that the SI numbers are reducing, the rate of reporting other incidents continues to be monitored to ensure open reporting continues.</td>
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<td>CQUINS</td>
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<td>It was noted that there were no current challenges around receiving CQUIN evidence.</td>
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<td></td>
<td>Stroke</td>
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<td></td>
<td>Jamie Shepherd, Stroke Pathway Clinical Manager attended the CQRG meeting in June to give an update on the Doncaster and Bassetlaw Stroke Pathway. Currently awaiting the Outcome Paper as a result of the Performance Summit which was held in July. A presentation was also made to the CCG Strategy meeting. Currently there does not appear to be a need for a formal quality visit. Performance will continue to be monitored through the CQRG</td>
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#System Perfect

Dr Jones requested an overview – please see attached for reference.

The LA and providers are included in #System Perfect which also includes Bassetlaw Hospital. #System Perfect launched on Tuesday 5 September from the Education Centre at DRI and the Management Suite at Bassetlaw Hospital.

Dr Jones asked the committee if there were any further questions, nothing further asked.

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<th>5.2</th>
<th>RDaSH Quality Report – Enclosure D</th>
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<td>Mrs Cookson updated that the following is from the CQRG meeting held yesterday.</td>
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<td><strong>Safer Staffing</strong></td>
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<td>There have been some challenges within RDaSH in relation to the Quality data and discussions due to the changes in their Quality personnel. The Quality dashboard is lacking narrative, but hopefully issues can now be resolved with the new members around table, which will ensure consistency and allow for full discussions.</td>
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<td></td>
<td><strong>Hot issues:</strong></td>
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<td>Increase in suicides</td>
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<td>A possible rise in the rate of suicides has been noted and is being explored through the SI routes. We have requested 72 hour reports and will report further if necessary.</td>
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<td></td>
<td>Transformation</td>
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<td>Quality Impact Assessments were requested but we are not sure that these are being robustly adhered to. This was discussed at CQRG and a meeting has been arranged to investigate further.</td>
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<td>Dr Jones queried RDaSH internal structures; do we have sight on this. Mr Russell noted that RDaSH have gone through significant changes and the main restructuring is now complete, we now have an understanding of the new structures. Mrs Cookson commented that we feel a level of confidence that we can work well together; there is also assurance around the weekly SOG</td>
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meetings.

Dr Kelly queried CAMHs; Mrs Cookson advised that this was discussed at CQRG together with the Adult Doncaster Care Group.

Dr Jones asked the committee if there were any further questions, nothing further asked.

### 5.3 FCMS Quality Report – Enclosure E

Mrs Cookson advised that a meeting had taken place at which PGD’s and patient feedback was discussed. The dashboard is showing improvements and streaming is working.

It was noted that the Medicines Management Team had been working with FCMS to ensure all the PGDs were completed and signed off by the CCG. This has been difficult as these have been completed late by FCMS and this has been a challenge in relation to CCG Governance. This has been raised through the contract meetings and at this stage does not appear to have created a safety or quality risk.

### 5.4 Care Homes Strategy and Operational Report – Enclosure F

Mrs Tooley updated on the implementation of the strategy.

**Quality Care**

We are assessing quality care, core complex care and workforce development. Currently mapping all services in PC to identify gaps and opportunities.

We are looking at Vanguards and what they are doing; appraisals are to take place to develop our work further.

**Core Complex Care**

Based on work from Intermediate Care; currently working on the updated complexity tool to enable a review of patient records to understand what care home and staff need in the future. Working with care homes and the university to allow scoring for assessment. This will ultimately guide and define what we consider complex and non-complex tiers for care home provision.

**Workforce Development**

There is a Project Manager in place working on the workforce development; locality development based on the GP Federation and District Nurse localities. Engagement is slow, but there is support. Members from each locality meeting will come to the Project Board meeting for the first time.
<table>
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<th><strong>Online Booking System</strong></th>
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<td>This is not working very well currently but the use of this system in relation to training is being encouraged.</td>
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<th><strong>Central Communications Hub</strong></th>
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<td>This is being developed to provide information from regulatory bodies, commissioners, education providers and other national bodies to support care homes.</td>
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<th><strong>Mandatory Training</strong></th>
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<td>The care homes are eager to learn to ensure that they are compliant.</td>
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The University and College are working with us regarding a Health and Social Care apprenticeship (which is not isolated to community care), the DWP are involved in this also. Dr Jones commented that this was a logical local resource to use.

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<th><strong>Accountable Care Organisations</strong></th>
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<tr>
<td>We are assessing what pieces of work we can implement across South Yorkshire; currently looking at the Vanguard Red Bag programme of care for which we hope to see a reduction in the length of stay for care home residents when they are admitted to hospital via A&amp;E.</td>
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We are working at scale across South Yorkshire to implement a live care home electronic bed state across the Accountable Care System (ACS). We are completing a business case to access Better Care Funding to support this work.

Dr Jones commented that all this work is similar to what the Vanguard sites are doing, adding that it is a very complete set of work. Dr Britten queried the Accountable Care work, Mr Russell confirmed that the CCG are working together with providers.

Dr Kelly noted that the key word for care homes is resilience, a career pathway for carers, do we have an idea what the staff turnover is in these care homes? Mrs Tooley advised that the staff is transient in this sector, although she had not seen this when visiting the care homes. Mr Russell commented that some evidence from providers suggests staff who stay for 6 months tend to stay for the longer term. Mrs Tooley stated that as part of the training programme the 4 providers of Domiciliary Care will be included within the localities.

In relation to discharge to assess, Mrs Denman stated that the initial launch had been very good; the first event would be taking place tomorrow to bring everyone together. Meetings have taken place with GP’s who provided...
negative comments, but these have been acknowledged; there is now a more positive outlook.

There is a task force support currently in place at Parklands and an on-going voluntary embargo is in place.

We are liaising with Bassetlaw on out of area care home placements where there are concerns in relation to quality. Dr Jones noted that this meeting is in full support and suggested that Mrs Denman utilises this to endorse as necessary. Dr Jones requested that this item is added to the Governing Body Agenda for the January 2018 meeting.

Dr Jones asked the committee if there were any further questions, nothing further asked.

**Action 039/07.09.17:** Care Home work plan to be discussed at the October Governing Body Meeting. Mr Russell to ask that Mrs Satterthwaite include on the agenda.

### 5.5 Section 117 Exception Reporting.

Mr Russell advised that there had been challenges with meetings over the holiday period, work is continuing and engagement from the LA and RDaSH has improved over the last 9 months.

There are case workers in place carrying out quality work with patients who are under Section 117.

**Older Peoples Mental Health**

S117 reviews for people who have been under the care of the Older Peoples Mental Health Team are being explored. These patients are generally discharged from the service when clinically appropriate and referred back in when clinically appropriate. Understanding the responsibility for S117 reviews is being explored but appropriate care and referrals are being made so this appears to be a conversation around reviews rather than any immediate care and support requirements.

Dr Jones asked the committee if there were any further questions, nothing further asked.

### 5.6 Medicines Management Report – Enclosure G

Mrs Bradley advised that there were 3 risks;

**Risk 1**
Carried forward from the last report in regard to team resources.

Risk 2

FCMS Contracting and Patient Group Directives (PGDs): There is a suite of 14 directives due to expire in September 2017; work to review the PGDs has fallen behind. The Directives have been to Medicines Management for the first read and sent back with comments, challenges back have been received but there is still a lot of work to carry out. From a work flow point of view, FCMS have not engaged with the timescales, this has been flagged on a number of occasions. Recommendations are that this process needs to go into the contracting papers. There will be better clarity after the Medicines Management meeting next Thursday.

Dr Jones clarified that it would appear that there is an agreed timescale which is not being followed. Dr Kelly noted that as a GP, it is necessary to amend the directives year on year; Dr Bradley disagreed and aired his concerns about updates and safety of the PGD’s. Mr Russell concurred and assured the Committee that these would not be signed off if they were incorrect adding that it would appear that there were challenges to be posed around FCMS’s Clinical Governance; it would suggest that this may not have been as robust within their own team. The overall governance and need for CCG sign off of the PGDs has mitigated any clinical risk. Mrs Cookson advised that she would raise this matter through the Quality Meetings.

Dr Kelly commented that FCMS also provides services elsewhere, are they submitting the PGD’s across the country? Dr Jones stated that there may be some local differences but all the documents have to be scrutinised.

Dr Jones stated that this might lead to patient and safety issues and recommended that this issue should be raised formally with the Contracting Team stating the concerns of this Committee. Mrs Bradley noted that regarding the provision of the service, there is no specific line in the contract pertaining to this issue; FCMS have their own pharmacy review and clinical governance.

Mr Russell stressed that he was not aware of any patient safety incidents around this. Mrs Cookson reiterated that she would raise governance at the FCMS Quality meeting.

Dr Jones requested that Mrs Bradley provides a report for the next meeting.

Risk 3

Financial forecasting and decision making for prescribing – the whole decision making process is becoming difficult due to volatility in the market. Decisions we make are sometimes reversed, but there is no safety element. This is
being raised through the CCG Risk Register.

Mrs Bradley also highlighted (see 6a in Enc G regarding the RDaSH audit). Rapid Tranquilisation is a risky process, a national audit had been conducted and a request had been put forward that this is explored as the CCG was not included fully. Mrs Bradley would provide a report for next meeting.

