

## Board of Directors Public AGENDA

**Date:** Friday 04 November 2022  
**Time:** 0900hrs – 1200noon  
**Venue:** Virtual

<i>Time</i>	<i>Item no.</i>			<i>Page</i>	<i>Required Actions</i>	<i>Lead</i>
<b>Procedural Items</b>						
0900	P153/22	Chairman's welcome and apologies for absence	Verbal	-	For information	Martin Havenhand, Chairman
	P154/22	Quoracy Check	Verbal	-	For assurance	Martin Havenhand, Chairman
	P155/22	Declaration of conflicts of interest	Verbal	-	For assurance	Martin Havenhand, Chairman
	P156/22	Minutes of the previous meeting held on 09 September 2022	Enc.	3	For decision	Martin Havenhand, Chairman
	P157/22	Matters arising from the previous minutes (not covered elsewhere on the agenda)	Verbal	-	For assurance	Martin Havenhand, Chairman
	P158/22	Action Log	Enc.	18	For assurance	Martin Havenhand, Chairman
<b>Overview and Context</b>						
0905	P159/22	Report from the Chairman	Enc.	19	For information	Martin Havenhand, Chairman
0910	P160/22	Report from the Chief Executive	Enc.	24	For information	Dr Richard Jenkins, Chief Executive
<b>Culture</b>						
0915	P161/22	<b>Patient</b> Story	Verbal.	-	For information	Helen Dobson Chief Nurse
<b>System Working</b>						
0925	P162/22	National, Integrated Care Board and Integrated Care Partnership Report	Enc.	69	For information	Michael Wright, Deputy Chief Executive
<b>Strategy</b>						
0935	P163/22	Strategy Update	Video & Enc.	76	For assurance	Michael Wright, Deputy Chief Executive Louise Tuckett, Director of Strategy, Planning and Performance
0950	P164/22	Operational Plan 2022/23 Month 6 Review Report	Enc.	86	For assurance	Michael Wright, Deputy Chief Executive

<b>Assurance</b>						
1005	P165/22	Care Quality Commission i. Assurance Report	Enc.	111	For assurance	Helen Dobson, Chief Nurse
		ii. Our Journey to Good	Enc.	118	For information	
1020	P166/22	Monthly Integrated Performance Report	Enc.	130	For assurance	Sally Kilgariff, Chief Operating Officer
1030	<b>Break</b>					
1040	P167/22	Winter Plan	Enc.	152	For assurance	Sally Kilgariff, Chief Operating Officer
1050	P168/22	Finance Report	Enc.	203	For assurance	Steve Hackett, Director of Finance
1100	P169/22	Maternity Safety including Ockenden monthly report	Enc.	212	For assurance	Helen Dobson, Chief Nurse
1110	P170/22	Board Committees Chairs Assurance Logs	Enc.		For assurance	Committee Chairs and Lead Executives
		i. Finance and Performance Committee		226		
		ii. Quality Committee		229		
		iii. Audit Committee		232		
iv. People Committee	236					
<b>Regulatory Compliance Risk and Assurance</b>						
1125	P171/22	i. Risk Appetite Statement	Enc.	238	For decision	Angela Wendzicha, Director of Corporate Affairs
		ii. Board Assurance Framework	Enc.	244	For decision	
<b>Governance</b>						
1145	P172/22	Corporate Governance Report	Enc.	268	For assurance	Angela Wendzicha, Director of Corporate Affairs
<b>For information</b>						
	P173/22	Review of Annual Board Planner	Enc.	271	For assurance	Martin Havenhand, Chairman
	P174/22	Any other business	-	-	For noting	Martin Havenhand, Chairman
	P175/22	Date of next meeting: Friday, 06 January 2023	-	-	For noting	Martin Havenhand, Chairman
Close of meeting.						

In accordance with §152(4) of the Health and Social Care Act, 2012, a copy of this agenda has been provided to Governors prior to the Board Meeting

**MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING HELD ON FRIDAY, 09 SEPTEMBER 2022 IN THE BOARDROOM, LEVEL D**

**Present:** Mr M Havenhand, Chairman  
Miss N Bancroft, Non-Executive Director  
Mrs H Craven, Non-Executive Director  
Mrs H Dobson, Chief Nurse  
Dr C Gardner, Executive Medical Director  
Mr S Hackett, Director of Finance  
Ms L Hagger, Non-Executive Director  
Dr R Jenkins, Chief Executive  
Mrs S Kilgariff, Chief Operating Officer  
Mr K Malik, Non-Executive Director  
Mr S Ned, Director of Workforce  
Dr R Shah, Non-Executive Director  
Mr M Smith, Non-Executive Director  
Mr M Wright, Deputy Chief Executive

**In attendance:** Mrs S Douglas, Deputy Medical Director  
Mr I Hinitt, Director of Estates and Facilities  
Mrs S Petty, Head of Midwifery (minute P112/22 only)  
Ms J Roberts, Director of Operations / Deputy Chief Operating Officer  
Miss D Stewart, Corporate Governance Manager (minutes)  
Mrs L Tuckett, Director of Strategy Planning and Performance  
Ms A Wendzicha, Director of Corporate Affairs

**Apologies:** Dr J Bibby, Non-Executive Director  
Mr J Rawlinson, Director of Health Informatics

Observers: 1 member of the public

Prior to formally commencing the meeting, the Chairman confirmed that following the announcement of the passing of Her Majesty, The Queen, there were agreed protocols to be followed by all public organisations. These included continuation of clinical activities, and a cessation of non-essential internal and external communications.

**PROCEDURAL ITEMS**

**P124/22 CHAIRMAN'S WELCOME AND APOLOGIES FOR ABSENCE**

Mr Havenhand welcomed all present with apologies for absence noted.

**P125/22 QUORACY CHECK**

The meeting was confirmed to be quorate.

**P126/22**      **DECLARATIONS OF CONFLICTS OF INTERESTS**

Dr Jenkins' interest in terms of his joint role as Chief Executive of both the Trust and Barnsley Hospital NHS Foundation Trust, was noted.

Mr Ned's interest, in terms of his joint role as Director of Workforce of both the Trust and Barnsley Hospital NHS Foundation Trust, was noted.

Colleagues were asked that, should any further conflicts of interest become apparent during discussions, that they were highlighted.

**P127/22**      **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 08 July 2022 were agreed as a correct record.

**P128/22**      **MATTERS ARISING FROM THE PREVIOUS MEETING**

There were no matters arising from the previous meeting that were not either covered by the action log or agenda items.

Dr Shah sought clarity as to the status of the business case to support quality improvement (minute P111/22 – Quality Improvement Plan), with it agreed that this would be discussed as part of the later Operational Objectives agenda item.

**P129/22**      **ACTION LOG**

The Board of Directors reviewed the action log, agreeing that log number 11 would be closed. The two remaining open actions would be reported to the Board in quarters 3 and 4.

**OVERVIEW AND CONTEXT**

**P130/22**      **REPORT FROM THE CHAIRMAN**

The Board of Directors received and noted, for information, the Chairman's Report.

Mr Havenhand took the opportunity to confirm, as detailed in his report, that following approval by each organisation, Dr Jenkins had been formally appointed as the joint Chief Executive for both the Trust and Barnsley Hospital NHS Foundation Trust. The Board congratulated Dr Jenkins on his appointment, which had been effective from 01 September 2022.

**P131/22**      **REPORT FROM THE CHIEF EXECUTIVE**

The Board of Directors received for information the report from the Chief Executive.

With regards to COVID 19, Dr Jenkins reported that cases continued to fall, with no new concerning variants being highlighted by Public Health. Progressively, and in line with national guidance, precautionary measures



were being stepped down, with the focus now being to live with the virus. It was anticipated that the decrease in cases would afford staff the opportunity to refresh and re-focus on elective recovery.

Having attended the NHS Providers Chairs and Chief Executives network meeting, Dr Jenkins highlighted that the new Secretary of State for Health and Social Care areas of stated focus would be ambulances, access to primary care, the backlog rather than a focus on long waits, cancer and delivery as COVID stabilised.

In response to a comment from Ms Hagger, Dr Jenkins agreed that it would be beneficial for Rotherham to proactively provide topics for inclusion in the 'Update from Gavin Boyle, Chief Executive of South Yorkshire Integrated Care Board' as appended to his report.

The Board of Directors noted the report from the Chief Executive.

**CULTURE**  
**P132/22**

**STAFF STORY**

The Board of Directors welcomed to the meeting Ms Robinson, Service Support Manager for General Surgery, to present the Staff Story on behalf of Lauren, who was not able to join the meeting.

In introducing the staff story, Mrs Tuckett explained that the Trust was participating in the Kickstart Scheme<sup>1</sup> with seven applicants having already been assigned to the Trust since it joined in September 2021. Lauren's Story would be conveyed to the Board by Ms Robinson.

Ms Robinson indicated that Lauren had joined the Trust in September 2021, whilst having a retail background, she wished to undertake a patient facing role and administrative duties. She had been assigned to the General Surgery Division, where she had undertaken a variety of roles and utilised new and unfamiliar systems and processes.

Lauren's work had been exemplary, culminating in her receiving a proud award from the team.

Although Lauren's time at the Trust concluded in March 2022, she had since applied for, and been successful in obtaining a 12 month fixed term appointment as a Medical Secretary, something which she may not have attained without the support of the scheme.

The Chairman wished to extend the Board's congratulations to Lauren on her achievements. The Board further recognised the benefits from the Kickstart Scheme which had supported a local Rotherham resident, under the guidance and mentorship of Mrs Robinson.

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<sup>1</sup> provides funding to employers to create jobs for 16 to 24 year olds on Universal Credit

**P133/22**

## **RESPONSIBLE OFFICER REPORT**

The Board of Directors received the Responsible Officer's Report (quarter one 2022/23) presented by the Medical Director.

Dr Gardner confirmed that at the end of 2021/22 there had been 94% engagement in the process, and in quarter one 28 of the scheduled 30 appraisals had been completed.

The new leadership development programme, for all new Consultants and SAS Doctors, as detailed within the report would be launched in Quarter 3. Dr Gardner explained that whilst initially aimed at new colleagues, it was envisaged that this would be expanded to encompass all medical and dental staff in due course.

It was noted that processes were in place to ensure that as part of the appraisal, and to support reflection, complaints information was available to both the named individual and the Medical Director. Similar processes were in place with regards to serious incidents. However, there was lack of visibility of any serious incidents relating to activities undertaken by the doctor whilst working in the private sector, although working in this sector was declared through the Standards of Business Conduct process.

It was noted that there were five open General Medical Council cases, none of which involved the Trust.

A revised Appraisal Policy was currently being considered through the policy approval route.

The Board of Directors noted the Responsible Officer quarter one report and further noted that Mrs Douglas would assume the role of Responsible Officer from 12 September 2022.

**P134/22**

## **GUARDIAN OF SAFE WORKING REPORT**

The Board of Directors welcomed to the meeting Dr Lynch, Guardian for Safe Working, to present his quarter one report.

Dr Lynch reported that the number of exception reports had compared to previous quarters reduced in quarter one, potentially as a result of reduced COVID absences. However, intensity of work within the Division of Medicine remained high, with new rotas in place from August 2022 for the new intake of junior doctors.

In the quarter, 82 reports had been submitted by 17 doctors relating to hours worked. Five immediate threats to safety had been logged, with feedback having been sought from the trainees concerned. No fines have been issued for persistent hours worked over contractual maxima or for missed breaks.

Actions continued to mitigate the position, which included rota redesign and opportunities to provide feedback through such as the Junior Doctors Forum.

In conclusion, Dr Lynch stated that he considered overall hours worked had been safe.

Mr Wright questioned whether the qualitative examples from exception reports received, with a sample as detailed within the report, should be of concern for the Board. Dr Lynch responded that the perception of what was deemed unsafe may differ across the junior doctors, particularly for those newer colleagues. Similar themes were seen across other Trusts. The work being undertaken by the Trust was leading to improvements in exception reporting and ultimately the care provided to patients.

The Board of Directors noted the Guardian of Safe Working Report.

**P135/22**

### **FREEDOM TO SPEAK UP GUARDIAN REPORT**

The Board of Directors welcomed to the meeting Mr Bennett, Lead Freedom to Speak Up (FTSU) Guardian, to present his report.

Mr Bennett took the opportunity to highlight the key matters detailed in his quarter one report. It was noted that there had been a number of concerns raised by the Stroke Unit staff relating to patient safety and culture, which were being taken forward by the Chief Nurse. Concerns raised during the period from other areas had been signposted to the Human Resources team.

In terms of the Stroke Unit, Mrs Dobson indicated that the matters raised had been concerning, and had resulted in a specific listening event with the team. She indicated that she would be providing a specific report on the matter to a future Board meeting.

**ACTION – Chief Nurse**

Overall compliance rates for mandatory and statutory FTSU training stood at 97.91%, with refresher training having now been agreed at three year intervals. Mr Bennett was of the opinion that Rotherham was leading the way in terms of staff training.

As detailed within the report, 2021/22 national data had been released and had identified that Rotherham had higher reporting rates for Patient Safety and Bullying and Harassment. However, Mr Bennett was not unduly concerned as this reflected a positive reporting culture, and compared to other organisations the Trust logged each contact, where some Trusts may group contacts of a similar theme from the same service or department.

Mrs Tuckett suggested that it would be helpful in order to provide additional assurance for the Board, for the next report to include further breakdown of the national data to fully understand the Trust's position.

**ACTION – Lead Freedom to Speak Up Guardian**

In highlighting the Trust's bullying & harassment data of 44.4% compared to the national position of 32.3%, Dr Shah questioned the actions being taken in this area as the national staff survey would shortly commence. Mr Bennett explained that there were a number of initiatives and mechanisms in place alongside the Speak Up Guardians, such as 'call it out, work it out' and the

safe and sound campaigns for colleagues to raise concerns in this area. Mr Ned added that local resolution at the earliest opportunity would also be key.

In updating the Board on the concerns previously raised by the overseas nurses, Mrs Dobson confirmed support mechanisms were still in place and the position was continuing to be monitored. Additionally, the local system had also established a number of support packages for overseas nurses employed across the region.

The Board of Directors noted the report from the Lead Freedom to Speak Up Guardian.

## **SYSTEM WORKING**

### **P136/22 NATIONAL, INTEGRATED CARE BOARD AND INTEGRATED CARE PARTNERSHIP REPORT**

The Board of Directors received and noted the National, Integrated Care Board (ICB) and Integrated Care Partnership (Place) Report presented by the Deputy Chief Executive.

Mr Wright explained that in addition to the routine update of activities across the ICB, there were a number of Rotherham Place documents appended to his report for consideration and approval by the Board.

With regard to the terms of reference for the Place Board when carrying out ICB Business as a Committee of SY ICB, Mr Wright suggested that the Board may wish to comment on the membership, which did not include the Trust. It may be beneficial to be a member in order to influence the direction of travel.

Having discussed the matter, and noted that the position would be replicated across other Places, the Board agreed that at this time the membership would not be challenged. However, as to the role, responsibilities and accountabilities of the Committee became established, the Trust's may reassess its stance at a later date.

The Board of Directors noted the report, and specifically:

- approved the Terms of reference for the Rotherham Place Board when carrying out Partnership Business;
- noted the Terms of reference for the Rotherham Place Board when carrying out ICB Business as a committee of SY ICB;
- approved the revised Place Agreement, originally entered into by Partner organisations in Rotherham in 2018;
- noted the SY ICB and Place Governance Arrangements Diagram.

## **STRATEGY**

### **P137/22 OPERATIONAL OBJECTIVES 2022/23 REVIEW REPORT**

The Board of Directors received the position against the Operational Objectives 2022/23 presented by the Deputy Chief Executive.