**Action 040 / 07.09.17:** Mrs Bradley to provide an update at the November meeting on FCMS PGDs and Rapid Tranquilisation. Mrs Cookson to raise this committee’s concerns regarding PGDs at the FCMS Quality meeting in November 17.

Dr Jones asked the committee if there were any further questions, nothing further asked.

<table>
<thead>
<tr>
<th>5.7 Primary Care Quality Report – Enclosure H</th>
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<tr>
<td>Mrs Cookson updated that Primary Care were supporting and working closely with practices that are engaging with the reporting process. A review of the quality dashboard data would be carried out also.</td>
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<td>Transformation was continuing with the Federation who have concluded that each neighbourhood has 2 representatives sitting on the Board.</td>
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<tr>
<td>Care Navigation</td>
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<td>Training taking place in September for implementation in October 17.</td>
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<tr>
<td>Case Conference Reporting/Attendance</td>
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<td>There was a dip in July which has increased in August 17. The CCG have requested that the LA carry out a wider comparison.</td>
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<tr>
<td>CQC</td>
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<tr>
<td>Carys Murray-Cook, who is the Care Quality Commission’s lead inspector for Doncaster, will be working with practice managers.</td>
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<tr>
<td>Dr Jones queried regarding quality and safety, if there is anything which needs to be reported on are we intending to use the Federation. Mr Russell advised that the CCG have arranged a number of meetings with Laura Sherburn to understand how the collective work will happen and how this can be supported. Dr Jones commented that this will be important and should have equal contributions from both the CCG and the Federation.</td>
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<tr>
<td>Dr Jones noted that there are some surgeries which are understaffed; Mrs Cookson confirmed that there is only one practice with a closed list, but that the</td>
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workforce is stable.

**Primary Care Safeguarding - Verbal**

Dr Kelly updated that the case conference reporting is an on-going issue, the LA are carrying out some benchmarking with GPs in Doncaster, Bassetlaw and Rotherham. We have implemented systems and processes regarding reporting. Mr Russell queried if we actually tolerate this? Are we able to quantify the impact of reports not being received, did it make a difference to the outcomes for children through the case conference process and asked how we understand the impact. Dr Jones commented that the Committee look at these figures month on month and should not be taking action until we know if the data provided is meaningful. Mrs Cookson confirmed that meetings are taking place with the LMC and the Safeguarding Trust commenting that there is not ‘one’ health report, there are ways in which we could integrate, but there are statutory issues around this.

Dr Jones agreed that work needs to be carried out around this; Mr Russell recommended a piece of retrospective work which could be carried out on a few cases.

Dr Kelly advised of the increase in FII reports recently from secondary and Primary Care. Most seem to be coming out of protocol. FII will form part of GP training next year.

Dr Kelly queried the recent suicide of a 15 year old under CAMHs; Mrs Cookson advised that this case was going through all the correct processes.

Dr Jones asked the committee if there were any further questions, nothing further asked.

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<tr>
<th>5.8</th>
<th>Q1 Individual Placements Report – Enclosure I</th>
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<tr>
<td></td>
<td>Mr Boldy gave an overview of the headlines:</td>
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<td>The CHC team is continuing to make minor changes to processes and pathways, this work will be on-going.</td>
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<td><strong>Performance</strong></td>
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<td>The number of cases being escalated has stabilised. Achievement of 28 day compliance is currently around 48% and is reliant on our relationship with the LA. We are now on a collated list with NHSE as falling below 50%; Mr Russell noted that we are the best in South Yorkshire. Mr Boldy advised that the CCG are submitting an audit, 8 cases are subject to a deep dive.</td>
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<tr>
<td></td>
<td>Internal measure of outstanding reviews</td>
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</table>
We are currently at 310 and should be at 250, however when the trajectory was developed we did not take account of such factors as annual leave etc. Therefore as we move out of the periods of high annual leave this shortfall should be recovered.

**Workshop held by NHSE Regarding National Framework**

The CCG has looked at the framework with fresh eyes, pathways have been re-designed. The key thing to come out of this is the number of areas of conflict with the LA. Mr Russell noted that this does not reduce contact; the underlying belief is that we will improve the work.

**Childrens Team**

Recruitment is being undertaken for an additional Band 6 Nurse to look at processes and pathways.

**CHC**

Looking at integration around health and social care. Mr Russell advised that everything that we are doing should improve quality, the risk won’t meet the need of outstanding cases; we are looking at interim solutions and escalation will be sought with Mrs Pederson and the LA.

Mr Russell noted that there would be a new management structure within adult social care.

Dr Jones asked the committee if there were any further questions, nothing further asked.

### 5.9 Q1 Serious Incidents Report – Enclosure J

Mrs Stothard updated regarding the increase in suicides for RDaSH and that DBTH reporting is lower than usual. Rotherham colleagues have also seen an increase in suicide SI’s.

Mr Russell queried why Bassetlaw have not reported any SI’s, all DBTH SI’s go to a review panel first. Mrs Stothard responded that DBTH are now having internal SI’s which are reported through STEIS, we are challenging the Trust on this.

Mr Russell queried the number of De-logs, are we confident that the threshold is right? Mrs Feirn advised that we are no longer part of their internal process. Mr Russell suggested a review of a number of De-logs and Mrs Feirn confirmed that this is already the case and therefore we are still seeing sufficient evidence to support this.

Mrs Feirn confirmed that systems are being embedded and that the National
position is a decrease in serious harm. Mrs Stothard advised that reporting is within the normal parameters.

Dr Jones asked the committee if there were any further questions, nothing further asked.

5.10 Q4 CQUIN Attainment DBTH – Enclosure K

Mrs Stothard updated that the Q4 16/17 CQUIN Attainment document could now be closed off with exception of Sepsis.

Dr Jones commented that the process this year had been better regarding the collation of the information and asked if there was anything that the Committee could do to assist with the Sepsis exception. Mr Stothard stated that she was not sure what could be done as this matter related to screening at ED.

Dr Jones asked the committee if there were any further questions, nothing further asked.

6. PATIENT SAFETY

6.1 IPC Report – Enclosure L

Mrs Feirn updated on the following:

**MRSA Blood Stream Infection in May**

None of the Healthcare organisations had any lapses in care; one case has been put forward for third party arbitration.

Four cases for August: The case in Preston will to come to Panel in September.

**Blood stream infections**

Regarding Urosepsis DBTH are sending information, we cannot get access to patient data from DBTH; we will need support for this and this is being followed up via the ACQRG meetings.

**IPC and Continence Team T&F Group**

Reduction in Urosepsis, looking at training and education. Urinary continence data may not be correct. Mrs Feirn advised that the anonymised data is not enough and access to CAMIS at DBTH would assist with this, Mr Dickinson at DBTH is taking forward that Mrs Feirn requires access to their systems.

Dr Jones commented that the Local Clinical Audit could be used to gain
access, but that the information of course would have to remain confidential.

Mrs Feirn advised of an outbreak of Pseudomonas Aeruginosa which was resistant to Colistin. The patient had surgery outside the UK then came back to have further Urology surgery at DBTH. The flexi endoscope was a possible reason for the infection as the lumen was damaged; this has now been withdrawn from service pending investigation. Out of the number of cases for the period to August 17; four were highlighted. Outbreak meetings have been held during the investigation. Dr Jones noted the very thorough investigations and recommended that this was reported to Medical Health Regulation Authority (MHRA).

**DMBC Waste Contract**

The waste contract has been renegotiated. The current contract is due to end at the beginning of October 2017 and this included offensive waste collection from patients’ homes. In the new contract there will be no offensive waste collection. Offensive waste produced in the community (patient’s homes) can be included in the domestic waste stream as long as it does not exceed 7gs, mixed in with the black bin waste. If additional offensive waste capacity is required the healthcare professional involved with the care of the patient can request an additional 120 litre bin. Sharps collection from patients in their own home e.g. diabetics was also a service provided by DMBC. This service will also cease at the beginning of October 2017, the CCG are working with DMBC and RDaSH to commission this service. A contingency plan is currently being worked up to ensure that the safe disposal of sharps is maintained.

Dr Britten advised that patients would need to be informed that this service is coming to an end soon. Mrs Feirn noted that DBTH do have a supply of sharps bins.

Dr Jones queried if the Primary Care Committee were aware of the situation, Mrs Feirn confirmed that they were.

Dr Jones requested that a solution/resolution is brought back to this meeting in November.

Dr Jones asked the committee if there were any further questions, nothing further asked.

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**6.2 Q1 Safeguarding Children and Adult’s Report – Enclosure M (to follow)**

Mrs Cookson requested that this paper was taken as read. Highlights are:

**Children and Social Work Act 2017**

This has now been deferred to 2019; we have a professional Accountability
Board which will assess this going forward.

Work is on-going with the Doncaster Childrens Trust; OFSTED inspections are imminent.

**LAC**

Has Increased slightly but this could be due to the Early Help System working more effectively in recognising children early for interventions to be put in place.

**MASH**

4 reviews in the last year; looking at 1 front door again. Working with Social Care and Public Health and we are moving forward with the new model.

**Neglect Pathway**

There is a strategy in place and a formal T&F group sits under the formal Partners Board.