Mr Wright reported that at the end of month 4, nine programmes were rated green (on track) and four rated amber (not on track). The position against each

objective/programme was confirmed to have been discussed by the relevant Board Assurance Committee prior to submission to the Board.

In response to the status update as requested by Dr Shah earlier in the meeting under matters arising, Mrs Dobson confirmed that the position with regards to the business case was as detailed within P1.1 and P1.2 of the report. Progress continued including development of job descriptions, with the post of Head of Quality to be advertised shortly, with the role currently being covered in an interim basis in order to progress planned activities. Additionally, the business case to restructure current quality governance resources and recruitment of two new posts would be considered by the Executive Team.

In relation to P4.2, Ms Hagger and Mrs Craven both questioned the lack of progress with regards to the Divisional leadership development programme, as it would be key in supporting continuous organisational improvement. Dr Jenkins clarified that although a formal leadership development programme had yet to be commissioned, leadership development had continued in other forms. Now that key divisional roles had been established, the draft specification could be finalised and the programme developed.

Mr Havenhand in noting the concerns of members of the Board with regard to the leadership development programme, and in stating the Boards continued commitment to ensuring organisational leaders were appropriately trained, requested that appropriate urgency be given to progressing objective P4.2.

In relation to P3.2 (Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham), Mr Havenhand sought assurance that discussions were being held with partner organisations to ensure sufficient resources were in place to support delivery of this important priority for the Trust. It was confirmed that such discussions were held on a daily and weekly basis, both at an operational level and also by Executive Directors. Dr Jenkins commented that whilst these discussions continued with partners, this did not remove the requirement for continued improvement by the Trust.

On this same matter, Mr Smith sought clarification as to the position with Care Homes, with Mrs Kilgariff confirming that working arrangements with care homes continued to be positive, with the patient pathways proving to be effective.

The Board of Directors noted the report.

## **ASSURANCE**

**P138/22**

## **BOARD COMMITTEES CHAIRS ASSURANCE LOGS**

The Board of Directors received and noted the Chairs logs from the following Board Assurance Committees:

- i. Finance and Performance Committee meetings  
Miss Bancroft highlighted that the Committee had considered the operational priorities, with effective discharge considered as a particular

risk. However, overall delivery of the objectives/priorities aligned to the Committee were considered to improve year on year.

In terms of capital expenditure, the Committee were assured that the Capital Monitoring Group were overseeing delivery of the phased plan.

Significant focus had been given to the year-end financial forecasting and scrutiny of assumptions. The Committee were assured that Divisions were taking accountability for delivery of the requirements.

Delivery of the cost improvement programme, whilst challenging and an area of scrutiny by the Committee, continued to improve. The importance of this programme and delivery of a breakeven position for 2022/23 had been highlighted by the Director of Finance in his presentation to the Committee of a preliminary view of 2023/24.

ii. Quality Committee

Dr Shah highlighted from his report the position within the Urgent and Emergency Care Centre, further supported by a later agenda item for consideration by the Board.

Resuscitation Training Compliance position was noted, with work ongoing to improve the position, including additional training capacity expected in September. The Committee had been assured that there were dedicated resuscitation teams available within key areas. Mr Havenhand expressed concern as to the wording of the report on this matter, as when read by the general public it did not accurately reflect the position. It was requested that it be adjusted.

**ACTION – Director of Corporate Affairs**

With regards to safeguarding training, it was agreed that this would be covered as part of the later Care Quality Commission Report.

The Board noted the Committee's concern regarding the gaps in service provision for Psychology support for cancer patients in addition to Child and Adolescent Mental Health Service (CAMHS) provision for out of hours.

iii. Audit Committee

Mr Malik wished to congratulate the various services which had supported the year end activities of the External Auditor, with feedback having been encouraging.

The Committee considered that its work was increasingly incorporating risk management in its discussions.

iv. People Committee

Mr Smith, as Committee vice Chair, highlighted the significant assurance rating following the Internal Auditor revisiting its review of E-rostering arrangements.

The Division of Urgent and Emergency Care had presented to the Committee, with the service challenges as documented within the



report. In building the Divisional team, it was noted that an interim Head of Nursing was in post pending a substantive appointment.

Mr Ned highlighted that a development session had replaced the scheduled August meeting of the People Committee. The outputs from this session would inform the forward work plan and Committee activities.

## **P139/22**      **CARE QUALITY COMMISSION ASSURANCE REPORT**

The Board of Directors received the Care Quality Commission (CQC) Report presented by the Chief Nurse.

Mrs Dobson explained that the report provided an update against the conditions imposed by the CQC in relation to the Urgent and Emergency Care Centre (UECC). These were:

- Condition 1 – Personalised Care
- Condition 2 – Environment
- Condition 3 - Safeguarding

Mrs Dobson provided an update in terms of UECC training compliance rates which had changed since the time of writing the report. Hand hygiene was now 89%, safeguarding adult level 2 compliance was 95% and safeguarding children level 3 was 93%. As detailed within the report, the position continued to be closely monitored by the divisional senior leadership team.

The Board welcomed the positive progress seen in terms of training and other areas such personal care and completion of mental health risk assessments. It remained important to sustain the position.

Mrs Craven added that a similar comment in terms of sustainability had been raised by the Quality Committee in terms of resuscitation training. However, Mrs Dobson explained that the circumstances had been different as the matter had related to availability of resuscitation trainers, which had now been addressed.

The next CQC Engagement meeting would be held at the end of September 2022, which it was envisaged would be held in person and include visits to services.

The Board of Directors noted the report.

## **P140/22**      **MONTHLY INTEGRATED PERFORMANCE REPORT**

The Board of Directors received the Integrated Performance Report (IPR), which provided an overview of the organisational position and challenges across a number of performance metrics and was to be read in conjunction with other reports presented to the Board.

Dr Gardner took the opportunity to highlight the latest position with regard to mortality, with the Hospital Standardised Mortality Ratio (HMSR) standing at



98.2 placing the Trust within the 'as expected' band. The Summary Hospital level Mortality Indicator (SHMI) stood at 105 and was again within the 'as expected' band. The Board noted the continued sustained improvement in this area.

Dr Jenkins confirmed that the report outlining the background to the four 104 week breaches had been considered by the Finance and Performance Committee and had related to the tracking of patients. The matter had been fully investigated and a strengthened process established.

In light of comments from Board members regarding the areas of performance being monitored through the IPR, Dr Jenkins supported a refresh of the document which would be led by Mrs Tuckett.

**ACTION – Director of Strategy, Planning and Performance**

The Board of Directors noted the Integrated Performance Report.

**P141/22**

**URGENT & EMERGENCY CARE PERFORMANCE INDICATORS**

The Board of Directors received the PowerPoint presentation from the Chief Operating Officer detailing the Urgent and Emergency Care performance indicators.

The presentation detailed the background to the Trust being one of fourteen field test sites, who prior to the pandemic had been piloting the new standards to replace the 4 hour target. It further highlighted areas of performance within Urgent and Emergency Care reported and monitored by the Finance and Performance Committee.

Driving overall performance and improvement would be the Weekly Acute Performance Meeting, supported by the Acute Care Transformation Programme.

Dr Jenkins recommended that the areas against which the Board of Directors should monitor performance in this area should be:

- Time to initial assessment
- 4 hour trolley waits
- 12 hours in department
- Ambulance handover
- 111 call abandonment
- Mean 999 call answering times
- Category 2 ambulance response times
- Average hours lost to ambulance handover delays per day
- Adult general and acute type 1 bed occupancy
- Percentage of beds occupied by patients who no longer meet the criteria to reside

The first four metrics would be monitored by the Weekly Acute Performance meeting, with the final six being metrics against which NHS England and Integrated Care Boards (ICBs) would monitor performance. It was noted that elements of performance were also replicated in the risk register.

The Board of Directors noted the presentation, and agreed as recommended by the Chief Executive the specific areas against which performance would be monitored by the Board.

**P142/22**

**RESET AND RECOVERY OPERATIONAL REPORT (INCLUDING COVID-19 UPDATE)**

The Board of Directors received the Reset and Recovery Operational Report, which included an update on COVID-19, presented by the Chief Operating Officer.

In terms of elective recovery, Mrs Kilgariff indicated that the areas of challenge remained workforce related, particularly within anaesthetics who were instrumental to support recovery. Dr Jenkins further added that recovery would also include the requirement to improve cancer performance levels to those prior to the pandemic.

In response to a question from Ms Hagger, it was confirmed that a series of adjustments had been established to ring fence gynaecological assessment beds.

All recovery options were being considered, with a report to be considered by the Finance and Performance Committee.

The Board of Directors noted the report.

**P143/22**

**FINANCE REPORT**

The Board of Directors received the month four Finance Report presented by the Director of Finance.

Mr Hackett highlighted the following key matters:

- A surplus to plan of £297K in month and £100K year to date;
- A cash position of £29,274K;
- An under-spend of £1,323K for capital expenditure. The programme having been re-profiled, with a number of schemes where possible brought forward from 2023/24.

Year-end forecasting, as indicated as part of the Chairs Log item, had commenced from month three. The initial forecast, which had not been accepted by the Director of Finance nor the Finance and Performance Committee, had been a deficit of £4.1m against the planned £2.7m deficit.

Although there may be options to offset the shortfall, the message from the Finance and Performance Committee to the Executive Team and budget holders had been that the forecast would need to improve. It was reported that the budget holders had acknowledged the requirements.

Mr Hackett indicated that the Trust continued to report externally that it would achieve its financial plan, and at this time he was confident that the Trust would do so.

In terms of the cost improvement targets, whilst it had been acknowledged as a potential risk when the financial plan had been agreed, Mr Havenhand on behalf of the Board expressed that it remained important to drive forward to deliver the targets. If not additional actions would be required in other areas, and approval of new business cases would only continue to increase financial pressures.

The Board of Directors noted the month four finance report and the challenges already been seen in a number of areas which continued to be proactively monitored by the Director of Finance and Finance and Performance Committee.

## **P144/22 MATERNITY SAFETY INCLUDING OCKENDEN MONTHLY REPORT**

The Board of Directors welcomed Mrs Petty, Head of Midwifery, to the meeting to support discussion on this item.

The Board of Directors received the monthly update report on maternity safety introduced by the Chief Nurse, which also included the position against the Ockenden requirements.

Mrs Petty confirmed that the final report from The Regional Ockenden Support Visit held on 25 May 2022 had been received and had been of a positive nature. The areas of recommendations had not been a surprise and had been considered by the Executive Team.

The Ockenden 4 pillars have been applied to the report to provide an update on Maternity Safety, including the Quarter 4 and Quarter 1 Perinatal Mortality Review Tool (PMRT) update. Mrs Petty provided an overview of relevant sections of the report.

The report also detailed the five top themes in relation to learning from incidents in quarter one, with one serious incident having been declared in the same period. Two complaints had been received in July.

In response to a question from Ms Hagger regarding establishment of a maternity led unit, Dr Jenkins indicated that there were benefits and disadvantages of such a unit, therefore careful consideration would be required of all service options to best meet the requirements of Rotherham service users.

Mrs Petty wished to place on record her gratitude to Ms Hagger, who would shortly be leaving the Trust, for her support to the team in her role as maternity safety champion.

The Board of Directors noted the comprehensive monthly report and were assured of the continued positive progress and plans in place.

**REGULATORY COMPLIANCE RISK AND ASSURANCE**  
**P145/22 BOARD ASSURANCE FRAMEWORK**

The Board of Directors received the report detailing the 2022/23 Board Assurance Framework (BAF) quarter two position presented by the Director of Corporate Affairs.

Already having noted during the meeting positive progress being seen to the management of the risks detailed within the BAF, Ms Wendzicha took the opportunity to highlight the proposed changes to the risk scores as a result of discussions held at recent Board Assurance Committees.

The recommended changes were in relation to the following specific BAF risks:

- BAF Risk U4 – reduction of the likelihood score from 3 to 2, with an overall reduction in the score from 12 to 8
- BAF Risk D5 – an increase in the likelihood score from 3 to 4, with an overall increase in the score from 9 to 12

There were no proposed changes to any of the other BAF risks (P1, R2, OP3 and D6)

Miss Bancroft commented that as part of the next cycle of discussion by the Committees it would be important to give consideration to assessing the end of year position, and establish ambitious targets to enable year end delivery.

The Board noted the BAF position and were assured that it was a dynamic document utilised by the organisation. The Board agreed the specific recommendations as detailed relating to amendments to risk scoring.

**P146/22 HEALTH EDUCATION ENGLAND PROVIDER ANNUAL SELF ASSESSMENT 2022**

The Board of Directors received the Health Education England (HEE) Provider Self-assessment for 2022.

Dr Gardner indicated that the annual assessment was supplemented by regular meetings and discussions with HEE, who considered the Trust to be an effective provider of education.

The Board of Directors approved the self-assessment submission to Health Education England required by 30 September 2022.

**GOVERNANCE**

**P147/22 CORPORATE GOVERNANCE REPORT**

The Board of Directors received, for information, the Corporate Governance Report from the Director of Corporate Affairs.

Ms Wendzicha indicated that in light of recent ministerial appointments to the Department of Health and Social Care since the time the report was written,

the next report would provide the confirmed appointments since the cabinet reshuffle.

In relation to the Annual Report and Accounts 2021/22, it was confirmed that following completion of the work of the External Auditors they had been submitted for laying before Parliament.

The Board of Directors noted the report.

**P148/22      STANDARDS OF BUSINESS CONDUCT POLICY**

The Board of Directors received and approved the revised Standards of Business Conduct Policy, as recommended by the Audit Committee.

**P149/22      REGISTER OF INTEREST: BI-ANNUAL REVIEW**

The Board of Directors received and noted the bi-annual review of the register of interest for the Board.

**P150/22      ESCALATIONS TO THE TRUST BOARD OF DIRECTORS FROM THE COUNCIL OF GOVERNORS**

There were no escalations to the Board from the Council of Governors meeting held on 17 August 2022.

**FOR INFORMATION**

**P151/22      REVIEW OF BOARD ANNUAL PLANNER**

It was noted that the revised Board annual planner would be circulated in due course.

**P152/22      ANY OTHER BUSINESS**

**i.      Board Committee Membership**

The Board of Directors noted the amendment to the Board Committee Membership, appended to the Chairman's Report in relation to the Chief Executive being an attendee, rather than a member, of the Nomination and Remuneration Committee.

**ii.      Medical Director**

This would be the last Board meeting for Dr Gardner, who would be leaving the Trust to take up a new role. The Board thanked Dr Gardner for his commitment to the organisation, and the improvements achieved during his time in office. The Board wished him every success in his new role.

**iii.      Non- Executive Directors**

This would also be the last meeting for both Ms Hagger and Mr Smith, whose terms of office would conclude at the end of September.

Both were thanked for their contributions to the Board and the areas of improvement they had overseen. The Board's best wishes were extended to both Ms Hagger and Mr Smith.

**P153/22**      **DATE OF NEXT MEETING**

The next meeting of the Board of Directors would be held on Friday, 04 November 2022, commencing at 9am.

The meeting was declared closed.

Martin Havenhand  
Chair

Date

DRAFT

## Board Meeting; Public action log

Log No	Meeting	Report/Agenda title	Minute Ref	Agenda item and Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer(s)	Open /Close
		<b>2021</b>						
41	09-Jul-21	Governance Report	P161/21	Core Trust governing documents requiring review in light of the Health and Care Bill to be documented within Board forward work plan	DoCA	01/04/2022-08/07/22-09/09/22-31/12/22	The forward planner will be updated as and when further ICS guidance is issued. It is anticipated that key governance documents will be revised by end of Q3 beg Q4. Further information included in agenda item P118/22 (July Board meeting). 02.09.22 - Governance documents to be updated by the end of Q3.	Open
		<b>2022</b>						
12	08-Jul-22	Health Inequalities task and finish group	P116/22	Further update on position to be provided to Board	DCEO	Jan-23	02.09.2022 - MW confirmed with JB that the next update to Board will be January 2023.	Open
13	09-Sep-22	Freedom to Speak Up Guardian Q1 report	P135/22	Report to Board on matters raised by Stroke Unit as part of freedom to speak up process.	CN	Jan-23	To be included as an appendix to the next Freedom to Speak Up Guardian report	Open
14	09-Sep-22	Freedom to Speak Up Guardian Q1 report	P135/22	The next report to include a further breakdown of the national data to ascertain the Trust's position.	FTSUG	Jan-23		Open
15	09-Sep-22	Chairs Log - Quality Committee	P138/22ii	Report to be amended in terms of resuscitation	DoCA		On reflection the report reflects the position at the time not withstanding the additional resources now in place	Recommend to close
16	09-Sep-22	IPR	P140/22	Refresh of IPR, with Board colleagues to communicate key areas for inclusion	DoSPP	Feb-23	A refresh of the IPR is underway, with a new IPR due to go live for 2023/24 data. The proposals are planned to form part of the Board Strategic Development session in February, with an interactive training session on the display and interpretation of Board-level data in advance of this.	Open
		Open						
		Recommend to close						
		Complete						



# Board of Directors' Meeting

## 04 November 2022

<b>Agenda item</b>	P159/22
<b>Report</b>	<b>Chairman's Report</b>
<b>Executive Lead</b>	Presenter: Martin Havenhand, Chairman
<b>Link with the BAF</b>	The Chairman's report reflects various elements of the BAF
<b>How does this paper support Trust Values</b>	This report supports the core values of Ambitious and Together through the various updates included relating to improving corporate governance and working collaboratively with key partners
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input type="checkbox"/> <b>For information</b> <input checked="" type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>This report provides a brief update on a number of issues since our September 2022 Board meeting:</p> <ul style="list-style-type: none"> <li>• Non-Executive Director (NED) recruitment</li> <li>• Annual Members Meeting</li> <li>• Strategic Board meeting</li> <li>• Joint Partnership with Barnsley</li> <li>• South Yorkshire and Bassetlaw Acute Federation</li> <li>• Lead NED reports</li> </ul>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This report has not been received elsewhere prior to its presentation to the Board of Directors
<b>Board powers to make this decision</b>	The Trust's Matters Reserved document details that approving the membership and Chairmanship of Board Committees is a matter which it has reserved unto itself.
<b>Who, What and When</b>	Actions required will be led by the relevant Executive or Non-Executive Director.
<b>Recommendations</b>	It is recommended that the Board of Directors notes the report and approves the joint strategic statement as detailed at paragraph 6.1
<b>Appendices</b>	South Yorkshire and Bassetlaw Foundation Trusts Governors Conference agenda

## **1.0 Introduction**

1.1 This report provides an update since the last Board Meeting on 09 September 2022.

## **2.0 Non-Executive Director Recruitment**

2.1 The Trust has undertaken a formal recruitment process to replace departing Non-Executive Directors Lynn Hagger and Michael Smith.

2.2 Interviews were held on 26 September 2022 with a total of eight candidates interviewed.

2.3 The Council of Governors approved the following recommendations from the Governors Nomination Committee:

- i. Dee (Deirdre) Sissons appointed as Non-Executive Director with a start date of 1 October 2022, for a three year term of office.
- ii. Martin Temple appointed as Non-Executive Director with a start date of 1 October 2022, for a three year term of office.
- iii. Zlakha Ahmed be appointed as Associate Non-Executive Director with a start date of 1 October 2022, with a term of 12 months.

## **3.0 Annual Members Meeting**

3.1 The Trust held its Annual Members Meeting virtually on 20 September 2022. The Chairman, Chief Executive and Executive Directors presented the Trust's Annual Report and Accounts for 2021/22. Our external auditor presented their view on the accounts and the Lead Governor commented on the annual performance of the Trust on behalf of the Council of Governors.

3.2 In addition a number of our colleagues shared their personal stories about the challenges of dealing with COVID-19. It was also an opportunity for our Interim Chief Executive to highlight the key priorities for 2022/23.

3.3 To date we have had 150 viewings of the recording and this can still be viewed on the Trust's website.

[https://www.therotherhamft.nhs.uk/Corporate\\_Governance\\_Information/Corporate\\_committees\\_and\\_meetings/](https://www.therotherhamft.nhs.uk/Corporate_Governance_Information/Corporate_committees_and_meetings/)

## **4.0 Strategic Board Meeting**

4.1 The Board of Directors at their Strategic Board Forum meeting on 7 October 2022 focussed on risk and a review of the Trust's risk appetite and received an update on the Trust's Quality Improvement Programme by the Chief Nurse.

## **5.0 Joint Partnership with Barnsley**

5.1 The first meeting of the Joint Partnership was held on 4<sup>th</sup> October and a joint strategic statement was agreed and recommended for approval by each board:

"The Rotherham NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust have formalised their partnership through the substantive appointment of a Joint Chief Executive, with both trusts committing to build on the close relationship they have formed

in recent years. These last three years have presented some of the biggest challenges that we face as an NHS, but by working together, learning from one another and utilising the complementary strengths of each organisation, we have shown how we can deliver more in partnership.

With the wider systemic challenges likely to continue for some time, this partnership will support sustainability across our services for the people of Barnsley and Rotherham. It will enable us to mitigate some of the key risks we are facing as individual organisations, and offer us opportunities that would not be available to us as single providers. Working together in partnership will also strengthen our voice and influence at system and regional forums, with the two trusts collectively serving a population of over half a million people, and employing more than 8,000 colleagues. It offers opportunities to our colleagues to grow and flourish as part of a larger partnership of trusts, and thus to punch above our individual organisational weights to recruit the best talent. To ensure the success of the partnership, we will build in the notion of 'better together' within our cultures, and encourage our colleagues to identify ways in which they can utilise the partnership to the benefit of their teams, patients and wider communities across Barnsley and Rotherham."

## **6.0 South Yorkshire and Bassetlaw Acute Federation (SY&BAF)**

- 6.1 On 3<sup>rd</sup> October the SY&BAF organised a conference for Governors of all the Foundation Trusts in SY&B. The purpose was to update and brief Governors about the Health and Social Care Act 2022, the establishment of the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP) and the additional duties of Governors to hold their Non Executives to account in respect of collaborative working.
- 6.2 A copy of the agenda for the conference is attached as Appendix 1.
- 6.3 Dr. Richard Jenkins has been appointed as one of the 5 Rotherham Place representatives on the recently established ICP.
- 6.4 On 24<sup>th</sup> October the SY&BAF appointed a substantive Managing Director who will commence their duties in the new year.

## **7.0 Lead Non-Executive Director (Nicola Bancroft)**

- 7.1 Nicola Bancroft attended the Skills Street Business Breakfast Launch at Gulliver's Valley on 16 September 2022 on behalf of the Trust. Skills Street is an innovative and immersive experience developed to inspire and inform children, young people and adults about the world of work and careers. The event was attended by more than 200 business leaders and educators from across South Yorkshire. The ambition is for Skills Street to transform the way the region delivers work related experiences and training for young people, schools, families and educators. Skills Street is a new hands-on approach to developing, growing and honing relevant skills. Construction is expected to begin in 2023 with the aim of opening Skills Street the same year. The project is part of a £20 million investment secured by Rotherham Council to help improve the leisure economy and skills in Rotherham.

## **8.0 Lead Non-Executive Director (Kamran Malik)**

- 8.1 Kamran Malik attended The National Guardian for the NHS-Freedom to Speak (FTSU) Up webinar on 20<sup>th</sup> October 2022. Several Trusts were represented with the common theme being an acknowledgement of the continued importance of the FTSU channel in key areas such as patient safety. Beyond policy and process, the discussion also

focused on the Board's role in setting the appropriate cultural tone and using different sources of information to 'join the dots' to identify underlying themes and not just focus on individual cases.

**Martin Havenhand**  
**Chairman**  
**October 2022**

# South Yorkshire and Bassetlaw Foundation Trusts Governors Conference

## Agenda

**Date:** Monday 3 October 2022

**Time:** 5.00pm – 7.00pm

**Location:** Virtually via Zoom

	Item	Presenter	Time
1	Welcome	Suzy Brain England OBE, Chair of Doncaster and Bassetlaw Teaching Hospitals and chair representative of the NHS Providers Governor Advisory Committee	5.00 – 5.05
2	How does the NHS in England work and how is it changing?	King's Fund video	5.05 – 5.10
3	System Working and the Role of the Governor	Miriam Deakin, Director Policy & Strategy, NHS Providers	5.10 – 5.50
4	Question & Answer Session	Suzy Brain England OBE	5.45 – 6.00
<b>Screen Break (5 min)</b>			
5	Development of Integrated Care within South Yorkshire	Pearse Butler, Chair and Gavin Boyle, Chief Executive, South Yorkshire Integrated Care Board	6.05 – 6.25
6	Acute Federation update	Martin Havenhand, Chair of the Acute Federation and The Rotherham Foundation Trust	6.25 – 6.35
7	Mental Health, Learning Disability and Autism Alliance update	Sarah Jones, Chair of the MHLDA Alliance and Sheffield Children's	6.35 – 6.45
8	Question & Answer Session	Suzy Brain England OBE	6.45 – 6.55
9	Next steps and close		6.55 – 7.00

# Board of Directors' Meeting

## 04 November 2022

<b>Agenda item</b>	P160/22
<b>Report</b>	<b>Chief Executive Report</b>
<b>Executive Lead</b>	Dr Richard Jenkins, Chief Executive
<b>Link with the BAF</b>	The Chief Executive's report reflects various elements of the BAF
<b>How does this paper support Trust Values</b>	The contents of the report have bearing on all three Trust values.
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input type="checkbox"/> <b>For information</b> <input checked="" type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and highlight a number of items of interest including:</p> <ul style="list-style-type: none"> <li>● Covid-19/Recovery</li> <li>● ICS and Rotherham Place</li> <li>● CQC</li> <li>● Staffing</li> </ul> <p>The items are not reported in any order of priority.</p>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This paper reports directly to the Board of Directors.
<b>Board powers to make this decision</b>	No decision is required.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	No action is required.
<b>Recommendations</b>	<p>It is recommended that:</p> <p>The Board note the contents of the report.</p>
<b>Appendices</b>	<ol style="list-style-type: none"> <li>1. Updates from Gavin Boyle, Chief Executive (Designate) SY ICB</li> <li>2. Operating Framework for NHS England</li> </ol>

## **1.0 Activity**

- 1.1 **Activity:** Since my last report, the Trust has seen an increase in the number of Covid-19 positive in-patients with an additional 302 cases between 24<sup>th</sup> August and 21<sup>st</sup> October 2022. Sadly, the Trust has also reported a further 22 deaths in the same period. The number of cases has recently peaked and as at 28 October 2022, has fallen to 25 current inpatients. Covid-19 positive cases in the community had also increased but both are now beginning to decline. We also saw a rise in staff absence during October for Covid-19 related reasons but again, this is also beginning to decline.
- 1.2 The Trust continues to undertake a regular review of its restrictions practice and following the last review, it has announced the re-instatement of the requirement for face masks to be worn in all areas both for members of the public and for staff.
- 1.3 **Recovery:** The work to recover the accumulated long waiting times has slowed in recent months, due in part to the intense site pressures from the non-elective demand and the resulting bed pressures, as well as increased sickness amongst our own staff. These challenges led to the Trust operating at OPEL Level 4 for a number of weeks and declaring an internal incident due to the demand. However, despite the significant operational pressures, the Orthopaedic elective ward was reopened at the end of August and has been able to return to planning for a full theatre timetable from September. There have continued to be medical workforce shortages in particular areas, which has exacerbated the demand and capacity challenge faced.

Recovery plans at specialty level have been agreed for most areas, with actions incorporating elements of increasing core capacity, utilising our existing capacity more efficiently and re-designing pathways and ways of working to better manage the increasing demand. The Trust has eliminated all waits of over 104 weeks (2 years) as per the national requirement, and is now focussing on delivery of the next national recovery milestone around eliminating all waits of over 18 months by April 2023, which we expect to deliver. The Trust currently has 9 patients who have been waiting at least 78 weeks and is confident of achieving the target of having no patients waiting this long by the end of March 2023.

Whilst all Trusts are facing similar elective care challenges, Rotherham remains in the top quartile of all acute or combined Trusts in the country for overall Referral to Treatment (RTT) performance in August (latest national data).

- 1.4 **Urgent and Emergency Care Activity (UEC):** During September and October, demands on urgent care were particularly challenging, with the Trust being on OPEL level 4 for a prolonged period following the September bank holiday. As a result of the ongoing operational pressures, the Trust declared an internal business continuity incident on Tuesday 27<sup>th</sup> September, which was ongoing until the following week when it was stood down on Thursday 6<sup>th</sup> October. Within this period the Trust declared 10 12-hour trolley waits where those patients waited from than 12 hours for a bed from their decision to admit, due to the significant challenges in bed availability and flow out of the UECC. Ongoing pathway improvement work to address challenges with Same Day Emergency Care and frailty pathways is important and will support flow. A focus on minimising delays in ambulance handovers remains a key priority.
- 1.5 **Covid-19 and Flu Vaccination Programme:** The Trust has now commenced its Autumn Covid-19 Booster and Influenza programme for staff.



## **2.0 Integrated Care Board (ICB), Acute Federation and Rotherham Place Development**

- 2.1 The inaugural meeting of the South Yorkshire Integrated Care Partnership (ICP) took place in September and will meet monthly going forward. This is chaired by Oliver Coppard, Mayor of the South Yorkshire Mayoral Combined Authority and is a statutory joint committee which brings together key partners in the health and care system in South Yorkshire. The ICP is tasked with producing an Integrated Care Strategy for South Yorkshire by December 2022.
- 2.2 The recruitment process to the role of Managing Director for the Acute Federation is now complete and the successful candidate has accepted the role. It is envisaged that she will commence in the role in January 2023.
- 2.3 I attach (appendix1) the ICB Chief Executive updates for September and October 2022.
- 2.4 Representatives from the Trust have continued to attend several Place meetings including the Health and Well-Being Board, the Health Select Commission, and the Place Board. I have also met with the local Members of Parliament as part of the regular engagement processes.

## **3.0 Care Quality Commission Update**

- 3.1 On Wednesday 26 October, the Trust appeared at Sheffield Magistrates' Court charged by the CQC in relation to a single charge pertaining to failing to protect children from the risk of harm due to poor safeguarding processes. The CQC and the Court were clear that these failures did not lead to actual harm, but that risk was present. I have apologised unreservedly for the deficiencies which related to policies, training and oversight in the main. Extensive work has been done since 2019 to address these arrangements as was presented to the Board at the last meeting.
- 3.2 Routine engagement meetings continue with the CQC along with the monthly CQC Delivery Group, where actions are being tracked. Further detail on the work associated with the CQC can be found in the Chief Nurse's report.

## **4.0 People issues**

- 4.1 I am pleased to report that, following a formal recruitment process, the Trust has appointed to the substantive role of Medical Director. Dr Jo Beahan will commence her employment with us on Monday 12<sup>th</sup> December 2022. Dr Susan Douglas will continue in the role of Interim Medical Director until that time.
- 4.2 There have been a number of other senior manager changes including the General Manager in Medicine leaving the Trust on a secondment basis from 3<sup>rd</sup> October 2022 and the current Deputy General Manager acting up into the role. Appointment to a substantive Head of Nursing in Community and appointment of an Interim Head of Nursing in UECC.
- 4.3 The National Staff Survey for 2022 was launched on 3 October 2022 and the mode of delivery for this will be via paper in order to facilitate the direct engagement between line managers and their teams; in addition, some staff groups have less routine access to computer systems and a paper approach ensures better response rates. There will be a prize draw as last year.
- 4.4 A number of Unions representing different sectors of the NHS workforce are balloting their staff on industrial action. The Trust liaises closely with Staff Side representatives and once the outcomes of the ballots are known, will work with Unions accordingly.