**Place Plan**

There are opportunities around working with Social and Health Care, workshops have been carried out. A discussion paper is now ready for presentation to the Transformation Board at their next meeting. There is an Action Plan in place which includes long term actions.

**Adults**

Mr Boldy advised that a review had been undertaken on the adult safeguarding hub and that the CCG would be an integral part of the work. There was also an external review around the wider safeguarding adult network.

**Domestic Homicide Reviews (DHRs)**

Currently 2 on-going reviews are taking place and an Independent Chair has been commissioned to lead both reviews. Challenge meetings for both reviews have been arranged for to take place during September and October 2017.

Dr Jones asked the committee if there were any further questions, nothing further asked.

**6.3 Caldicott Log – Verbal**

Mr Russell advised that there was nothing to note, no formal request made to
the CCG.

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<tr>
<th>6.4</th>
<th>Caldicott Work Plan (Exceptions) – Verbal</th>
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<td></td>
<td>Mr Russell advised that there was nothing to report.</td>
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<tr>
<th>6.5</th>
<th>Quality &amp; Safety Work Plan 2017-19 – Enclosure N</th>
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<tr>
<td></td>
<td>Mr Russell advised that amber indicated that some progress is on-going but there are no major issues which require escalating through this committee or the Governing Body</td>
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<td>Dr Jones asked the committee if there were any further questions, nothing further asked.</td>
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<tr>
<th>6.6</th>
<th>Q1 Complaints – Enclosure O</th>
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<tr>
<td></td>
<td>Mrs Quinn updated regarding the following:</td>
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<td>Q1 report 12 in Q1 and Q2 18 – in terms of percentages – CHC is at 66% currently.</td>
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<td>Mr Russell noted that the care support treatments are around the decision that people are not happy with.</td>
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<td>Complaints Policy &amp; Procedure for Approval – Enclosure P</td>
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<td>Dr Jones stated that he was happy with this – all agreed, approved.</td>
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<td></td>
<td>Dr Jones asked the committee if there were any further questions, nothing further asked.</td>
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<th>7.</th>
<th>Any Other Business</th>
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<td>Mr Russell requested that the Committee are aware of Cheswold Park Hospital which is an independent hospital and provides Forensic, LD and MH services commissioned by NHSE (SPEC COMM). The hospital has had a poor CQC visit and is now rated as inadequate; there are a number of listed issues. NHS England will lead on this issue and are looking to escalate through a quality risk profile, the CCG have requested involvement in this. The CQC report has been published. Mr Russell advised that reporting on any issues will be brought back to this meeting.</td>
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<td></td>
<td>Mrs Cookson updated regarding LeDeR. NHSE have advised that this is currently on hold at present due to capacity issues, but the cases which the CCG have carried out have been really positive.</td>
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Dr Jones asked the committee if there were any further items, nothing further to add.

8. Minutes and Information
Medicines Management Group 22.06.17 & 13.07.17 - Encs Q & Q1
Incident Management Group 18.07.17, 01.08.17 & 15.08.17 - Encs R, R1 & R2
Area Prescribing Committee 25.05.17 - Enc S
Safeguarding Assurance Group 23.05.17 - Enc T

9. Date and Time of Next Meeting
Thursday 2\textsuperscript{nd} November 2017, 09:30 – 11:30
Boardroom, Sovereign House

<table>
<thead>
<tr>
<th>FUTURE 2018 MEETING DATES</th>
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<tr>
<td>Thursday 4\textsuperscript{th} January 2018</td>
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<tr>
<td>Thursday 1\textsuperscript{st} March 2018</td>
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<tr>
<td>Thursday 3\textsuperscript{rd} May 2018</td>
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<td>Thursday 5\textsuperscript{th} July 2018</td>
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<tr>
<td>Thursday 6\textsuperscript{th} September 2018</td>
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<td>Thursday 1\textsuperscript{st} November 2018</td>
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Minutes of the Primary Care Commissioning Committee
Held on Thursday 12 October 2017 commencing at 12.30pm
In the Boardroom, Sovereign House

Voting Members
Present:
Mrs Linda Tully – Lay Member (Chair)
Mrs Sarah Whittle – Lay Member
Mrs Jackie Pederson – Chief Officer
Mrs Hayley Tingle – Chief Finance Officer
Mr Anthony Fitzgerald – Director of Strategy & Delivery

Non-Voting Members
Present:
Dr Khaimraj Singh – Locality Lead, South East Locality
Dr Niki Seddon – Locality Lead, North West Locality
Mrs Carolyn Ogle – NHS England Representative

Formal attendees present (non-voting):
Dr Nabeel Alsindi – Clinical Lead for Primary Care and Long Term Conditions
Mrs Debbie Hilditch - Health watch Doncaster Representative
Mrs Kayleigh Wastnage - Primary Care Support Manager
Dr Nicholas Leigh-Hunt – Public Health Representative

In attendance:
Miss Emma Ross - Primary Care Support Officer - (Taking Minutes)
Mr Ian Carpenter - Head of Communications & Engagement
Chris Empson – Informatics Programme Manager
Gemma Sessions – Senior Data and Systems Analyst

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<tr>
<td><strong>1. Apologies for Absence</strong></td>
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Apologies were received from:

- Mrs Suzannah Cookson – Deputy Chief Nurse

Mrs Tully took the opportunity to welcome both Dr Singh and Dr Leigh-Hunt to the Committee and a round of introductions were made.

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<td><strong>2. Declarations of Interest</strong></td>
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The Chair reminded Committee members of their obligations to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of NHS Doncaster Clinical Commissioning Group.

Declarations declared by members of the Committee are listed in the CCG’s register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following...
The meeting was noted as quorate.

*Declarations of interest from sub-Committee/working groups:*

None declared.

*Declarations of interest from today’s meeting:*

None declared

### 3. Minutes of the Previous Meeting held on 14 September 2017

The minutes of the meeting held on 14 September were agreed as an accurate record.

### 4. Matters Arising

**Carcroft Doctors Group and Princess Medical Centre**

Mrs Wastnage confirmed the Primary Care Web Tool extract for practice boundaries has been received from NHSE and would be used in a future merger meeting with the practices.

The Primary Care Commissioning Committee reviewed and updated the Action Tracker.

### 5. Finance

**5.1 Interim Exception Update**

Mrs Tingle updated the Committee on the current financial position commenting the CCG is currently achieving the delegated budget. Some additional costs were GP indemnity of approximately £145k. The CCG is in a position to meet this additional cost however it would mean less flexibility in the already tight finances. Mrs Whittle questioned why the CCG is not aware of this cost pressure and Mrs Tingle explained this had been part of the 17/18 GP Contract changes which have previously been unclear in confirming if NHSE or CCGs would be responsible for funding. Maternity and sickness payments are currently not causing any issues but the CCG is keeping a close eye on this for the remainder of the financial year.

The Primary Care Local Enhanced Services are on track financially, once activity was moving out of the Trust there would be an increase in spend which would be monitored.

**5.2 Update on LIFT costs and non-Payment of practice reimbursements**

Mrs Tingle reminded the Committee of the commitment the CCG has made to facilitate discussions with CHP and practices. It was agreed the LMC would facilitate these discussions and feedback to the CCG. The CCG needed to be assured that any practices that have
accumulated debts with CHP have this money set aside. Dr Seddon queried how the CCG would approach a practice that had not set this money to one side. Mrs Tingle confirmed the CCG needed to have further discussions internally on how they would follow up with practices if this was the case.

The Committee thanked Mrs Tingle for the update.

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<tr>
<th>6. Quality</th>
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<tr>
<td><strong>6.1 Interim Exception Update</strong></td>
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<td>Apologies from Mrs Cookson had been received meaning this item would be deferred to the next meeting.</td>
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| **6.2 Primary Care Quality Dashboard** |
| Mr Empson and Miss Sessions attended the meeting to update the Committee on the Primary Care Matrix, the original concept for this and the workings of this within the monthly Primary Care Matrix Evaluation Group (PCMEG). |

Mr Empson gave a detailed description of the data sources and how they were used to form discussions with practices around a number of both positive and negative impacts individual practices have on the wider system.

The PCMEG was still in its infancy with new members such as Dr Alsindi invited to attend and input into these discussions. A more recent agreement from the Primary Care Delivery Group has been for the Group to focus on both the variation between practices but also any Doncaster wide messages which need supporting, such as the roll out of electronic referrals (e-RS) or GP2GP.

The Committee feedback positively on the work completed by the PCMEG and requested an evaluation is completed in order to see how this has impacted practices.

A question was raised by Mrs Hilditch regarding how demographics were taken into account as not only was there a variance within Doncaster but also within practices. Mr Empson acknowledged this and confirmed deprivation is taken from the Public Health Observatory which is publically available.

Additionally Mrs Hilditch enquired if patient experience data outside of GP survey, Family Friends Test and Complaints were included. Mr Empson commented that although soft intelligence around practices is used it is difficult to gather useful qualitative data. Mrs Hilditch offered to meet with Mr Empson and Miss Sessions to aid gathering this information.