- 4.5 The Trust continues to progress the Quality Improvement agenda with colleagues having now been identified to participate in cohort two of the QSIR training in October 2022; a third cohort is planned for early 2023. The Trust has also appointed to the role of Head of Quality Improvement.

## **5.0 Operating Framework for NHS England**

- 5.1 NHS England have published a new operating framework (see appendix 2) which sets out how the NHS will operate in the new structure created by the 2022 Health and Care Act. The framework sets out the roles that NHS England, ICBs and providers will now play in the new structure and describes how accountabilities and responsibilities will work.

## **6.0 Low Red Blood Cell Stock for Transfusion**

- 6.1 There is a national Amber alert in place which will remain in place for four weeks. The Trust has implemented the necessary actions required. The national ask is to prioritise urgent and emergency cases. There has been a national drive for the public to give blood, which has resulted in an increase in the numbers coming forward.

**Dr Richard Jenkins**  
**Chief Executive**  
**November 2022**

**From:** [SY ICB Communications](#)  
**To:** [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)  
**Subject:** 01/09/22: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire  
**Date:** 01 September 2022 13:58:04

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## Update from Gavin Boyle, Chief Executive, NHS South Yorkshire

*This update goes to the wider partners in health and care in South Yorkshire to keep everyone informed. To join our distribution list please email: [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net)*

**Thursday 1 September 2022**

Dear Sharree

Welcome the latest edition of our Stakeholder Bulletin where you will find updates from across Rotherham, Doncaster, Barnsley and Sheffield.

### **Second ICB Board Meeting scheduled for Wednesday 7 September 2022**

NHS South Yorkshire will hold its next Board meeting in public on Wednesday 7 September 2022. The meeting will take place at Oak House, Rotherham, S66 1YY between 9:30am and 1:30pm. We are currently working to make future Board meetings held in public available both in-person and online, and details of these will be shared ahead of future meetings. More information including the meeting agenda and board papers are available [here](#).

### **Oliver Coppard appointed Chair of Integrated Care Partnership**

Oliver Coppard, Mayor of South Yorkshire, has been announced as the Chair of our Integrated Care Partnership (ICP). The ICP will bring together partners from across South Yorkshire's local authorities, health and care service providers and the voluntary and community sectors. Work has begun across the four Health and Wellbeing Boards to build a broad membership to help us to deliver a clear strategy to tackle health inequalities and improve and enhance services for everyone. The first meeting of the Integrated Care Partnership will take place on Friday 23 September 2022. [Read more here](#).

### **SHSC Chief Executive Announces Retirement**

Jan Ditheridge, Chief Executive at Sheffield Health and Social Care (SHSC), has announced she intends to retire at the end of April 2023 after 40 years in the NHS. Kathryn Singh, Chief Executive at RDaSH, announced last month that she will retire at Christmas after working for 35 years in the NHS. We are losing two hugely respected leaders, however, we are extremely thankful for all the work they have done for our system and local population. We'll be doing everything we can to support the trusts in their recruitment of the next generation of leaders in MHLDA, which is such an important part of ambition for South Yorkshire.

### **South Yorkshire nurses included in the 2022 Nursing Times Awards Shortlist**

The shortlist has been announced for the 2022 Nursing Times Awards and South Yorkshire nurses from three healthcare providers within our region have been shortlisted across four categories. [Read more here](#).

I hope you find this a useful update and if you do have any feedback about what would make it more useful, or anything about which you would like to hear more, please email [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net)

Thank you

Gavin

## Local Updates



### **Barnsley:**

#### **New Out-Of-Hours Mental Health Crisis services opens in Barnsley**

A new out-of-hours mental health support hub for adults has opened in Barnsley. The Barnsley Support Hub offers free mental health support to anyone over 18 in a safe, comfortable, supportive environment. The service, based at 10A Eldon Street, Barnsley, S71 1LQ, is open Thursday-Monday from 6pm to 11pm for in-person or virtual support. There is no need for a referral or an appointment. Individuals can visit for a chat or access support from trained professionals. The service also offers help in creating staying well and crisis plans and supports visitors to access other organisations that may be useful to them. Visitors can also access Mental Health Matters' 24/7 helpline outside service hours. Learn more at [mhm.org.uk/barnsley-support-hub](https://mhm.org.uk/barnsley-support-hub), call 07855 971 634 (available 6pm-11pm) or email [barnsleysupporthub.mhm@nhs.net](mailto:barnsleysupporthub.mhm@nhs.net)

### **Rotherham:**

#### **Charity's free transport service just the ticket for Rotherham-based cancer patients**

Weston Park Cancer Charity has launched a new transport service which provides free, safe travel for anyone in Rotherham who needs cancer treatment in Sheffield. Read more [here](#).

### **Doncaster:**

#### **RDaSH Long COVID Service shortlisted for top award**

RDaSH Long COVID Service has been shortlisted in this year's prestigious Health Service Journal Patient Safety Awards, recognising the outstanding contribution to healthcare. They have been shortlisted in the Community Care Initiative of the Year in the awards despite tough competition from hundreds of applicants. Their work around Long COVID has been selected based on ambition, visionary spirit and the positive impact that they have had on patients and staff. Read more [here](#).

### **Sheffield:**

#### **Sheffield Health and Social Care NHS Foundation Trust shortlisted in the Health Service Journal Awards 2022**

Sheffield Health and Social Care NHS Foundation Trust have been shortlisted as finalists in two categories at this year's HSJ Awards 2022. Categories include 'Workforce Initiative' and 'Provider Collaboration' for the trusts incredible work on the Clinical Associate in Psychology (CAP) apprenticeship model alongside East London NHS Foundation Trust and Essex Partnership University NHS Foundation Trust. Read more [here](#).

#### **Sheffield Children's shortlisted for national award**

The Communications team at Sheffield Children's has been shortlisted in the 'Communications Team Health and Wellbeing Award' category of the national NHS Communicate Award. The category highlights the contribution that communications makes to the successful implementation and delivery of health and wellbeing initiatives and programmes for NHS colleagues. The Trust's 'Thank You Fortnight' campaign in January 2022 was selected as a successful health and wellbeing initiative which made the shortlist of eight. Read more [here](#)

## COVID-19 data dashboard



The latest Sitrep data for the Yorkshire and Humber region and our five places can be viewed online:

<https://coronavirus.data.gov.uk/details/cases>

## Health and care updates from NHS E/I

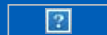
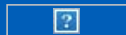


### Updates up to and including Thursday 1 September 2022

#### **Developing a national health improvement framework**

The NHS England learning disability and autism programme is developing a 5 year whole age approach to improving the physical, mental, emotional health and social wellbeing of people with a learning disability and autistic people. The framework is intended to support the NHS and our partners in ICS's, across regions and nationally to improve the health outcomes and experiences of people with a learning disability and autistic people. You are invited to review the presentation [here](#) and provide feedback via a form which can be found at: <https://forms.office.com/r/pnBzK3vtyq>. The final date for feedback is Thursday 6 September 2022.

Get in touch at [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net) or call 0114 305 4487



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**From:** [SY ICB Communications](#)  
**To:** [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)  
**Subject:** 22/09/22: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire  
**Date:** 22 September 2022 15:41:35

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## Update from Gavin Boyle, Chief Executive, NHS South Yorkshire

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**Thursday 22 September 2022**

Dear Sharree

The last couple of weeks has been dominated by a significant moment in our national history, the loss of Her Royal Highness, the Queen. It is hard not to be affected by the passing of a much loved and respected figure both at home and around the world. The Queen dedicated her life to public service we will always be grateful for the way she recognised the compassion and courage of those who worked in health and care.

Colleagues across South Yorkshire worked hard to play our part. Primarily around the Bank Holiday. Working together across the system we put a Bank Holiday surge plan in place with cover arrangements and re-scheduled routine activity for the Bank Holiday Monday. We ensured a careful balance was struck to maintain services for the most vulnerable or with time critical needs.

### **UPDATE - Second ICB Board Meeting scheduled for Wednesday 7 September 2022**

NHS South Yorkshire held its second Board meeting on Wednesday 7 September 2022. The cost-of-living was a key point on this meeting's agenda and the impact this is having on our communities and our colleagues working in health and care. The Government have made an announcement about energy bills and there is an expectation that there will be a financial statement this week, which hopefully will offer further support. We are working closely with our Local Authority partners to do what we can to maintain the health of our most vulnerable people, support the NHS and Care workforce and identify any service providers within our system which might be vulnerable to the economic challenge so that we can maintain services. More information including the meeting agenda and board papers are available [here](#). The third Board meeting will be held in public on Wednesday 2 November 2022. We are currently working to make future Board meetings held in public available both in-person and online, and details of these will be shared ahead of future meetings.

### **First Integrated Care Partnership Meeting scheduled for Friday 23 September 2022**

The first meeting of the Integrated Care Partnership will take place on Friday 23 September 2022 and will be chaired by Oliver Coppard, Mayor of South Yorkshire. The ICP will bring together partners from across South Yorkshire's local authorities, health and care service providers and the voluntary and community sectors. Work has begun across the four Health and Wellbeing Boards to build a broad membership to help us to deliver a clear strategy to tackle health inequalities and improve and enhance services for everyone. An update from the meeting will follow in the next edition of this bulletin.

I hope you find this a useful update and if you do have any feedback about what would make it more useful, or anything about which you would like to hear more, please email [hellworkingtogether@nhs.net](mailto:hellworkingtogether@nhs.net)

Thank you

Gavin

## Local Updates



### **Barnsley:**

#### **Barnsley Hospital NHS Foundation Trust Annual General and Public Members Meeting – Wednesday 28 September 2022**

Barnsley Hospital is hosting their Annual General Public and Members Meeting on Wednesday 28 September at 6pm. For more information [click here](#).

#### **National recognition for early intervention in psychosis teams**

South West Yorkshire Partnership early intervention in psychosis teams have been named as some of the best performing in the country. The National Clinical Audit of Psychosis (NCAP) is an audit programme that measures the quality of care that NHS mental health trusts provide to people with psychosis. The Trust has five EIP teams, spanning Barnsley, Wakefield, Calderdale, and North and South Kirklees. Read more [here](#).

### **Rotherham:**

#### **Have you thought about becoming an NHS governor in Rotherham, Doncaster or North Lincolnshire?**

You've probably heard of school governors, but did you know there are also NHS governors, who play a vital volunteer role in local healthcare? We're looking for some new ones to join us at Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH). If you are passionate about the NHS and keen to be a voice for patients, their families, carers and NHS staff, this could be the perfect role for you. [Read more here](#).

### **Doncaster:**

#### **Doncaster and Bassetlaw Teaching Hospitals appoints three new Non-Executive Directors**

Following a robust selection process, three Non-Executive Directors, Mark Day, Hazel Brand and Joanne Gander have been appointed to Doncaster and Bassetlaw Teaching Hospitals' (DBTH) Board of Directors. Non-Executive Directors (NED) play a crucial role by bringing an independent perspective to a hospital's boardroom. They support the Chair, promote NHS values and contribute valuable insight to the development of organisational strategies. [Read more here](#).

#### **Pioneering nurse breaks new ground in Doncaster**

A pioneering Doncaster nurse is breaking new ground as the first at her Trust to be qualified to take on care duties normally managed by a consultant psychiatrist. [Read more here](#).

### **Sheffield:**

#### **NHS South Yorkshire and the Children and Young Person's Alliance urge parents to give their kids a healthy start this new school year.**

NHS South Yorkshire and the Children and Young Person's Alliance (NHS SY CYP) are encouraging parents to be prepared, as children across the region head back to school. As families up and down South Yorkshire send their children back to school after the summer holidays, we know it's usual for children to catch common viruses and bugs. South Yorkshire Children Young Person's Alliance brings together all organisations across the region that support young people, such as schools, hospitals, primary care to work together



and improve life chances. [Read more here.](#)

## COVID-19 data dashboard

The latest Sitrep data for the Yorkshire and Humber region and our five places can be viewed online:

<https://coronavirus.data.gov.uk/details/cases>

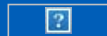
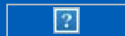
## Health and care updates from NHS E/1

**Updates up to and including Thursday 22 September 2022**

### **Autumn COVID-19 booster vaccinations**

People aged 65 and over, carers and pregnant women can now book their autumn COVID-19 booster online. [Click here.](#)

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**From:** [SY ICB Communications](#)  
**To:** [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)  
**Subject:** 14/10/22: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire  
**Date:** 14 October 2022 15:37:45

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## Update from Gavin Boyle, Chief Executive, NHS South Yorkshire

*This update goes to the wider partners in health and care in South Yorkshire to keep everyone informed. To join our distribution list please email: [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net)*

**Friday 14 October 2022**

Dear Sharree

Welcome the latest edition of our Stakeholder Bulletin where you will find updates and the latest information from across Rotherham, Doncaster, Barnsley and Sheffield.

### **UPDATE - First Integrated Care Partnership Meeting takes place**

The first meeting of the Integrated Care Partnership took place on Friday 23 September 2022. Chaired by Oliver Coppard, Mayor of South Yorkshire, the meeting brought together a broad range of representatives from across South Yorkshire's local authorities, health and care service providers and the voluntary and community sector. The meeting opened by providing an overview of the South Yorkshire Integrated Care System. Greg Fell, DPH Sheffield, presented a comprehensive overview of the population health needs of South Yorkshire and its communities. Dr Rupert Suckling, DPH Doncaster, led a discussion on key issues facing communities because of the rising cost of living crisis. There is a great track-record of partnership working across South Yorkshire, and members of the ICP considered and adopted the Health and Care Compact. The theme of joint working was emphasised when discussing the ICP approach to the development of the Integrated Care Strategy for South Yorkshire. The meeting concluded with review and adoption of the draft ICP Constitution and Standing Orders.

### **Deputy Place Director for Sheffield announced**

We are pleased to confirm that Ian Atkinson, currently Deputy Place Director for Rotherham will take up the role of Sheffield Deputy Place Director. Following an internal process in line with ICB policy, Ian will take on this role as a secondment. The Rotherham Place Director Team are actively considering the opportunity that this change has created and will work within established processes to ensure Rotherham remains fully able to deliver its plans. We are keen to ensure that our place based teams are fully able to deliver the important work over these next critical months.

### **NHSE Interim Locality Director appointed for NHS South Yorkshire**

Joanne Dobson previously the NHSE Interim Locality Director in the North East is set to join us in South Yorkshire as the NHSE Interim Locality Director. Alison Knowles, our current Locality Director will be leaving at the end of 2022. Currently a national workforce review at NHS England is underway, once complete which is underway for substantive arrangements will be progressed for this role and further updates shared. Joanne will begin to work alongside Alison in the coming weeks to enable a handover. Joanne has over 30 years of experience working within the NHS and has held various senior leadership roles spanning acute, community and commissioning organisations. Joanne, who has a clinical background in nursing/midwifery and is currently seconded to NHSE from her Board role as Director of

Transformation & Strategic Partnerships at South Tees University Hospitals, is passionate about driving change to improve outcomes for patients and families.

#### **Allied Health Professionals lead appointed for NHS South Yorkshire**

Dr Laura Evans has been appointed on secondment to the Lead AHP role at NHS South Yorkshire. Dr Evans is an experienced Occupational Therapy Professional Lead and is a passionate advocate of the contribution and impact of Allied Health Professionals skills and knowledge to people's health and care. She has led and managed a range of multi-disciplinary services in acute and community healthcare, social care and the voluntary sector. Dr Evans is delighted to have this opportunity to connect and collaborate with AHPs across South Yorkshire and demonstrate how they can be active in achieving the vision and ambitions of NHS South Yorkshire.