The Committee thanked Chris and Gemma for their attendance and requested an annual report come to the Committee on progress. Mrs Tully requested this is added to the forward planner.
7. **Commissioning**

7.1 **Primary Care Charter**

Mrs Ogle discussed enclosure D with the Committee commenting this had been an amalgamation of the ACS GPFV plans and should contain no surprises to the Committee. Mrs Ogle commented the plans needed refreshing from a Doncaster perspective.

Mrs Ogle discussed the key priorities which were implementing the GPFV, Local Care Networks development and discussion around how this would work in Doncaster, and also interoperability between IT systems.

Mrs Ogle informed the Committee there would soon be money devolved through the ACS to support Local Care Networks of £1 per patient population non recurrent funding. It was not clear currently how this money would be accessed but the Committee would be updated in due course.

The Committee discussed the eagerness to learn the ACS approach to primary care and requested the minutes and action planner are added to the standing items of business.

A discussion on why the document was referred to as a charter as the group did not feel this document was a charter. Mrs Ogle agreed to feed this back in the ACS meeting which would take place at the end of October.

The Committee agreed it would be useful to compare the CCGs plans against the charter. Mrs Ogle and Mrs Wastnage were tasked with undertaking this assessment.

Mrs Hilditch expressed her disappointment on the level of communication and engagement work shown in the charter.

Mrs Tully thanked the Committee for the discussion and requested any comments to be sent to Mrs Ogle and Mrs Wastnage by Friday 20th October.

7.2 **Extended Primary Care: Revised Tier 2 Local Enhanced Services**

Dr Alsindi presented enclosure E to the Committee and requested members take note of the changes highlighted in red. The GPs went on to discuss the ring pessary requirements to keep a stock of sizes, it was agreed this was not the ideal but Dr Alsindi and Dr Eggitt were unable to find a work around and asked for support from their clinical colleagues. The GPs agreed to take this discussion out of the meeting and the Committee agreed to agree the request with the expectation the issues would be resolved.
7.3 Acquisition of the Phoenix Medical Practice by the Flying Scotsman Health Centre

Mrs Ogle explained that a merger request had been considered at the previous meeting in the confidential session and a request had been made for legal advice to be sought on the request. This advice had now been received and was set out in the paper. The advice made it clear that it was not a merger that was requested but an acquisition and there was no precedent in the country for a PMS contractor to join an APMS contractor in this way. However the advice clarified that the risk of challenge under the procurement rules was relatively low due to the safe harbours provisions.

The Committee noted that the request would provide the CCG with a significant financial pressure due to the out of hours contract held by the Flying Scotsman which is paid on number of registered patients.

There was a risk connected with the premises at the Phoenix practice as there was no lease in place. Mrs Tingle explained that a section 21 notice would need to be issued to evict from the premises and there would be two months grace period. Alternative premises options were also discussed.

Following discussion it was agreed that a comprehensive option appraisal with risk assessment be completed for the November meeting of the Committee.

7.4 The Ransome Practice Branch Closure

Mrs Wastnage presented the final paper outlining the steps The Ransome Practice has completed through the patient consultation. The Committee agreed the branch closure and agreed further discussion outside the meeting with the estates group to decide how to dispose of the property.

8. Any Other Urgent Business

No other business discussed.

9. Date and Time of Next Meeting

Thursday 9 November, Boardroom, Sovereign House at 12.30pm
Minutes of the Engagement and Experience Committee
Held on Thursday 3rd August 2017 at 10:00am -12:00
In Meeting Room 3, Sovereign House

Present:  Mrs Sarah Whittle  Lay Member - Patient & Public
Involvement (Chair)
Ms Rachel Mather  Engagement Officer
Mrs Christina Quinn  Patient Experience Manager
Mrs Emma Ross  Primary Care Team
Representative
Mrs Emma Smith  Strategy and Delivery Manager
Mrs Debbie Hilditch  HealthWatch Doncaster
Mrs Maria Wilson  Quality & Patient Safety Team
Representative
Mrs Kayleigh Wastnage  Primary Care Team
Representative
Dr Nick Tupper  Locality Lead
Mr Mike Young  Performance & Intelligence Team
Representative
Mrs Claire Larner  Finance and Contracting
Representative
Mr Andrew Goodall  Healthwatch
Mr Anthony Fitzgerald  Chief of Strategy and Delivery

In attendance:  Ms Rhona McCleery  Corporate Governance Officer
(taking notes)
Mr Luke Boulby  Communications Apprentice
(Observing)
Mrs Jackie Pederson  Chief Officer

1. Welcome and Introductions

Mrs Whittle welcomed all to the meeting and introductions were
made.

2. Apologies for Absence

Apologies for absence were received from:
• Mrs Sarah Atkins Whatley- Chief of Corporate Services
• Mr Ian Carpenter - Head of Communications and Engagement
• Dr Khaimraj Singh - Locality Lead
• Dr Victor Joseph - Public Health Representative
• Mr Dennis Atkin - Chair of the Health Ambassador Network

3. Declarations of Interest
The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Doncaster Clinical Commissioning Group (CCG).

Declarations by members of the Committee are listed in the CCG’s Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link: www.doncasterccg.nhs.uk

The meeting was noted as quorate.

**Declarations of interest from today’s meeting:**

Nothing declared for this meeting.

4. **Minutes of the meeting held on 6th July 2017**

The minutes of the meeting held on 6th July 2017 were approved as a correct record.

5. **Action Tracker**

The actions within the action tracker were noted as complete or in progress and the action tracker will be updated accordingly with any relevant updates.

Mrs Hilditch gave an update on an action from 6th July 2017 - Healthwatch connecting with the Patient Participation Groups (PPGs).

Mrs Hilditch had met with Norma Carr, Chair of the PPG Network, and it is agreed that Healthwatch will support the network but the emphasis will be changed. It will be run along the same lines as the Health Ambassadors meeting. Mrs Carr or the Vice Chair will attend this committee on a regular basis; Miss Moore to add them to the attendance list for the meeting.

A number of tasks are to be put in place for completion by the network. The group will become the Primary Care Focus Group and it is hoped that they will meet the last Friday of every month but this will be confirmed. A locality model will also be suggested to encourage more participation.

6. **Integration of Local Communications and Engagement**

Mr Fitzgerald gave a brief overview of the progress.

It is not quite at the point of integration just yet. At present there is a monthly Communications and Engagement Steering Group.
(CESG) that meets and there is representation from all across Doncaster (Commissioning and Provision). In its infancy it was more about coordinating work plans to ensure consistency of message. For example, a newsletter is now coordinated and sent out to Primary Care via the GP Connect website. Doncaster CCG coordinates and leads on this.

It became apparent that some of the partner organisations are down on capacity. This led to resources being shared on an informal basis and secondments were facilitated via this route.

From a strategic perspective the Health and Social Care Transformation group (H&SCTG) have charged CESG to do some preparatory work around bringing together more a pooled resource for Communications and Engagement across Doncaster. Mr Fitzgerald has asked Mr Carpenter to prepare a scoping document and this will be brought to this Committee for an overview once Terms of Reference etc. have been agreed. The Group will report back to this Committee and the H&SCTG regularly. Timescales for the work are to be determined.

Mrs Pederson commented that much of this links into the Place discussions being had currently and with STP. It is positive to have that one voice and is being seen as a great opportunity.

Mr Fitzgerald noted that Communications is just one of a number of functions for collaboration. It is hoped that the leads will drive this on.

Dr Tupper commented on the different ethos for communication within each organisation. It is important to bring the Providers along. Mrs Pederson agreed and noted that plans are being aligned but a large piece of cultural work is needed to drive it forward. It was suggested that some stress testing take place and the results analysed.

The Partners in this work are: RDaSH, DBHTFT, Healthwatch, St Leger Homes, The Children’s Trust, Primary Care Federation and DCCG.

Mr Fitzgerald will give a full update at the next meeting of this Committee.

Mrs Hilditch commented that it would fit well with the partnership group that Healthwatch is part of. Every 10 weeks various Health and Social Care groups from within the community are invited to attend and there is an open invitation for Mr Fitzgerald to attend. This would be a good opportunity to expand on some of the audiences. The first meeting is due to take place on 28th September 2017, followed by the next on 7th December 2017. Mrs Whittle also has an open invitation to attend.
7. **AGM**

Mr Fitzgerald confirmed that the DCCG Annual General Meeting is to take place on Thursday 28th September at 6-8pm at the Keepmoat, Lakeside. The decision has been made this year to incorporate the AGM into a more Public event. It will be particularly linked with work happening around the Place Plan and the Partnership working. An appropriate agenda will be discussed with Partners. All statutory agenda items will be included. Volunteers to form a small working party are required. It would be helpful to have representation form each directorate; Primary Care is already in place. Confirm representation to Mr Fitzgerald.

Mrs Mather confirmed that Mr Boulby has pulled together a comprehensive spreadsheet listing the Partners that we would like to invite. Details of interactive displays are welcomed.

Suggestions for content were made and noted.

8. **Sustainability & Transformation Plan Engagement Update**

Mrs Hilditch gave a brief update. The team are moving forward with the engagement work. As of 1st August 2017, Healthwatch has a new contract with DMBC in place. How the STP fits in with this will be explored and the themes pertinent to Doncaster will be pulled to the fore. The impact to Doncaster residents due to partners taking on more services is to be considered and work is ongoing with Mr Doug Wright from Keep Our NHS Public.