#### **Celebrating Allied Health Professionals across the region**

Following Dr Evan's appointment, the South Yorkshire Allied Health Professional (AHP) Team hosted their AHP Celebration Event yesterday, ahead of National AHP Day on Friday 14 October 2022. The day provided an opportunity for AHP's from across the region to come together, share stories, case studies and experiences. Dr Evans, opened and closed the day, inviting a range of speakers up to the stage to cover subjects around health inequalities, racism and health and wellbeing.

#### **NHS South Yorkshire Clinical and Care Professional Leadership Event**

Dr David Crichton, Chief Medical Officer at NHS South Yorkshire, welcomed over 40 health and care colleagues from across the region to launch the Clinical and Care Professional Leadership (CCPL) framework. The afternoon was designed to develop a shared vision for the South Yorkshire CCPL framework. Read more [here](#)

#### **World Mental Health Day**

Monday 10 October marked World Mental Health Day 2022. The theme this year focused on making mental health and wellbeing for all a global priority. Campaigns across SY supported the day encouraging people to talk about mental health, share tips and advice and help raise awareness of the support services available to all SY residents.

#### **Children and young people who've lost people to suicide help develop support for other families**

Children, young people and families from South Yorkshire and Bassetlaw who have been bereaved by suicide have developed a new toolkit to support families like their own in the aftermath of losing someone to suicide. The toolkit offers advice and resources, and signposts to where children, young people and families and those who work with them can get further support if needed. The toolkit can be found [here](#). Please share this with colleagues, family and friends to help provide invaluable support for vulnerable families and young people.

#### **Mental Health and Learning Disabilities Workforce Workshop**

You are invited to help develop a Mental Health, Learning Disabilities and Autism Workforce Strategy for South Yorkshire. We want to bring people together from across South Yorkshire who deliver and/or access

Mental Health Services to help us understand what the current workforce challenges are and to help us to understand what the current workforce challenges are and to contribute towards the development of our future ambitions for the MHLDA workforce. The workshop is scheduled for Wednesday 23 November 9:30am - 1:30pm at Holiday Inn, Doncaster.

Register to attend the workshop here: <https://forms.office.com/r/K81EJpFtyJ>

#### **Behavioural Science Academy Recruitment Cohort 3**

We are excited to announce the recruitment of the 3rd cohort to the NHS SY Behavioural Science Academy, where Behavioural Science understanding is embedded and the development and use of nudge interventions and assets to improve health care outcomes is scaled up to make a real difference in SY.

For more information click [here](#)

### **Yorkshire Cancer Research 2023 Funding Round now open**

Yorkshire Cancer Research have committed to investing £10million in innovative research and services each year, with the goals of reducing the risk of cancer developing and increasing cancer survival. Find out more information about the Funding Round [here](#).

I hope you find this a useful update and if you do have any feedback about what would make it more useful, or anything about which you would like to hear more, please email [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net)

Thank you

Gavin

## Local Updates



### **Barnsley:**

#### **Online recruitment fair held to showcase Barnsley Health and Care jobs**

Local NHS organisations and Barnsley Council hosted a virtual recruitment event on Tuesday 11 October, as part of a recruitment drive to help get Barnsley and South Yorkshire residents into local health and care jobs. The day-long event was a virtual success showcasing a range of career opportunities focussed in the care sector. The fair gave people the chance to visit online recruitment booths with over 100 visitors having the opportunity to talk live with recruitment managers and current post-holders to find out more about working in the local health and care sector.

### **Rotherham:**

#### **New Mental Health Crisis Service Opens in Rotherham**

A new Rotherham Safe Space service, based at Carson House on Moorgate in Rotherham, has opened to support adults in mental health crisis. The service will be open on Fridays, Saturdays and Sundays from 6pm-midnight to support those aged 18+ who are in need of mental health support out of usual hours. Each evening the team will offer tailored 1-to-1 support for visitors, as well as creating a fun, safe social space where visitors can eat, chat and engage in games and activities together. To refer themselves, people can call from 6pm on the evening they would like to come to the space on 07760 173504 or ask other professionals they are working with to refer them earlier in the day via an online form. More information [here](#)

### **Doncaster:**

#### **Help us to help you get the right care campaign launched**

Residents of Doncaster are being urged to choose the right health care at the right place in a new advertising campaign launched by NHS South Yorkshire aimed at reducing pressures on A&E and GPs. Read more [here](#)

#### **DBTH Annual Members Meeting 2021/22**

DBTH Annual Members Meeting for 2021/22 is now available to watch [here](#)

You can also view the Annual Report, Quality Accounts, as well as links to our Annual Lecture Series, which took place earlier this year. If you have any questions related to the meeting, please email [dbth.TrustBoardOffice@nhs.net](mailto:dbth.TrustBoardOffice@nhs.net)

#### **Doncaster colleague receives PrescQIPP award**

Congratulations to Chioma Nnamdi and the Doncaster Place Meds Opt team and partners that have supported her on receiving a national PrescQIPP award at their annual awards conference in Nottingham. Chioma received highly commended under the Integrated or Joint Working Category for her leading on the opioid prescribing reduction and pain pathway work across the system in Doncaster. Aspects of the work can be used across the ICS area.

## **Sheffield:**

### **Appointment of new Primary Care Sheffield Chairman**

Colin Beresford has been appointed as Board Chairman of Primary Care Sheffield (PCS), following a rigorous and competitive selection process. Colin is currently an independent director at PCS and will replace the current Chair, John Boyington, ahead of his retirement. Read more [here](#).

### **GP service extended across Sheffield**

Local GP practices are working together to offer patients evening and weekend appointments in Sheffield. The new enhanced service will be introduced on 1 October and patients will be able to see a GP, nurse or other health professional at a time which is convenient for them. Read more [here](#).

### **Sheffield Children's Clinical Strategy to launch next week**

Sheffield Children's NHS Foundation Trust will be launching their Clinical Strategy on Thursday 13 October. The key themes will include integrated care, care where needed, centre of excellence, health inequalities and inclusion, and healthy lives. This will be available on [their website](#).

### **New Bereavement Counselling Service in Sheffield**

Mind have been commissioned by NHS South Yorkshire and Sheffield City Council to provide a new bereavement counselling service in Sheffield. This is for Sheffield residents who are six months post bereavement. The service is open for referrals from 1 October 2022. For those with further questions please email [therapy@sheffieldmind.co.uk](mailto:therapy@sheffieldmind.co.uk)

### **Evaluation of Primary and Community Mental Health Transformation complete**

At the beginning of October the evaluation of Sheffield's early implementer Primary and Community Mental Health Transformation was published. The Primary and Community Mental Health Service is Sheffield's community mental health service for adults and older adults. It is jointly delivered between Team SHSC, Sheffield Mind and Primary Care Sheffield. Read more [here](#).

## **COVID-19 data dashboard**



The latest Sitrep data for the Yorkshire and Humber region and our five places can be viewed online:

<https://coronavirus.data.gov.uk/details/cases>

## **Health and care updates from NHS E/I**



### **Updates up to and including Friday 14 October 2022**

#### **NHS delivers 2.1 million Covid autumn boosters**

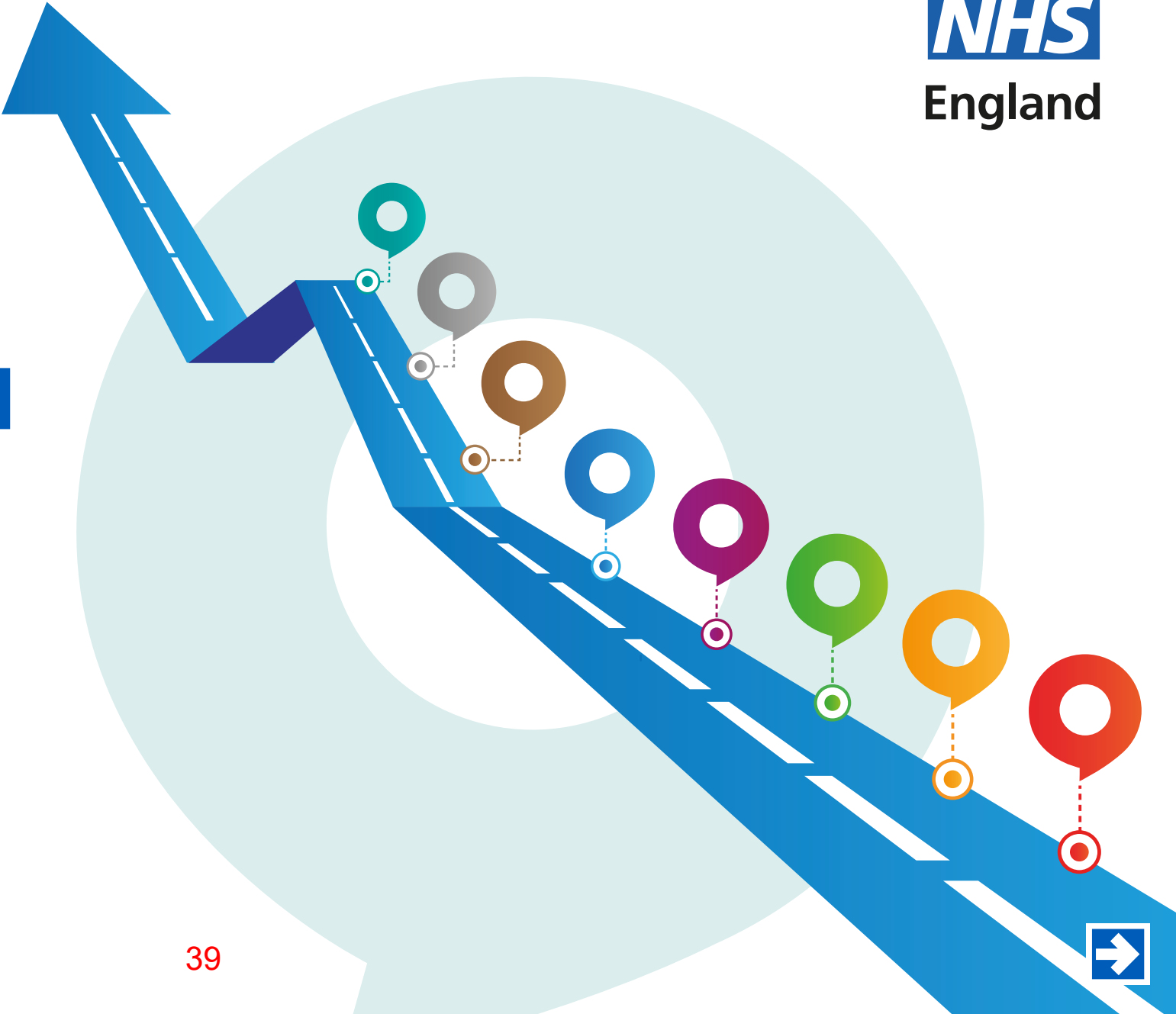
The NHS Covid vaccination programme is off to a 'flying start' with 2.1 million autumn boosters delivered in just over a fortnight, and 1.35 million last week alone. NHS chiefs are urging people to get vaccinated without delay ahead of a potential 'twindemic' of Covid-19 and flu this winter. Read more [here](#)

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# Operating framework for NHS England





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# Introduction

- **On 1 July 2022, Integrated Care Systems (ICSs) were placed on a statutory footing.** This brought together the different partner organisations within an ICS – across the NHS and local government, working with the Voluntary, Community and Social Enterprise sector and other partners – to better integrate services and take a more collaborative approach to agreeing and delivering ambitions for the health and wellbeing of their local population.
- The establishment of ICSs and the new statutory framework, means that **NHS England is changing the way that we work (our operating framework) to best empower and support local system partners to deliver on their responsibilities.** This requires a cultural and behavioural shift towards partnership-based working; creating NHS policy, strategy, priorities and delivery solutions with national partners and with system stakeholders; and giving system leaders the agency and autonomy to identify the best way to deliver agreed priorities in their local context.
- As NHS England, **we will focus on what we are uniquely placed to do as a national organisation, increasingly using our resources to provide practical support to colleagues within systems,** in order to deliver on the commitments outlined in the NHS Long Term Plan annual planning guidance, the mandate from government and our statutory responsibilities. We will continue to agree the mandate with government, with input from Integrated

Care Boards (ICBs), and then support systems to deliver their part of this. Whilst many of the formal powers and accountabilities that we (or our predecessor national bodies) have held historically will remain broadly the same, it is how we deliver these – the behavioural change - that will be the fundamental difference in future.

- **This document sets out in more detail how we will work as NHS England and with systems.** It outlines our purpose and behaviours, how we will add value, our medium-term priorities and the accountabilities and responsibilities of the different organisations in the NHS, as well as how we will work with our partners across the health and care system. It will inform how we develop as an organisation in order to become more agile and reduce duplication and help the NHS to deliver the priorities identified within the NHS Long Term Plan alongside the actions needed to respond to the pandemic and wider pressures. Regions have been working with their systems to develop ways of working with and in each system to align with the overarching principles of our operating framework and it is intended that this document should further support this. We will continue to evaluate and refine our framework as we implement it.
- **The operating framework will be a key input into the design of the new NHS England.** This will be further developed alongside the operating models and statutory responsibilities of our new partners, Health Education England and NHS Digital, as part of the new NHS England change programme.

# What is an operating framework

## What is our NHS England operating framework?

- Our operating framework sets out “**how we do things around here**” – the ways of working that will enable us to deliver our purpose. We previously referred to this as our ‘operating model’ but have changed to ‘framework’ as it sets out the parameters for how we will work in NHS England.
- There are four core foundations to our new operating framework, these include our:
  - Purpose** – why we are here
  - Areas of value** – how we deliver value
  - Leadership behaviours and accountabilities** – how we work
  - Medium-term priorities and long-term aims** – what we are working to achieve.
- These foundations in turn underpin how our organisation will be designed and how decisions will be made.
- **The focus of this document is on the core foundations of our operating framework and their influence on the structures and our approach to change.**

## Why do we need to change?

- **The changes to our operating framework are part of a cultural reset for the NHS, to reflect the change to system-based approaches to improvement and stronger partnership working.**
- There are two main reasons for the change:
  1. The need to work and behave differently following the establishment of ICSs and the new statutory framework.
  2. The proposals to create a new organisation by bringing together NHS England, Health Education England and NHS Digital. This will require us to develop a new culture and structural design. We have established a new NHS England change programme to deliver this, with the operating framework a key part of that programme, alongside the operating models and statutory responsibilities of Health Education England and NHS Digital.

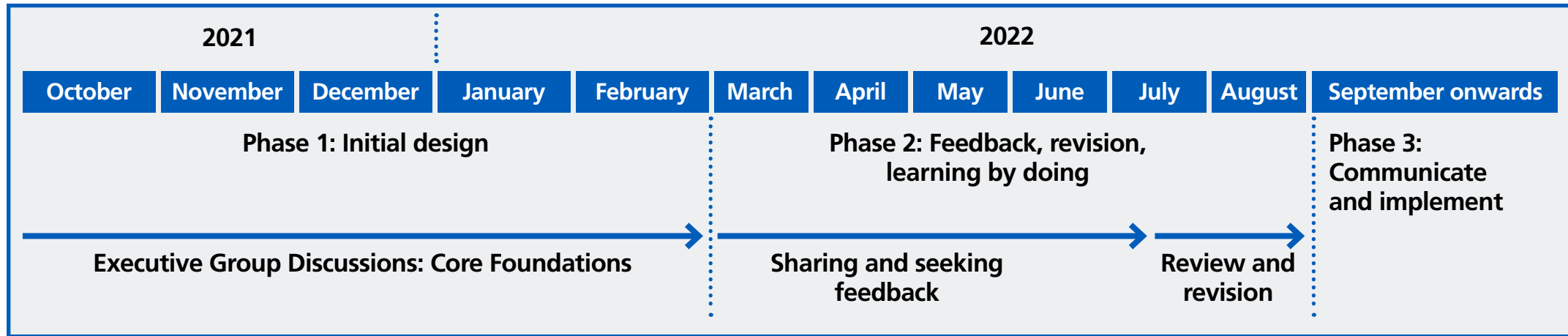
# An update on our progress towards developing an operating framework for the new NHS England

To support the changes made in legislation on 1 July 2022, we have been working together as an organisation and with our partners to clarify our role in the new system and how we best deliver our objectives. This document aims to share what we have described to date and work that is yet to be done. Some of these elements, for example, our purpose, have been agreed alongside our new partners Health Education England and NHS Digital, whilst other elements need to continue to be developed together as part of the new NHS England change programme, for example, our behaviours.