Work with the Commissioning leads is effective in some areas but more could be done in others.

Mrs Pederson noted that the Governing Body are expecting to delegate authority in September 2017, to a Joint Committee who oversees the 6 areas. Architecture and Governance for the Committee are still in development.

Mrs Hilditch will share the plan at this committee on a quarterly basis for discussion on the outcomes.

9. **Complaints Report/Update**

Mrs Quinn presented the overview for Q1. The main points to note were:

- Q1 tends to be a quieter period overall
- The numbers of CHC and PUPoC complaints are reducing
• Retrospective claims are going up
• There were a number of MP enquiries around the Treatment Guidelines
• Most were signposted to other organisations

Mr Goodall queried if there was any contrast and compare work done with the Local Authority (LA) on the number of CHC complaints received by them. Mrs Quinn confirmed that this does not happen but work does take place with the LA when it is a mix of Health and Social Care but the CCG is not in receipt of any of the detail of the complaints. Mrs Quinn does attend the Care Home Risk meeting where aspects of this are picked up.

Mrs Whittle queried the turnaround times for dealing with complaints. Mrs Quinn confirmed that the expected turnaround time is within 28 days but this is dependent on the complexity of the complaint. All are acknowledged within 3 working days.

Mr Fitzgerald noted the level of MP queries around the new NHS Treatment Guidelines. He asked that the Committee be aware that the number may rise and Mrs Quinn commented that if complaints are sent directly to Primary or Secondary care, we would not necessarily be made aware.

The Committee thanked Mrs Quinn for the update.

10. Patient and Public Engagement Annual Statement of Involvement 2016/17

Mrs Mather asked the Committee for feedback on the Statement and sought Approval for publication.

Mrs Mather highlighted the following points:
• The Statement covers the period April 2016 - March 2017
• We have been looking at different ways of engaging
• There was a recent Engagement Workshop at this Committee and the Ladder of Engagement was discussed
• The Statement gives a good flavour of the main campaigns that the CCG took part in.
• Key areas for Engagement over the coming year are highlighted

A number of amendments are suggested and Mrs Mather will oversee the changes.

The Committee APPROVED the report on the agreement that the suggested amendments are completed.

Mrs Mather
11. **Annual GP Survey**

Mrs Mather presented a synopsis of the results from the Annual GP Survey. The information is based on the July 2017 GPPS publication. In NHS Doncaster CCG, 11,978 questionnaires were sent out, and 4,764 were returned completed. This represents a response rate of 40%.

A copy of the presentation and an overview paper will be sent out with the minutes from today’s Committee meeting.

GP Practices receive their own copies of the Survey.

It was queried whether the results are utilised in seeking improvement from the lower ranking practices. Mr Wastnage confirmed that in previous years this hadn’t been the case but now with the Primary Care Matrix and Dashboard in place, the information can be used to identify if the practices are already on the Primary Care team radar as needing assistance. Mrs Pederson feels that this would be useful to discuss at the Primary Care Committee.

Dr Tupper asked if the data would be utilised to inform Commissioning decisions; and will there be work to improve future results? The methodologies around targeting only the lower rated practices were challenged and it was agreed that needs are to be assessed across the board and the results from the survey should be triangulated with other information available.

Mrs Wastnage confirmed that there are already a number of pieces of work in the pipeline already. The Evaluation group will pick up on areas needing support and the work required to enable change.

It was agreed that the presentation should go for discussion to the Primary Care Committee. Mr Fitzgerald will request it be added to the next agenda. Mrs Pederson feels that it should be presented at Strategy & Delivery and Locality meetings.

It should also be noted that there are a number of positive outcomes, and that any deterioration may be down to the perception of those surveyed and not with the actual care.

The Committee thanked Mrs Mather and Mr Boulby for their input.

12. **Updates from Partners & Sub Groups**

**Health Ambassadors**

Mr Goodall confirmed that the Health Ambassadors met on Monday 31st July 2017. They have identified and prioritised their topics going forward for the next few months, starting with Mental
Health. A standardised approach to dealing with their communities has been agreed based on an 8 week programme.

Mrs Whittle commented that Dr Crichton is keen to move work with Veterans forward. It would be good to have a representative tied into the work of the Health Ambassadors.
Mrs Hilditch confirmed that there is an event due to take place in August at the local Barracks. Mrs Hilditch will pass details to Mrs Mather.

Mrs Hilditch

Practice Participation Group (PPG) Network.
As per item 5.

Public Health
Mr Fitzgerald confirmed that procurement had been commenced for a Partner to work on Customer Insight. An update will be brought to the Committee in October.

13. **Any other Business**

Mrs Whittle spoke of the survey that had been distributed and asked that all complete it if they have not already done so.

The Committee passed on their thanks to Mrs Atkins Whatley for her work with the Committee and noted that she was a great advocate for Health Ambassadors and the PPG Network. Her work on Patient Engagement is particularly appreciated.

14. **Date and Time of Next meeting**
Thursday 5th October 2017 at 10am in Meeting Room 3, Sovereign House
Executive Committee  
Held on Wednesday 4 October 2017 commencing at 9am  
In Dr David Crichton’s Office, Sovereign House, Heavens Walk,  
Doncaster, DN4 5HZ

Formal Members: Mrs Jackie Pederson – Chief Officer (Chair)  
Present: Dr David Crichton – Chairman  
Mr Andrew Russell - Chief Nurse  
Mr Anthony Fitzgerald – Director of Strategy & Delivery  
Mrs Hayley Tingle – Chief Finance Officer

Formal Attendees:  
Present: Mrs Lisa Devanney – Associate director of HR and Corporate Services  
Mr Ian Carpenter – Communications and Engagement Manager

In attendance: Mrs Jayne Satterthwaite – PA to Chair and Chief Officer (taking minutes)  
Mrs Ailsa Leighton – Deputy Chief of Strategy & Delivery (Item 6)  
Mr Mike Taylor – Head of Governance (Shadowing)

1. Apologies  
There were no apologies received.

2. Declarations of Interest  
The Chair reminded committee members of their obligations to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Doncaster Clinical Commissioning Group.

Declarations declared by members of the committee are listed in the CCG’s register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link www.doncasterccg.nhs.uk

The meeting was noted as quorate.

Declarations of interest from sub-committee/working groups:
None declared.

**Declarations of interest from today’s meeting:**

None declared.

3. **Minutes from the Meeting held on 7 September 2017**

The minutes from the Executive Committee meeting held on 7 September 2017 was agreed as a correct record subject to the following amendment:

Page 4, Bluebell Wood Children’s Hospice, amend to read ‘The Executive Committee agreed the extension of the contract however it would be useful to know how many packages are received’.

4. **Matters Arising**

**Finance and QIPP Overview – Update**

Mrs Tingle confirmed that she had met with Mr Sargeant, Director of Finance, Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust (DBTHFT) and work is being undertaken regarding affordability. A meeting with DBTHFT, Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and NHS Doncaster CCG Chief Executives and Chief Finance Officers has been arranged on 2 November 2017 to discuss 2017/2018 financial stability. The Executive Committee agreed that an Extra Ordinary Executive Committee meeting be arranged for mid-November 2017 and an Executive to Executive meeting with DBTHFT towards the end of November. Mrs Pederson stated that she would contact Mr Parker, Chief Executive DBTHFT to advise him of this.

Mr Fitzgerald informed the Executive Committee that the inaugural meeting of the QIPP Committee had been arranged for Monday 16 October 2017 however a Lay Representative has not yet been identified to attend the meetings.

**MH Liaison – STP Focus Area**

Mrs Tingle agreed to liaise with Mr Emmerson regarding an update and options paper.

**Specialist Placements Providers**

Mrs Burns has explored whether this could be an Accountable Care System (ACS) workstream and the Executive Committee agreed that this be included on November’s agenda.

Mrs Tingle

Mrs Satterthwaite

Mrs Pederson
Post Meeting Note
This item has been added to the agenda for November.

Bluebell Wood Children’s Hospice

Mrs Tingle agreed to liaise with Miss Adele Spence for an update on the extension of the contract.

The Mole Clinic/Telederm Contract

Mr Fitzgerald stated that he would speak with Mrs Forrestall and Mr Emmerson regarding an update to the Executive Committee in November on Dermatology and Alzheimer’s contracts respectively.

Post Meeting Note

The items have been added to the November agenda.

Primary Care Events

Mr Fitzgerald highlighted that a Membership-wide Primary Care event will be held in January 2018. The Executive Committee agreed this proposal.

5. Executive Committee Effectiveness Review

During July 2017 an annual effectiveness review of NHS Doncaster CCG’s Executive Committee was conducted in the form of an online survey sent to all committee members and formal attendees with a range of questions covering the following areas:

- The Committee’s delegated functions from the Governing Body
- Terms of Reference
- How the Committee conducts business
- Management of declarations of interest
- Committee administration
- The role of the Chair of the Committee

From the 5 responses received, the analysis showed:

- Respondents generally considered the Committee to be effective at fulfilling its delegated functions from the Governing Body. The Committee may wish to take time to consider what would potentially make it more effective at fulfilling each of these functions, especially horizon scanning to enable review and discussion of the implications and implementation of key policy documentation.
- Respondents felt that the Committee’s terms of reference
adequately reflect its role. It is good practice to review terms of reference annually and they should be reviewed immediately if any changes to the membership or role of the Committee emerge.