The illustration below shows how many elements of our high level operating framework have developed and what we need to do next. **Further detail on each element can be accessed by clicking on the topic of interest.**



# Our work to date



- The development of the core foundations of the NHS England operating framework began in 2021, through a series of NHS England and NHS Improvement Executive Group sessions as well as discussions with NHS England and NHS Improvement, Health Education England and NHS Digital Board members.
- In March 2022, we began to seek wider input and have run engagement sessions with almost 300 colleagues both within our organisation and with ICB leaders, provider leaders, local government colleagues and other partners, to capture feedback and refine the

- operating framework for the new NHS England, supporting the principles of co-creation, inclusivity and collaboration.
- We are now entering the implementation phase, which will focus on embedding these ways of working in all our activities, learning as we are doing this and refining our operating framework further as is needed.
- The operating framework core foundations will be a key input into the design of the new organisation, through the integration of NHS England, Health Education England and NHS Digital.

# 1. Our purpose

To lead the NHS in England to deliver high-quality services for all.

## We will achieve this purpose by:

- **enabling local systems and providers** to improve the health of their people and patients and reduce health inequalities;
- **making the NHS a great place to work**, where our people can make a difference and achieve their potential;
- **working collaboratively** to ensure our healthcare workforce has the right knowledge, skills, values and behaviours to deliver accessible, compassionate care;
- **optimising the use of digital technology, research and innovation**; and
- **delivering value for money.**

**Our purpose statement**, provides clarity on **what NHS England is seeking to achieve**, this drives both ‘what’ we do (how we add value and what our priorities are) as well as ‘how’ we operate (our values, behaviours and accountabilities, and structures). The purpose statement is agreed between NHS England, Health Education England and NHS Digital and will continue to drive our organisation as part of the new NHS England change programme.



## 2. What we do to add value

To achieve our purpose, we need to be clear on how we, as NHS England, can deliver value to support the wider health and care system. At NHS England, we will focus our activities on eight key ways that we are uniquely placed to add value. Our organisation; **(1) Sets direction; (2) Allocates resources; (3) Ensures accountability; (4) Supports and develops people; (5) Mobilises expert networks; (6) Enables improvement; (7) Delivers services; and (8) Drives transformation.**



### 1: Set direction

- Develop and set national policy and strategy
- Manage relationship with government
- Agree the mandate with government, coordinating input from ICBs
- Determine NHS priorities, subject to the mandate
- Provide thought leadership and subject matter expertise for national priorities
- Provide leadership on NHS contribution to reducing health inequalities

### 2: Allocate resources

- Work with partners to develop strategy and plans to ensure we have the right workforce capacity across the NHS
- Lead on national workforce innovation
- Set financial structures and incentives
- Be responsible for financial stewardship of the NHS
- Contribute to the UK economy

### 3: Ensure accountability

- Define accountability structures
- Set standards for performance
- Monitor, assure and hold to account for performance on quality, finance and access
- Assure direct commissioning
- Provide support, guidance and oversight in relation to information processing
- Perform health protection functions

### 4: Support and develop people

- Establish our leadership culture
- Role model our culture and behaviours
- Create the conditions for a fully inclusive and diverse NHS
- Deliver workforce, training and education functions of Health Education England
- Ensure we have a structured approach to identify leadership talent and support their development





### 5: Mobilise expert networks

- Bring together expert knowledge to support service improvement
- Support delivery of improved outcomes and provide benchmarks for services
- Enable the spread of best practice
- Secure access to new tests, products and treatments
- Manage relationships across national and professional bodies
- Enable and support the development of systems and ICBs

### 6: Enable improvement

- Support delivery of quality and operational performance improvement
- Deploy resources to support challenged organisations and systems where required
- Perform regulatory intervention when required and run the Recovery Support Programme
- Provide national services to improve quality or reduce cost

### 7: Deliver services

- Drive the digital agenda
- Provide specific data and analytics services
- Offer centralised commercial and procurement support
- Commission a number of services directly

### 8: Drive transformation

- Support delivery of medium-term priorities (e.g. secondary prevention and earlier diagnosis)
- Drive development of key enablers of transformation (for example, digital; diagnostic infrastructure)
- Create the environment for innovation and transformation, including partnership with life sciences industry
- Lead the NHS's contribution to population health and prevention

# How each of the component parts of NHS England support Integrated Care Systems and providers in their roles



## Regions

Set direction

Allocate resources

Ensure accountability

Support and develop people

Enable expert networks

Enable improvement

Deliver services

Drive transformation

- Act as the main voice to ICSs and the primary interaction between NHS England and systems
- Translate national strategy and policy to fit local circumstances, ensuring local health inequalities and priorities are addressed
- Agree 'local strategic priorities' with individual ICSs
- Provide oversight to ICBs and agree oversight arrangements for place-based systems and organisations
- Develop leadership within ICBs and providers
- Within national frameworks, determine the 'how' of delivery to achieve outcomes and expectations to reflect local populations, workforce, service structures and digital capabilities
- Develop mechanisms for systematically collating and sharing good practice and lessons learnt
- Manage regional level relationships including, regional government
- Provide support to ICSs to enable delivery



Integrated Care Systems and Providers





### National Programmes

Set direction

Allocate resources

Ensure accountability

Support and develop people

Enable expert networks

Enable improvement

Deliver services

Drive transformation

- Create the evidence based strategy for transformation
- Act as a central hub of subject matter expertise that can be drawn down
- Articulate the value of change and suggest the most appropriate approach to implementation
- Help ensure national funding is aligned with agreed goals and develop a national approach to resource deployment
- Set expectations and guidance on data standards so that we can measure progress consistently and coordinate a national view
- Ensure people implications are considered
- Manage the programme specific relationships with external stakeholders, e.g. professional bodies, arms length bodies and national charities
- With regions, facilitate supportive interventions to improve performance and outcomes
- Embed digital and data in our programmes
- Develop guidance to support front line services in transforming services



Integrated Care Systems and Providers





### Corporate functions

- Set direction
- Allocate resources
- Ensure accountability
- Support and develop people
- Enable expert networks
- Enable improvement
- Deliver services
- Drive transformation

- Set national strategy, priorities and incentives to improve standards of care and reduce unwarranted variation and create the conditions for a fully inclusive and diverse NHS
- Lead and represent the NHS with Government, and nationally with partners and the public
- Work with government to ensure the NHS has the resources it needs, and allocate resources
- Set national frameworks including the Financial Framework; System Oversight Framework; People Plan; Digital maturity expectations etc.
- Account to HM Treasury and Department of Health and Social Care for delivery, performance and mandate progress
- Foster strategic relationships across national arms length bodies, royal colleges and professional bodies
- Foster productive relationships with trade unions and professional bodies, and lead contract negotiations for primary care providers
- Trigger regulatory intervention when required and run the Recovery Support Programme
- Provide technology architecture and policies, operate backbone systems, set minimum standards (for example, in cyber security and privacy) and promote interoperability and reuse
- Directly commission certain services



Integrated Care Systems and Providers



## 3. How we work

### Leadership behaviours

To deliver our purpose in the context of system-working will require a new approach not just to 'what' we do but in 'how' we do it. We have set out on the right **12 leadership behaviours** aligned to six key values linked to the NHS Constitution, which can act as a guide for our interactions. **As part of the new NHS England change programme between NHS England, Health Education England and NHS Digital, we will work to develop a shared set of behaviours for the new organisation.**

By consistently living these behaviours we aim in the new NHS England to:

- **Work as 'one team' across the NHS (ICBs, providers and NHS England) with our partners, being collaborative and empowering each other** – but also being clear about who is accountable for what.
- **Seek co-creation and co-ownership** of our strategy, priorities and support offers – both within the NHS team and with partners - and demonstrate collaborative leadership.
- **Be inclusive and value diversity** – make sure that no one feels excluded and listen to all perspectives.
- **Work at pace when appropriate and be agile** – streamlining how we make decisions, avoiding duplication and multiple layers where we can.
- **Learn by doing** – acting, evaluating and continuously improving.
- **Be transparent and honest** – in all our interactions and activities.

#### Working to improve lives

- 1 Driven by the people and communities we serve
- 2 Focussed on clear outcomes

#### We are inclusive - everyone counts

- 3 Inclusive and diverse
- 4 Collaborating, co-producing, co-owning, being a great partner

#### Working as one team

- 5 Accountability to role and team
- 6 Trusting and empowering each other

#### Getting things done

- 7 Working at pace when appropriate, with agility and courage
- 8 Being ambitious and can-do

#### Learning and improving

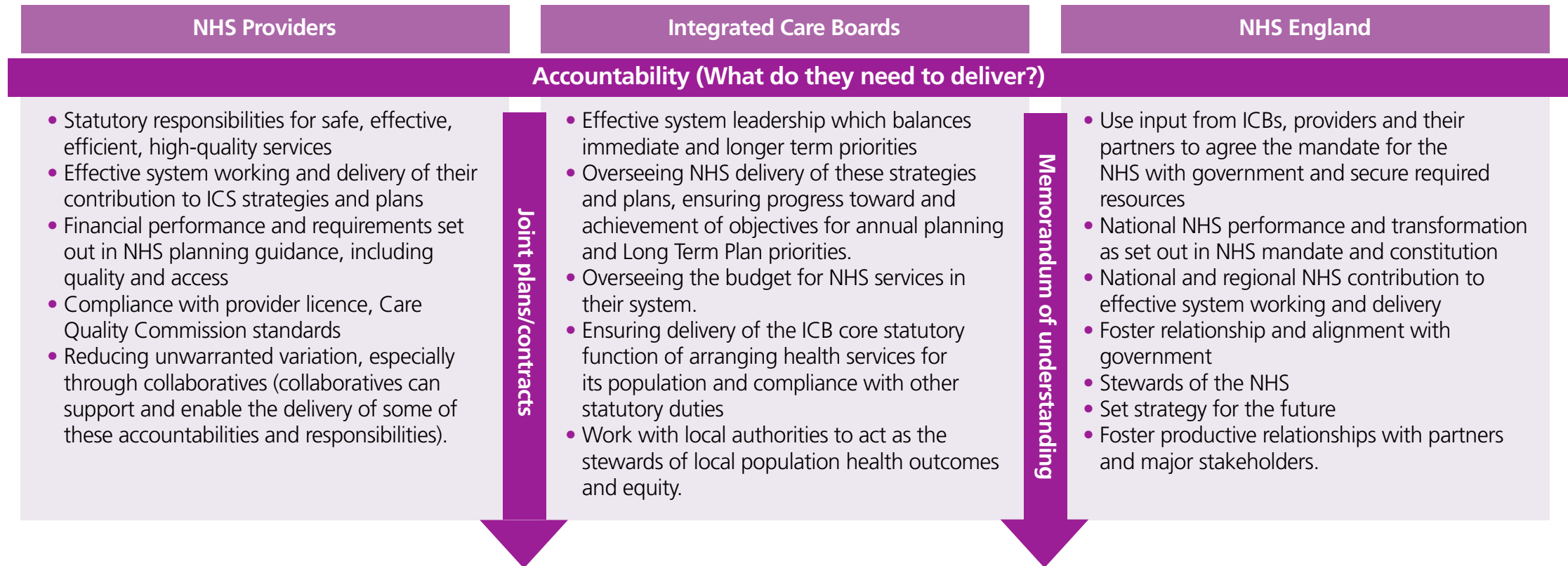
- 9 Learning by doing, cycles of change
- 10 Data-driven and evidence-based

#### Compassion and respect

- 11 Hard on problems and supportive of people
- 12 Transparent, honest and authentic

## How accountabilities and responsibilities will work

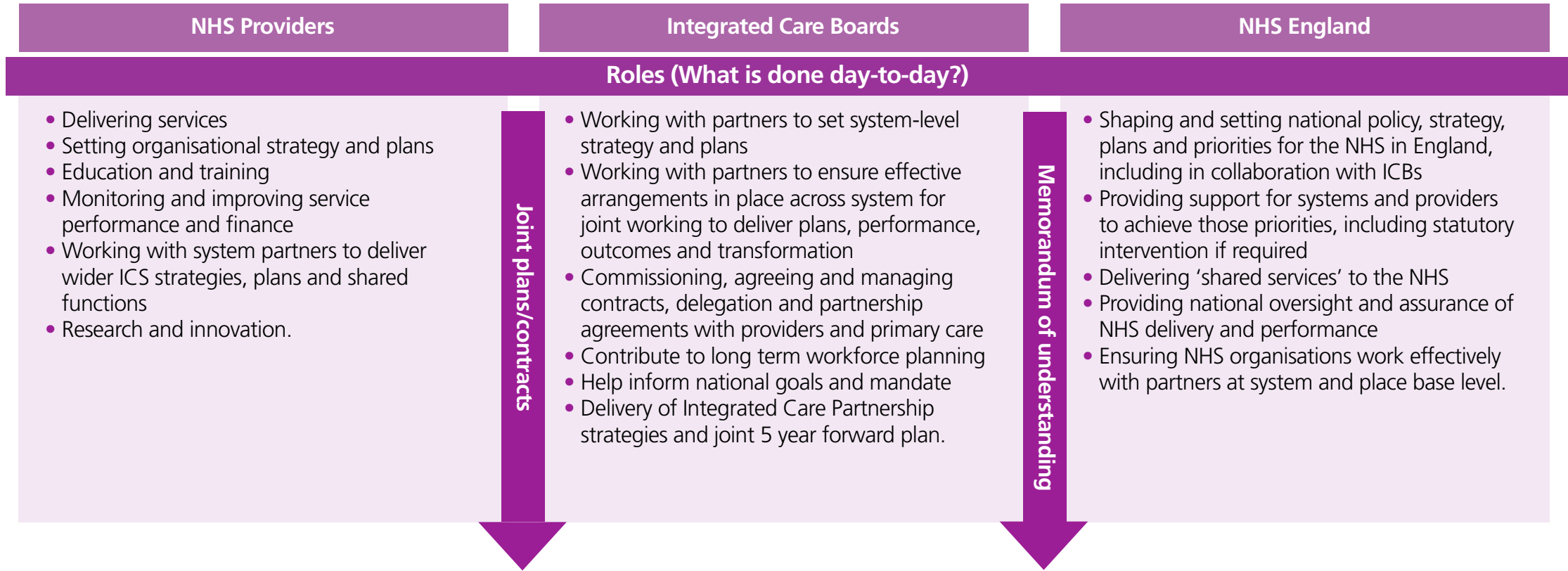
The tables below set out the **accountabilities and responsibilities for NHS England, ICBs and providers given the changes to legislation and shift to system based working\***. Whilst this sets out a form of hierarchy, we expect ways of working to be agreed locally so that collaboration is at the fore of transformation in systems.