- Respondents generally considered the Committee to be effective in its conduct of business, however there was a split in opinion regarding whether the Committee has set itself a series of objectives it wants to achieve, and whether it has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business. These are areas on which the Committee may wish to focus in order to improve its effectiveness.
- Respondents felt that the Committee is managing declarations of interest very well.
- 100% of respondents felt that Committee papers are of high quality and distributed in a timely manner, and that minutes are very accurate.
- Respondents felt that the Chair of the Committee is effective in their role. The Chair will wish to reflect on the positive feedback on what the Chair does well, and what advice respondents would give to the Chair to improve their performance.
- There was a positive response to questions on Committee relationships from respondents, which reflects a positive culture within the Committee.

Mrs Pederson requested that the Executive Committee consider the analysis of the survey and agree any action points to improve committee effectiveness going forward.

Mrs Pederson suggested that it may be timely to review the Terms of Reference of the committee and how improvements may be made in setting objectives. Mrs Pederson also suggested timing the agendas in future.

Mrs Pederson proposed that a practical Senior Management Team (SMT) Organisational Development (OD) session with Mrs Chris Bain to look at forward planning and the planning cycle of operational issues could be of benefit and requested that Mrs Devanney contact Mrs Bain to discuss further. It was also agreed that Senior Management Team members need to review diary commitments to ensure resources are focussed effectively an exercise is to be undertaken to assess meetings that the team attends with a view to refocusing and rationalisation. Mrs Devanney to work with Mrs Satterthwaite to action.

The Executive Committee agreed that, following Mrs Devanney’s conversation with Mrs Bain, a SMT OD session be arranged, that timed agendas be introduced and that the effectiveness of the committee be reviewed in six months.
6. **Urgent and Emergency Care Model**

Mr Taylor joined the meeting at this point.

Mrs Leighton attended the meeting to present the diagram which outlined details of the Urgent and Emergency Care (UEC) model and highlighted the following points:

- The diagram demonstrates the national perspective
- The new specification has been released on how NHS 111 will operate. New targets have been set within it.
- It will be necessary to extend access to primary care by March 2019 with more bookable appointments being made available. A stepped funding package will be available from Quarter 1 next year.
- There will be a drive to combine NHS 111 with integrated services. Out of hours (OOH) telephone numbers will not be supported. A pilot to book appointments through NHS 111 to the Doncaster Urgent Care Centre (UCC) is to be launched imminently. It is expected that at some point in the future, Doncaster practices will be asked to dispense with OOH telephone numbers and route through NHS 111.
- NHS 111 is investigating scope with local clinicians as currently Multi-Disciplinary Teams (MDTs) are not available for clinical advice and treatment. It has been agreed across South Yorkshire to work locally with GPs and ambulance services.

Mr Russell queried if capacity at NHS 111 will be an issue. Mrs Leighton stated that the local clinical advice/treatment centre will be FCMS and Single Point of Access (SPA). Doncaster is fortunate to have a Same Day Health Centre (SDHC), the only one in the area. Mr Carpenter queried if NHS 111 only will be promoted going forward. Mrs Leighton confirmed that this will be the case and that a national campaign to promote NHS 111 may commence after Christmas. Mrs Pederson advised that we start to include NHS 111 details in literature.

Mrs Leighton confirmed that NHS 111 must be commissioned online from December 2017. There are a number of products available all offering something different however not all are free. Until evaluations are completed, we cannot say what we would want to commission.

The Executive Committee agreed that it would be beneficial to hold an in-depth discussion at a future Strategy & Organisational Development Forum meeting to ensure Governing Body members are aware of the future direction of travel and the requirements that will be placed on the CCG.

7. **Highlight and Exception Report**
Urgent Care Delivery Plan

- Generally we are ‘on track’ with actions however finance remains a concern as we are reliant on 20% streaming. Work has been undertaken on delayed discharges. There is a gap in the Delivery Plan in respect of paediatric avoiding hospital admissions and the commissioning service plan to age 18 years.

- System Perfect has been validated. A pathways meeting is being held to discuss how support may be given to staff at the Front Door Assessment and Signposting Service. Mr Tom Haywood from the Yorkshire Ambulance Service (YAS) will be working with NHS Doncaster CCG for 2 days per week looking at pathways which may be rolled out with paramedics. He has previously worked with Mrs Debbie Aitchison on the Rapid Response model.

- There has been work undertaken on diverting attendance at A&E and the UCC for those patients under 18 years and for those over 75 years. However a gap has been identified for those patients aged 18 to 75 years. Good work has been noted in other areas, particularly Nottingham to address this and it could prove beneficial to investigate this further. Mrs Pederson suggested that a future Strategy & Organisational development Forum could be used to discuss self-care.

Care Home Implementation Delivery Plan

- A Care Home Implementation Steering Group has been established which is attended by Mrs Karen Tooley.

- Recent data indicates that emergency admissions from care homes into A&E are reducing. There are services available which care homes are able to access to avoid hospital admissions and Rapid Response could replace this in the future as a more simplified and streamlined option. Work is being undertaken to see how this could be implemented.

- Work is being undertaken to gain an understanding of the contracts held with care homes.

The Executive Committee noted the update.

8. Finance Update

Mrs Tingle reported that NHS Doncaster CCG is forecasting to achieve all of its financial targets for 2017/2018 at this early stage in the year however finance remains a concern due to the over-performance at DBTHFT, the under delivery of Quality Innovation Productivity and Performance (QIPP) and winter pressures. Other CCGs in South Yorkshire are in a similar position.

We are likely to breakeven in respect of Prescribing. Optimise RX is showing progress however a more detailed update is
required for discussion at a future Executive Committee meeting.

The Executive Committee noted the update.

9. **Policies for approval**

Mrs Devanney presented the employment policies that have been reviewed as part of the policy review schedule which also reflected the new structure and highlighted the amendments that have been made as follows:

**Disciplinary Policy**
- To preclude the use of audio recording.
- To enable a warning to be issued outside of a disciplinary hearing.

**Expenses Policy**
- To prevent the booking of open train tickets unless exceptional circumstances apply.
- To ensure employees meet the cost of upgrading transport costs if through personal choice.

**Flexible Working Policy**
- To ensure hours worked outside of normal flexi time hours of 8am and 6pm are not accrued routinely.

**Management of Change, Redundancy and Pay Protection Policy**
- To clarify pay protection arrangements.

**Managing Performance Policy**
- To reflect the new structure.

**Sickness Absence Policy**
- To include procedure for managing sickness absence for individuals with underlying health conditions.

**Exit Appraisal Policy**
- To reflect new structure.

**Domestic Violence and Abuse Policy**
- To reflect new structure.

**Grading Review Policy**
- To reflect new structure.

**Grievance Policy**
- To reflect new structure.

**Harassment and Bullying Policy**
- To include reference to the Employee Assistance Programme
Hours of Work Policy
• To include on call arrangements

Management of Work related Stress Policy
• To reflect new structure.

Mrs Devanney requested that the Executive Committee approve the policy revisions.

It was clarified that 5 days annual leave may be taken forward to the next annual leave year in exceptional circumstances.

The Executive Committee approved the revision of the policies.

10. Executive Committee Action Log

Mrs Satterthwaite presented an example of an Action Log for approval by the Executive Committee. The Log included two sections; all actions from meetings will be recorded within the ‘live’ section then upon completion moved to ‘completed’.

The Executive Committee approved the Action Log and suggested that it be used for all meetings within the CCG. Mrs Satterthwaite agreed to take it to the next Administration Team meeting.

Mrs Satterthwaite

11. QIPP/Performance

An Executive Team to Executive Team meeting is to be scheduled with DBTHFT to discuss performance and financial matters.

Mrs Satterthwaite

12. Public Announcements

There was nothing to discuss. The Executive Committee agreed that this item be removed from future agendas.

Mrs Satterthwaite

13. Bring Forward Agenda

The Committee to recommend the following on the Forward Planner to Governing Body:

Strategy & Organisational Development Forum

October
• Customer Insight Work
• ACS Commissioning for Outcomes
November
• 360° Stakeholder Survey
• Urgent Care Model
• GP Event – January 2018

December
• Finance responsibilities
• Future System Vision

January
• Quality Leadership assessment
• Health Optimisation

Governing Body

October
• Assurance Framework
• Local Commissioning Agreement
• Winter planning

November
• Corporate Assurance report

December
• Reconfiguration of Hyper Acute Stroke Services – Decision feedback from JCCCG meeting.

January
• Assurance Framework

February
• Corporate Assurance report

March
• Review of Standing Orders

April
• Assurance Framework
• 360° Stakeholder review

May
• Corporate Assurance report
• Extra-ordinary Governing Body

July – September
• Assurance Framework
• AGM

August
• Corporate Assurance report
14. **Items to Note/Receipt of Minutes**

The Executive Committee noted the receipt of the following minutes:

- System Resilience Group – Draft minutes from the meeting held on 24 August 2017.

15. **Any Other Business**

**Communications Team**

Mr Carpenter advised the Committee that the CCG Communications Apprentice had been offered a position with the Local Authority for a period of 6 months and would be leaving NHS Doncaster CCG shortly.

**NHS Doncaster CCG Christmas Party**

Mrs Pederson informed the Committee of a proposal to hold an ‘awards’ session at the NHS Doncaster CCG Christmas Party on 2 December 2017. This will be discussed further at the next Colleague Engagement Group meeting.

16. **Date and Time of Next Meeting**

Wednesday 1 November 2017 at 9am, Dr Crichton’s Office, Sovereign House
South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of

8 September 2017

The Boardroom, 722 Prince of Wales Road

**Decision Summary**

<table>
<thead>
<tr>
<th>Minute reference</th>
<th>Item</th>
<th>Action</th>
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<tbody>
<tr>
<td>88/17</td>
<td>National update</td>
<td>(a) that a mechanism would be put in place to provide updates on the national workstreams for the ACS (WCG)</td>
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<tr>
<td>89/17</td>
<td>Hospital Services Review</td>
<td>(a) that a discussion would take place outside of the session on the Hospital Services Review (HSR) public engagement event that took place in August 2017 (MR/HS/AN)</td>
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<tr>
<td></td>
<td></td>
<td>(b) that a clear definition of the five specialties for CPB would be developed as part of the paper for the HSR Steering Board (AN)</td>
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<td></td>
<td></td>
<td>(c) that the work must be put in context of all other services, linking to the fourth objective of the HSR (AN)</td>
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<td>(d) that the section 1a report would record all governance clearly (AN)</td>
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<tr>
<td>91/17</td>
<td>Communications and engagement strategy</td>
<td>(a) that a meeting would be established of all communications directors across the patch, attended and supported by CEOs to work through resources to deliver the strategy (HS)</td>
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<td>92/17</td>
<td>Workstream Charters</td>
<td>(a) that all provide comments on charters and the workforce strategy presented to Marianna Hargeaves in the ACS team (ALL)</td>
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<td>93/17</td>
<td>Finance update</td>
<td>(a) that the Directors of Finance develop 3-5 key areas to accelerate the transformation programme for 18/19 finances across the system to bring about the largest savings, to be produced on three tiers: by organisation, place and system level (JC)</td>
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<tr>
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<td>94/17</td>
<td>Cancer 62 day recovering and assurance</td>
<td>(a) that all confirmed each place would work to the agreed inter-provider transfer policy to ensure the ACS would meet the 62 day recovery target (ALL)</td>
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<td>96/17</td>
<td>Primary Care workforce</td>
<td>(a) that a business case would be presented in conjunction with the Primary Care Steering board around resources required to support the findings of the SYB Primary Care Workforce Group</td>
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South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of

8 September 2017

The Boardroom, 722 Prince of Wales Road

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<tr>
<th>Name</th>
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<th>Designation</th>
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<td>Sir Andrew Cash</td>
<td>South Yorkshire and Bassetlaw ACS</td>
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<td>Adrian England</td>
<td>Healthwatch Barnsley</td>
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<td>Ben Jackson</td>
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<td>Chris Edwards</td>
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<td>John Mothersole CEO</td>
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<td>Fiona Goudie</td>
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<td>Frances Cunning</td>
<td>Yorkshire &amp; the Humber PHE Centre</td>
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<td>Idris Griffiths</td>
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<tr>
<td>Jackie Pederson</td>
<td>NHS Doncaster Clinical Commissioning Group</td>
<td>Accountable Officer</td>
<td>✓</td>
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<tr>
<td>Janette Watkins</td>
<td>Working Together Partnership Vanguard</td>
<td>Director</td>
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<tr>
<td>Janet Wheatley</td>
<td>Voluntary Action Rotherham</td>
<td>Chief Executive</td>
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<tr>
<td>Jeremy Cook</td>
<td>South Yorkshire and Bassetlaw ACS</td>
<td>Interim Director of Finance</td>
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<tr>
<td>John Mothersole</td>
<td>Sheffield City Council</td>
<td>Chief Executive</td>
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<tr>
<td>John Somers</td>
<td>Sheffield Children’s Hospital NHS Foundation Trust</td>
<td>Chief Executive</td>
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<tr>
<td>Jo Miller</td>
<td>Doncaster Metropolitan Borough Council</td>
<td>Chief Executive</td>
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<tr>
<td>Julia Burrows</td>
<td>Barnsley Council</td>
<td>Director of Public Health</td>
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<tr>
<td>Kate Woods</td>
<td>SYB ACS</td>
<td>Project Management Office, Project Manager</td>
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<tr>
<td>Kathryn Singh</td>
<td>Rotherham, Doncaster and South Humber NHS FT</td>
<td>Chief Executive</td>
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<td>Kevan Taylor</td>
<td>Sheffield Health and Social Care NHS FT</td>
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<tr>
<td>Lesley Smith</td>
<td>NHS Barnsley Clinical Commissioning Group</td>
<td>SYB ACS System Reform Lead, Chief Officer, NHS Barnsley CCG</td>
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<td>Louise Barnett</td>
<td>The Rotherham NHS Foundation Trust</td>
<td>Chief Executive</td>
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<tr>
<td>Mark Janvier</td>
<td>NHS England</td>
<td>Head of Operations and Delivery</td>
<td>✓</td>
<td>Alison Knowles</td>
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<tr>
<td>Maddy Ruff</td>
<td>NHS Sheffield Clinical Commissioning Group</td>
<td>Accountable Officer</td>
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<tr>
<td>Matthew Groom</td>
<td>NHS England Specialised Commissioning</td>
<td>Assistant Director</td>
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<tr>
<td>Matthew Robinson</td>
<td>Health Education England</td>
<td>NHS Graduate Management Training Scheme Trainee</td>
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<tr>
<td>Matthew Sandford</td>
<td>Yorkshire Ambulance Service NHS Trust</td>
<td>Associate Director of Planning &amp; Dev</td>
<td>✓</td>
<td>Rod Barnes</td>
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<tr>
<td>Mike Curtis</td>
<td>Health Education England</td>
<td>Local Director</td>
<td>✓</td>
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<tr>
<td>Neil Taylor</td>
<td>Bassetlaw District Council</td>
<td>Chief Executive</td>
<td>✓</td>
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<tr>
<td>Paul Moffat</td>
<td>Doncaster Children’s Services Trust</td>
<td>Director of Performance, Quality and Innovation</td>
<td>✓</td>
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<tr>
<td>Paul Smeeton</td>
<td>Nottinghamshire Healthcare NHS Foundation Trust</td>
<td>Chief Operating Executive</td>
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<tr>
<td>Richard Henderson</td>
<td>East Midlands Ambulance Service NHS Trust</td>
<td>Chief Executive</td>
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<tr>
<td>Richard Jenkins</td>
<td>Barnsley Hospital NHS Foundation Trust</td>
<td>Chief Executive</td>
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<tr>
<td>Richard Parker</td>
<td>Doncaster and Bassetlaw Teaching Hospitals NHS FT</td>
<td>Chief Executive</td>
<td>✓</td>
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<tr>
<td>Richard Stubbs</td>
<td>The Yorkshire and Humber Academic</td>
<td>Acting Chief Executive</td>
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Welcome and introductions

The Chair welcomed members to the meeting. It was noted that a strong structure was now in place for collaborative working for the population of South Yorkshire and Bassetlaw (SYB). The vision of the Accountable Care System (ACS) was reiterated as:

- To deliver the best health and care system in the country
- To deliver the social determinants of health for the population that the ACS serves

The ACS would now move into phase 2. A dashboard would be presented to the ACS Executive Steering Group and implemented by the October CPB meeting, developing an understanding of how this translated in terms of delivery within each ACP. Cancer would be a priority (62 day delivery), as would finances and the key transformation projects (an opening draft of key 3 priorities would be presented at coming CPBs). AJC raised the need for clear leadership arrangements and set of behaviours to enable the system to help with potential issues through collaboration. Finally, the ACS must sign off the national MOU by 18th September.

Apologies for absence

AJC noted apologies for absence.