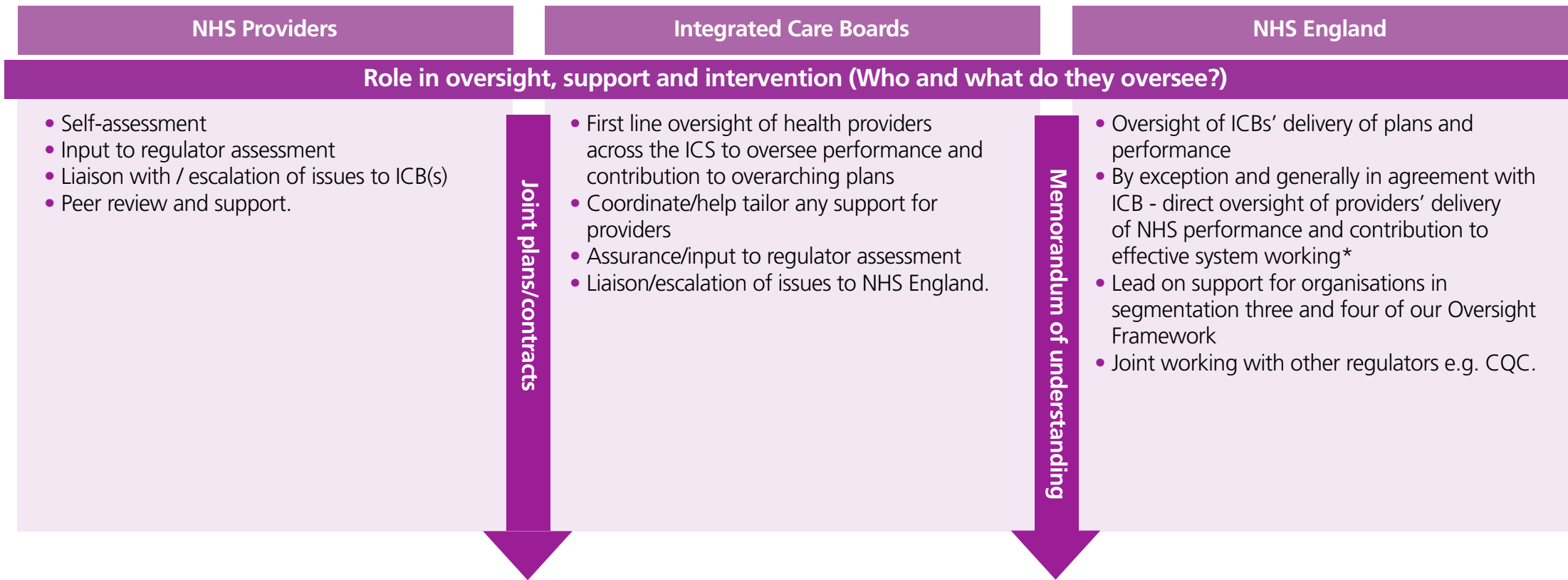


\*This does not capture the full accountability framework for ICSs. The purpose of this document is to set out the operating framework for NHS England and therefore accountabilities and responsibilities are focused on NHS partners.

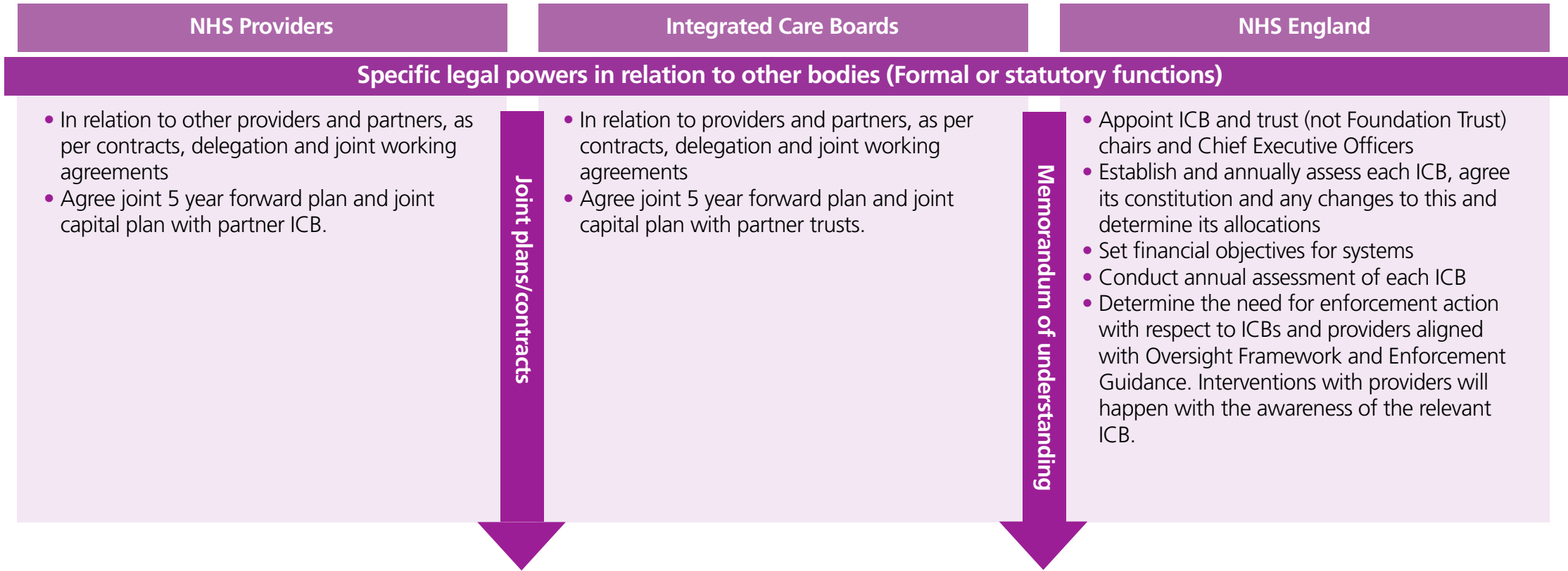








\*Detailed agreement on working arrangements between ICBs and NHS England to be set out in Memorandums of Understanding.



## Meeting national accountabilities through systems

### How will we meet national accountabilities?

- **ICBs are responsible for developing and overseeing the implementation of joint strategies and plans with their partners to meet national commitments**, as well as any additional local priorities for health service, social care and public health improvement that are agreed within each ICS strategy and ICB/provider joint forward plan.
- **Individual providers are responsible for delivering safe, effective, efficient, high quality services in line with universal required standards and commitments, their statutory duties and their contracts and agreements with ICBs and NHS England**, and for delivering any agreed wider contribution to implementing the Integrated Care Partnership strategy and joint-forward plan.
- **NHS England is responsible for supporting ICBs, NHS providers and their local partners** to deliver their plans and make their full contribution to the ICS strategy, and for intervening if the NHS's national commitments are at risk or are not being met. NHS England's approach to supporting performance improvement and delivery (for the purposes of improved health of local populations) will be to set clear objectives, ask system and provider leaders to identify how they will best achieve them in their local context and provide or facilitate access to support where needed to address particular challenges. Solutions and support will draw on evidence of best practice

and root-cause analysis, with NHS England contributing as a system partner alongside other local stakeholders.

- **NHS England is also responsible to Parliament for NHS performance and has regulatory powers supporting this**. Therefore, while we will not determine the day-to-day working relationships between leaders, it is important to be clear on the formal accountability lines between NHS organisations under the new arrangements. These regulatory powers include the ability to intervene and direct both ICBs and NHS providers that are failing or at risk of failing to meet required standards or perform their functions and duties.

### NHS Oversight Framework

- Our national approach to ongoing monitoring of progress and performance against universal NHS standards and commitments and agreed local priorities, for identifying support needs and intervening to secure improvement when required is set out in the **NHS Oversight Framework**.
- The arrangements for applying this within each ICS area will be agreed and set out in a **Memorandum of Understanding** between each ICB and the relevant NHS England regional team, alongside other details of their agreed ways of working. This will provide clarity of oversight arrangements for each provider, avoiding duplication.

## How this will change the way that we work

Many of the formal powers and accountabilities that NHS England (or our predecessor national bodies) have held historically remain broadly the same. It is how we deliver these that will be different – some examples of how we will work are outlined on the right, with specific illustrations of the change on the next page.

- **Proportionate and streamlined:** ICBs and NHS England will ensure oversight and performance management arrangements within their ICS area are proportionate and streamlined, and do not create duplication or unnecessary bureaucracy and reporting requirements for providers.
  - NHS England will describe a single set of national priorities, and metrics to track performance against them, in the Oversight Framework and will oversee this through a single mechanism.
- **Devolved:** For both ICBs and their partner NHS providers the primary relationship with NHS England will be through the relevant regional team.
  - Where national teams need to interact directly with ICBs and NHS providers, this will be done in conjunction with the relevant regional team, to ensure interactions are coordinated.
  - The arrangements between regional teams, ICBs and providers will be agreed locally, and set out in the Memorandum of Understanding. This will be discussed and agreed by all partners in the ICB and will be clearly communicated to partners in the system.
- **No surprises:** relationships between NHS England, ICBs and providers will be mature, respectful and collegiate, underpinned with effective lines of communication and a 'one team' philosophy, so there are 'no surprises' regarding the actions of each party.
- **ICB annual assessments:** NHS England has a duty to annually assess ICBs across a number of domains. The first annual assessment of ICBs will be completed in Q1 23/24 and will use a variety of evidence, but a key part of the process will be ICB self-reflection and dialogue between the ICB and NHS England over the course of the year.

## How accountabilities will work in context of our behaviours

Below are examples to illustrate how activities might change as part of the new approach. They show how many of the formal powers and accountabilities remain the same, but how we implement them will be different. It is worth noting that how responsibilities and roles are applied will depend on the circumstances and there will need to be some exceptions to the general rule as we implement the new approach and learn as we go.

	From	To
<b>Appointment of Foundation Trust Chair</b>	<p>Accountability and powers: <b>Trust Governors</b></p> <p>Trust Governors have responsibility for appointing the Chair. The appointment process may or may not include external stakeholders.</p>	<p>Accountability and powers: <b>Trust Governors</b></p> <p>Trust Governors continue to have responsibility for the appointment. The appointment processes should consistently seek the views and input of relevant partners, such as ICB leaders (e.g., ICB chair).</p>
<b>Oversight Framework Segmentation (Provider)</b>	<p>Accountability and powers: <b>NHS England</b></p> <p>Oversight of providers carried out by NHS England regional teams and decision on segmentation and support requirements made by NHS England.</p>	<p>Accountability and powers: <b>NHS England</b></p> <p>NHS England will remain accountable for decisions on segmentation and mandated support for providers. NHS England regional teams will oversee ICBs and work with them to advise on provider segmentation decisions. ICBs will lead on oversight of providers and work with NHS England regional teams if support is required at SOF 3. NHS England regional and national teams will lead on support and intervention at SOF 4.</p>

### Behaviours

- 

Collaborating, co-producing, co-owning, being a great partner.
- 

Accountability to role and team.
- 

Trusting and empowering each other.
- 

Hard on problems and supportive of people.

## How we will work together

Within NHS England, some roles will increasingly focus on providing practical support to colleagues within systems.

**The table below outlines at a high-level how different parts of our organisation will function.**

Regions	National programme teams	NHS England corporate functions
Focus and ways of working		
<p><b>Regions will act as the coordinating point between NHS England and systems and the point of access to tailored support and advice.</b></p> <ul style="list-style-type: none"> <li>• The central focus of regional teams will be to support local system partners to implement their plans.</li> <li>• Regions will bring together multi-disciplinary teams to inform and co-develop national strategy and policy, working with systems to reflect local realities. They will translate national strategy and policy to fit local circumstances and ensure this addresses local health inequalities and priorities.</li> <li>• Regions will need to work with their systems to develop the ways of working within their region to align with the overarching principles of this operating framework.</li> </ul>	<p><b>NHS England programme teams will work with and through regional teams to:</b></p> <ul style="list-style-type: none"> <li>• Co-create the evidence based strategy for transformation and improvement for their programme;</li> <li>• Agree expectations on outcomes with and through regions; and</li> <li>• Provide the subject matter expertise that systems can use to support implementation and provide intensive improvement support if needed.</li> </ul> <p>We are currently reviewing the national programmes that will form part of the new NHS England in order to streamline activities to ensure more effective coordination and interaction both across NHSE and with systems.</p>	<p><b>Regions and programme teams will in turn be supported by NHS England corporate functions.</b></p> <ul style="list-style-type: none"> <li>• These teams will set the overarching strategy, standards and incentives which enable the whole NHS to focus on its core priorities, ensuring support and guidance offered to the system is coherent. There will continue to be things that are best done 'once', such as ensuring the NHS has the staff it needs, modernising how we use technology and data to improve population health and access and NHS-wide campaigns.</li> <li>• Internal corporate support will provide a range of internal advice and support services for the new NHS England, for example, communications and engagement, finance, commercial, governance and legal, HR, estates, corporate social responsibility, corporate IT and internal strategy.</li> </ul>

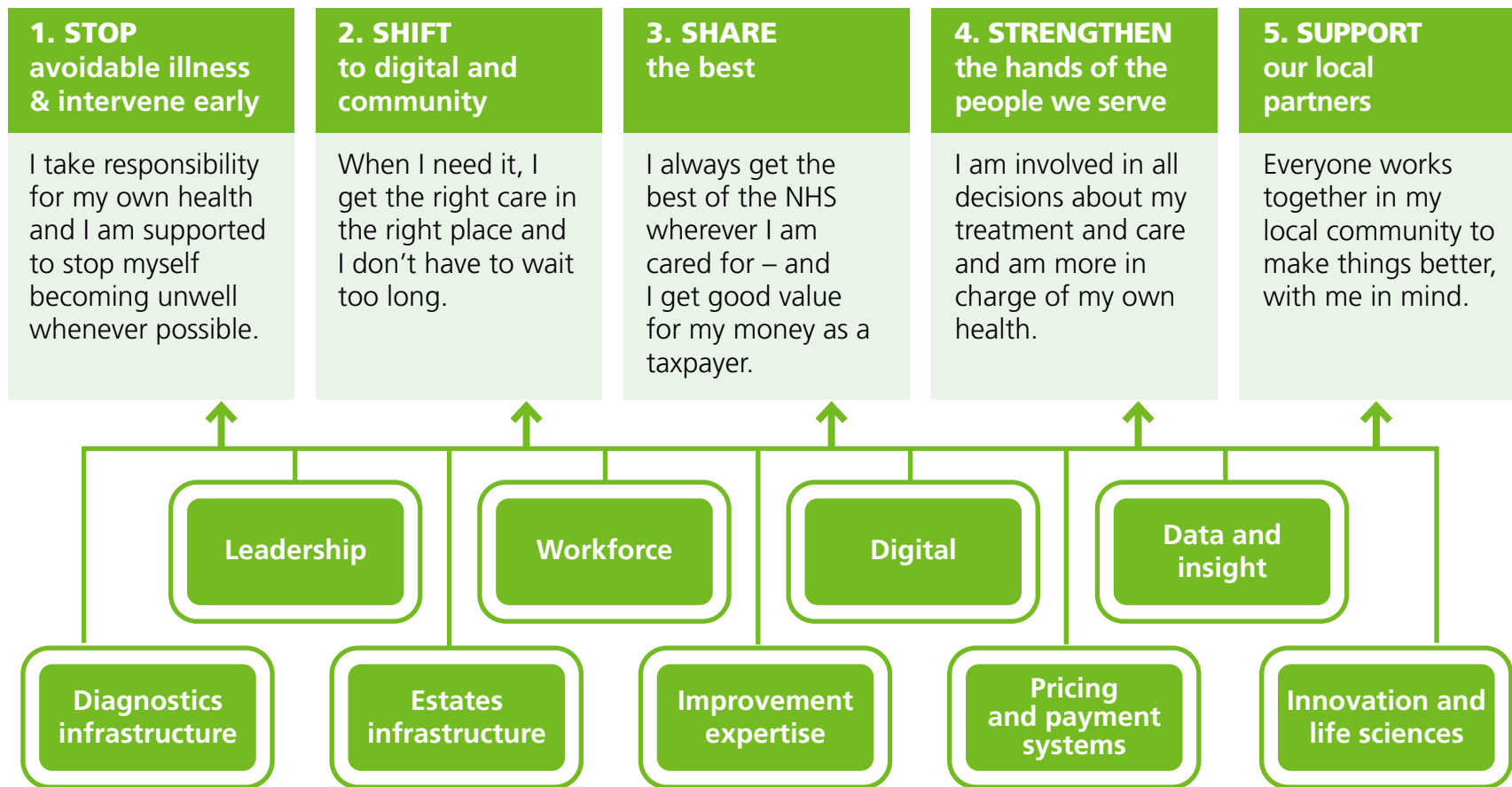
**For both ICBs and their partner NHS providers, the primary relationship with NHS England will be through the relevant regional team. National teams will only work directly with ICBs and individual providers to request information or plans, or to offer or mandate support, by agreement with the relevant regional team (other than in exceptional circumstances).**



# 4. Delivering our objectives

## Our objectives

In order to deliver our purpose and value-add for the health and care system, **we have set out on the right five transformational priorities for the medium-term (next 3-5 years)**. Agreeing medium-term transformational priorities represents a shift in how we operate and will enable us to focus on interim objectives to help frame and achieve our long-term goals. This will also enable us to more effectively address the challenges we face today.