Minutes of the previous meeting held 14th July 2017

The minutes of the previous meeting were agreed as a true record.
<table>
<thead>
<tr>
<th>87/17</th>
<th>Matters arising</th>
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<tr>
<td><strong>ACS Memorandum understanding (MOU) 75/17</strong></td>
<td>It was reported that two meetings had taken place with the SYB Health and Wellbeing Board Chairs. A joint statement would be produced to be used for responses around the MOU, supporting the direction of travel. A further meeting would take place with AJC on place plans. A meeting was also held with Clinical Commissioning Group (CCG) Chief Officers, identifying a number of areas they are working on at place level that they wish to collaborate on and share learning.</td>
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<td>All other items would be picked up as part of the agenda.</td>
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<tr>
<th>88/17</th>
<th>National Update</th>
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<td><strong>ACS Development Day</strong></td>
<td>A national event took place on 19th July formally launching 44 Sustainability and Transformation Partnerships. AJC updated all on the session which was set out in three parts:</td>
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<td>• An STP launch, attended by leaders and the media – introducing the scoring system and the 8 advanced ACSs</td>
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<td>• A session of the 8 leading ACSs private session with Jeremy Hunt and other leaders. This included a question and answer session</td>
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<td>• A discussion around national workstreams</td>
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<td>WCG would ensure a mechanism was put in place to provide updates on the national workstreams.</td>
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<td>Development days would take place each quarter.</td>
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<td><strong>National MOU</strong></td>
<td>All had signed up to the direction of travel. Finances and delivery would be crucial for the ACS. SK advised that correspondence would be received around this from the Local Authorities. WCG asked the group to note the link with the regulators. This was clear in the national MOU in terms of how the ACS lead would engage with NHS England and NHS Improvement (NHSE/NHSI) and the detail of this work would be addressed over the next six months. The scorecard for the system that would be implemented from quarter 3 onwards. Some improvement was required on this for the ACS. This would be worked on as a system.</td>
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<tr>
<th>89/17</th>
<th>Hospital Services Review</th>
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<td>A presentation was delivered on progress of the review.</td>
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<td>The group was reminded of the objectives of the review, noting the work would:</td>
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<td>• Define and agree a set of criteria for what constitutes ‘Sustainable Hospital Services’ for each Place and for South and Mid Yorkshire, North Derbyshire and Bassetlaw.</td>
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<td>• Identify any services (or parts of services) that are</td>
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unsustainable, short, medium and long-term including tertiary services delivered within and beyond the ACS
• Put forward future service delivery model or models which will deliver sustainable hospital services
• Consider how local services can continue to be provided for the whole population of South Yorkshire and Bassetlaw in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and emergent models of sustainable service provision

A request was made for a steer from the CPB on:

• Whether the Partnership Board was content to agree the proposed approach to reviewing services.
• Whether the Partnership Board was content with the approach that the review will take over the next 2 months.

The group was invited to comment.

For clarity, the group was advised that the ACS Oversight and Assurance Group would oversee the process.

Regarding maternity, CE advised that the Better Births guidance had stipulated that maternity services needed transforming. The current offer in SYB was focused on consultant led services. This was happening in parallel to the HSR. Regarding the acute paediatrics work, maternity must be addressed at the same time.

A comment was noted around the process and how decisions were made around the 20 services. It is crucial that the messages for the public need to be clear and transparent. Regarding the message for the services not included, it was confirmed that this needed to be clear and transparent also. This was agreed.

A comment was made around the emphasis of this work. It had been understood that the work was to address what was currently not sustainable and felt that the review had moved towards implementing new guidance.

A request was made that checks be done to ensure the CQC guidance was correct.

Regarding process and transparency, AN confirmed that the interdependencies between maternity and acute paediatrics in conjunction meant they would need to be addressed together. The workstream must be fully open and transparent as to why this was the case.

The CPB was updated on the next steps.

Regarding stroke and the review of the Hyper Acute Stroke Units, a comment was made that the decision process around this should not be delayed while the HSR work was taking place.

Some concerns raised at the NHS Sheffield governing body meeting around the public engagement session held in August 2017 would be picked up outside of the session.

A NORRISH, M RUFF, H STEVENS
Regarding Urgent and Emergency Care, a comment was made that the review needed to clearly describe how a member of the public would access the service they require.

A comment was made around the importance of a consistent assessment across the patch.

A comment was made that there were workforce challenges around maternity and acute however there were also gaps in other services.

A discussion took place around the fourth objective of the HSR, and a comment made that this required further consideration setting in context of local place system and the wider ACS. Need to consider strategically and then the challenge of configuring a system that meets the needs across the patch.

AJC summarised the discussion:

- A clear definition of the five specialties for CPB would be developed as part of the paper for the HSR Steering Board
- Maternity was included due to Better Births report, CQC issues and links to the acutely ill child work, and the governance trails around this and the stroke work needed to be coherent and clear
- This work referred to planned, specialised and lifetime condition services which were urgent services and therefore must be put in context of all other services, linking to the fourth objective of the HSR
- The section 1a report would record all governance clearly

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<th>90/17</th>
<th>Oversight and Integrated Operational Report</th>
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<td>The CPB noted that work was underway to develop metrics and a dashboard to align with a national oversight streamlining piece of work. At the ACS Executive Steering Group this would be presented in detail. In response to a query, work was happening to break this down to place level. The ACS and CPB would receive a single operational report.</td>
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<td>A comment was made in relation to real time metrics and some refinement would be required on the report.</td>
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<td>Discussions would take outside the meeting around UEC and workforce metrics.</td>
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<td>A query was made around collaboration of staff across the system in response to an urgent workforce issue, AJC confirmed that the business rules needed further clarification.</td>
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<th>91/17</th>
<th>Communications and Engagement Strategy</th>
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<td>HS highlighted that the majority of comments and feedback received regarding the HSR engagement event held at the source indicated that this had been a robust and informative event. All comments and feedback would be considered.</td>
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<td>Regarding the ACS Strategy, the plan for the forthcoming 6-9 months</td>
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and the HSR plan was presented to the group. All were asked to note the resource implication put forward due to the work involved to engage staff, clinicians and the public. All were asked to consider how much of the current resource in the system could be put forward to assist. The importance of this was emphasised by AJC and by LS.

A comment was made that discussion could take place at place level to integrate core communications services.

After discussion, it was agreed that a meeting would be established of all communications directors across the patch, attending and supported by CEOs to work through this.

92/17 Workstream Charters

Charters were circulated to all on the key areas highlighted, building on the original cases for change. The documents presented detail of the delivery plans focused on activity, capturing aims, objectives, benefits and outcomes. The key three priorities of each workstream were being developed. Comments were welcomed over the coming weeks. A second tranche of Charters would be circulated for the next CPB.

On 19th September, the top three priorities for Urgent and Emergency Care, Mental Health and Learning Disabilities and Elective and Diagnostics workstreams would be presented. Some focused time would be given to these at the October CPB.

The group was asked to note the links to local and national MOUs. It was important to connect good work locally with improvement delivery and metrics.

The reports were available on the ACS extranet for viewing. Comments on the documents should be directed to Marianna Hargreaves in the ACS team.

The group was asked to note a different approach to workforce; with a strategy developed in place of a charter. Comments and feedback on this were welcomed also.

It was noted that the ACS would be as transparent as possible and therefore a plain English versions of the charts would be drawn up in due course.

93/17 Finance update

JC updated all on key finance developments and the group was invited to comment.

Regarding the 18/19 position it was requested that the Directors of Finance develop 3-5 key areas to accelerate the transformation programme for finances across the system to bring about the largest savings. This was agreed would be produced on three tiers, by organisation, place and system level.

A comment was made around the benefits of modelling and addressing CIP and QIPP plans in collaboration.
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<tr>
<th>A comment was made around ensuring the ACS had a clear and defined set of criteria around transformation funding and how this would be weighted. It was agreed that business rules would be developed for this and discussed at the next available CPB meeting.</th>
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<tr>
<td>JEREMY COOK</td>
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<td>A comment was made on how local place plans were being reviewed within the criteria for funding. Clarity on this was welcomed. LAs should be collaborated with in partnership to this.</td>
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<td>The CPB noted that a pot of money would be available for digital IT and this was being worked on.</td>
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<td>94/17 SCR/STP health led IPS employment service</td>
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<tr>
<td>Fiona Goudie updated the CPB members, noting that a bid had been successful for £5-6m funding into the Sheffield City Region for a health led employment service to support people with mild mental health and musculo-skeletal problems to get into work. The trial procurement process was out to market. It was noted that this would not be the IAPT workforce.</td>
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<td>A joint board between the ACS and the combined authority to oversee this work would be established.</td>
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<td>There would be an opportunity to bid for national transformation money to deliver support and information for people with complex and serious mental illness. It was noted that leading ACSs would bid from quarter 4 for this on ACS footprint, collaborating with LAs.</td>
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<tr>
<td>RS highlighted a Doncaster bid for funding to support the drug and alcohol service.</td>
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<td>Members noted the update.</td>
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<td>95/17 Cancer 62 day recovering and assurance</td>
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<td>The group, noting the ACS vision to be the best delivery system in country, confirmed that all places would work to the agreed inter-provider transfer policy. This would help to ensure the ACS would meet the 62 day recovery target.</td>
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<td>Each organisation was asked to consider representation at the Cancer Alliance Board and confirm to LS if wish to amend.</td>
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<td>96/17 Primary Care workforce</td>
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<td>A presentation was delivered on the work of the primary care workforce group.</td>
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<td>The CPB noted the next steps for success:</td>
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<td>- Primary Care Programme Board to adopt and operationalize the proposal, monitor and report on progress, support coordinated activity across the region</td>
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<td>- Other ACP workstreams to describe impact on primary care</td>
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workforce of planned changes
- Greater understanding of how ‘new models of primary care workforce will impact on services

In response to a query around the GP transformation recommendation from the primary care workforce to the system it was advised that change was required at practice level. Discussions were happening around this.

A comment was made that this was core to ensuring the success of the ACS agenda. A five year programme would be required. A business case would be presented in conjunction with the PC Steering board around resources required to support this work.

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<tr>
<th>97/17</th>
<th>Date and Time of Next Meeting</th>
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<tr>
<td></td>
<td>The next meeting will take place on 13th October 2017 at 9.30am to 11.30am in Birch/Elm Room at Oak House, Rotherham.</td>
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Verbal

Item 15

Any Other Business
Item 16

Date & Time of Next Meeting

Thursday 21 December 2017 at 1pm in the Boardroom, Sovereign House, Heavens Walk, Doncaster, DN4 5HZ