The medium-term priorities are underpinned by nine key enablers, which support delivery of each priority.



Each of the five medium-term, transformational priorities contribute to delivery of our urgent priorities and our long-term aims, as illustrated below. As part of embedding these priorities in our activities, measurable outcomes will be aligned to each so that we can monitor delivery over time.

<b>1. STOP</b> avoidable illness & intervene early	<b>2. SHIFT</b> to digital and community	<b>3. SHARE</b> the best	<b>4. STRENGTHEN</b> the hands of the people we serve	<b>5. SUPPORT</b> our local partners
I take responsibility for my own health and I am supported to stop myself becoming unwell whenever possible.	When I need it, I get the right care in the right place and I don't have to wait too long.	I always get the best of the NHS wherever I am cared for - and I get good value for my money as a taxpayer.	I am involved in all decisions about my treatment and care and am more in charge of my own health.	Everyone works together in my local community to make things better, with me in mind.

### Examples of actions we take to support urgent priorities

- Take action to avoid unnecessary illness and stop conditions escalating now. This should improve access to Urgent and Emergency Care services and outcomes for patients.
- Take action to decompress the acute system now, which should help release acute capacity to support improvements to patient flow.
- Take action to adapt and adopt best practice to improve consistency of care now.
- Take action to provide patients with the information they need to choose the right care in the right place.
- Take action to ensure the successful establishment of new ICSs now.

### Examples of actions we take to ensure we keep building towards the long-term

- Work with partners to build expertise & capability in delivering prevention and early intervention, using personalised approaches focused on inequalities.
- Work to build out of hospital capacity and different models for the longer-term.
- Work to build greater standardisation by embedding best practice and separation of urgent and elective care at scale.
- Work to create a fundamental shift in the balance of power to give people more control in shaping their own health and care, enabled by technology and data.
- Work to build strong and sustainable local systems and partnerships.

## Our required outcomes

### Our six longer-term aims

- Longer healthy life expectancy
- Excellent quality, safety and outcomes
- Excellent access and experience
- Equity of healthy life expectancy, quality, safety, outcomes, access and experience
- Value for taxpayers' money
- Support to society, economy and environment



# 5. How we will organise ourselves

## Integration with our partners

- **The proposed merger of NHS England, Health Education England and NHS Digital on 1 April 2023, provides a unique opportunity to create a 'new' NHS England**, putting workforce, data, digital and technology at the heart of our plans to transform the NHS.
- This operating framework will be a key input into the design of the new combined organisation. **The new NHS England change programme will seek to use the principles of the operating framework to ensure the new organisation maximises the potential of our move to system working; streamlining what we do nationally to give systems the space to lead and ensuring we focus our efforts on what we are uniquely placed to do at a national level.** This will include being clear on interdependencies between regional and national functions in order to deliver our accountabilities.
- Part of our commitment in the creation of a new NHS England is to develop a new culture for the organisation, supported by a set of behaviours which we will co-develop and refine as part of the integration process.

## High level organogram

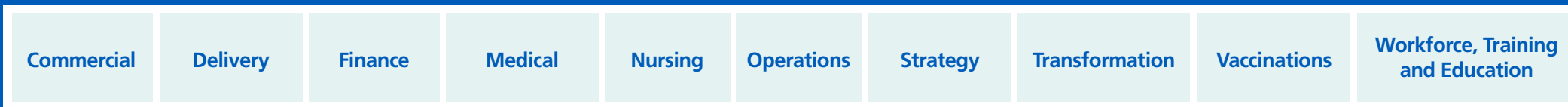
**At the top level, the proposed design for the new NHS England will integrate Health Education England and NHS Digital with the NHS England structure**, with clear national, regional and internal accountabilities. The top level structure is shown below. Our regions will continue to hold the primary relationship with systems, supporting delivery of priorities locally as well as influencing national policy development by providing local context input.

You can find our latest organogram [here](#).

**NHS Chief Executive - Amanda Pritchard**

### National Directorates

National teams from across the organisations will come together to deliver the core functions of the new NHS England through 10 Directorates.



#### Programmes

Programmes will be consolidated and operate through more streamlined delivery models, facilitated through greater central coordination

#### Internal Corporate Support

Internal corporate services (for example, Finance, HR, Estates) will be integrated across the three organisations. Support will be delivered through a blend of shared and directorate-aligned functional teams.

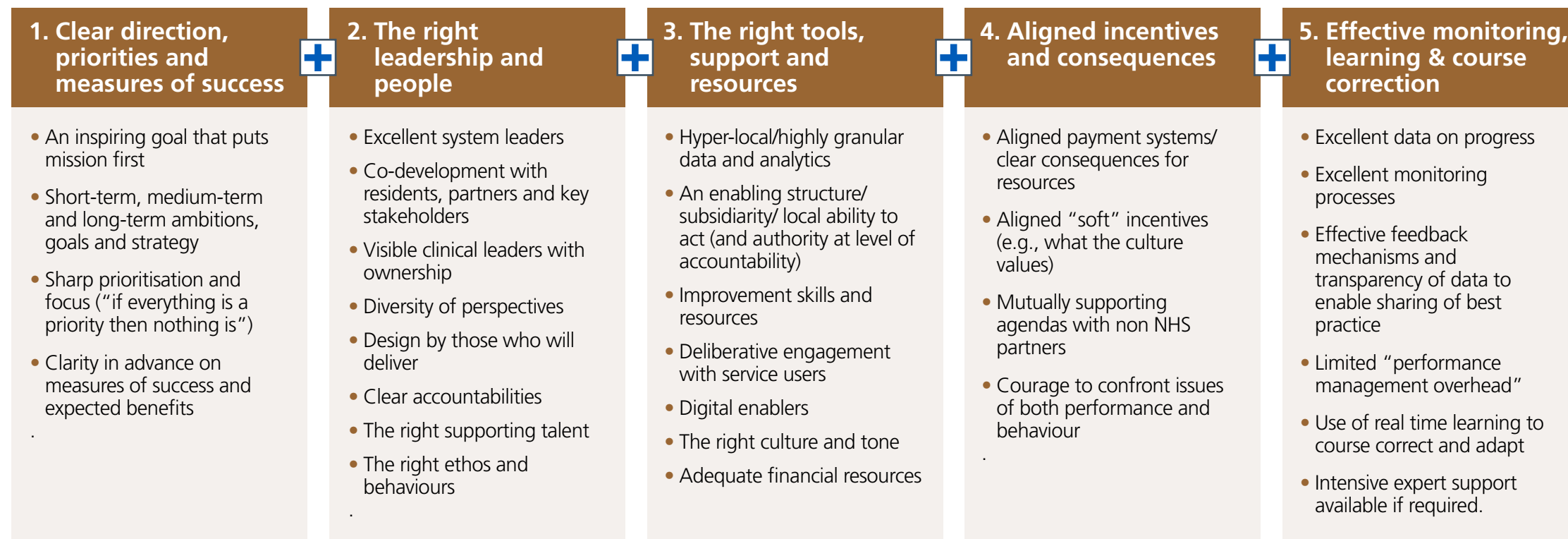
#### Regional Teams

Regional teams from NHS England and Health Education England will be integrated and seven regions will remain. Regions will look for opportunities to transfer more accountabilities to ICB level.



## 6. Setting ourselves up for success

**We have developed a common framework and discipline for how we approach change programmes in NHS England.** As part of our development of the operating framework our Executive identified five components to ensure that these change programmes are successful. We engaged with stakeholders to refine this as part of the operating framework conversations. The output of this is outlined below. The impact of this approach is multiplicative, if one of the five components is zero then the net effect is zero. **We will aim to consistently embed these into our change approaches in future.**



## 7. Making this a reality

We have set out the foundations of our ways of working for the new NHS England; **we now need to consistently embed these ways of working in all our activities and interactions.**

There are a number of objectives that we will implement through the new NHS England change programme:

1. **Doing what only we can do and focusing on how we deliver value**
2. **Adding value at the right place**
3. **Providing a single voice and clearer interactions with the system**
4. **Adapting ourselves to support the development of ICSs**
5. **A simpler and better coordinated organisation**
6. **Integrating the wisdom of frontline services in everything we do**

It will take time to implement these changes and there will be a programme of work to support this over the coming years.



## 8. What to expect next

- **We have started a programme of work to enable us to deliver our immediate next steps and objectives as part of the new NHS England change programme.** These actions will take place over the coming year ahead of the organisations coming together on 1 April 2023 to form the new NHS England, subject to Parliament's approval of the necessary regulations.
- Whilst the formal merger will take place on 1 April 2023, further work will continue into 2023/24 as we implement an organisation design programme to transform our ways of working.
- This will enable us to add further detail to this document and to develop the operating framework for the new NHS England with Health Education England and NHS Digital, some of which we will start to put into practice before the merger date as we work closely together with our partners. Key amongst these will be in the development of the four high impact areas of cross-cutting design and a revised Executive governance meeting structure.
- An Organisational Development and Transformation programme will be established to support this beyond the merger date, recognising these changes will take time.
- We will evaluate this over time, collaboratively and in partnership with system leaders and stakeholders.

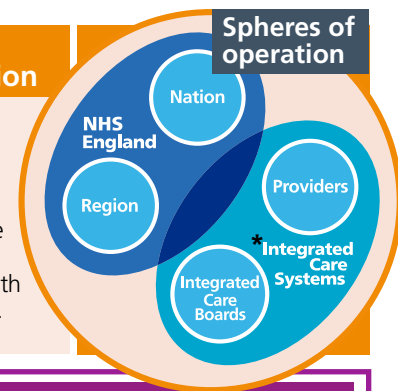


# The NHS England operating framework: the foundations

**1 Why we are here** To lead the NHS in England to deliver high-quality services for all

**2 What we do to add value**

Set direction	Allocate resources	Ensure accountability	Support and develop people	Mobilise expert networks	Enable improvement	Deliver services	Drive transformation
<ul style="list-style-type: none"> <li>Policy and strategy</li> <li>Relationship with government</li> <li>Agree mandate</li> <li>Set annual planning guidance and priorities</li> <li>Provide leadership.</li> </ul>	<ul style="list-style-type: none"> <li>Plan workforce strategy with partners</li> <li>Workforce innovation</li> <li>Financial structures and incentives</li> <li>Financial stewardship of NHS</li> <li>Financial allocation.</li> </ul>	<ul style="list-style-type: none"> <li>Accountability</li> <li>Standards</li> <li>Goals and expectations</li> <li>Monitoring and assurance</li> <li>Regulation</li> <li>Health protection.</li> </ul>	<ul style="list-style-type: none"> <li>Leadership culture and development</li> <li>Culture and behaviours</li> <li>Inclusion and diversity</li> <li>Training and education.</li> </ul>	<ul style="list-style-type: none"> <li>Expert knowledge and consensus</li> <li>Outcomes</li> <li>Benchmarks</li> <li>Best practices</li> <li>New products and services</li> <li>National stakeholders</li> <li>System development.</li> </ul>	<ul style="list-style-type: none"> <li>Support improvement</li> <li>Deploy improvement support</li> <li>Intensive support</li> <li>Regulatory intervention.</li> </ul>	<ul style="list-style-type: none"> <li>Digital</li> <li>Data and analytics</li> <li>Commercial &amp; procurement support</li> <li>Direct commissioning.</li> </ul>	<ul style="list-style-type: none"> <li>Medium-term priorities</li> <li>Transformation enablers</li> <li>Partner with life sciences</li> <li>Population health and prevention.</li> </ul>



**3 How we do it**

Leadership behaviours    Working to improve lives    We are inclusive - everyone counts    Working as one team    Getting things done    Learning and improving    Compassion and respect

Accountabilities and responsibilities	Providers	ICBs	NHS England
	<ul style="list-style-type: none"> <li>Statutory responsibilities for safe, effective, efficient, high-quality services</li> <li>Effective system working and delivery of their contribution to ICS strategies and plans</li> <li>Financial performance and requirements set out in NHS planning guidance, including quality and access</li> <li>Compliance with provider licence, Care Quality Commission standards</li> <li>Reducing unwarranted variation, especially through Provider Collaboratives.</li> </ul>	<ul style="list-style-type: none"> <li>Effective system leadership which balances immediate and longer term priorities</li> <li>Overseeing NHS delivery of strategies and plans, ensuring progress toward and achievement of objectives for annual planning and Long Term Plan priorities.</li> <li>Overseeing the budget for NHS services in their system</li> <li>Ensuring delivery of the ICB core statutory function of arranging health services for its population and compliance with other statutory duties</li> <li>Work with local authorities to act as the stewards of local population health outcomes and equity.</li> </ul>	<ul style="list-style-type: none"> <li>Use input from ICBs, providers and their partners to agree the mandate for the NHS with government and secure required resources</li> <li>National NHS performance and transformation as set out in NHS mandate and constitution</li> <li>Contribution to effective system working and delivery, including statutory intervention if required</li> <li>Foster relationship and alignment with government</li> <li>Stewards of the NHS</li> <li>Set strategy for the future</li> <li>Foster productive relationships with partners and major stakeholders.</li> </ul>

**4 What we need to achieve**

Medium term objectives    STOP avoidable illness and intervene early    SHIFT to digital and community    SHARE the best    STRENGTHEN the hands of the people we serve    SUPPORT our local partners

Outcomes	Longer healthy life expectancy	Excellent access and experience	Value for taxpayers' money
<ul style="list-style-type: none"> <li>Excellent quality, safety and outcomes</li> <li>Equity of healthy life expectancy, quality, safety, outcomes, access and experience</li> </ul>	<ul style="list-style-type: none"> <li>Support to society, economy and environment</li> </ul>		

\* Partnerships between ICBs, NHS providers, local authorities and other partner agencies are now a core component of the NHS's operating framework and ways of working. NHS England will support NHS leaders to embed partnership working locally, and we will work with partners to support wider ICS development.





# Board of Directors' Meeting

## 04 November 22

<b>Agenda item</b>	P162/22
<b>Report</b>	<b>National, Integrated Care Board and Rotherham Place Update</b>
<b>Executive Lead</b>	Michael Wright, Deputy Chief Executive
<b>Link with the BAF</b>	<p>R2: There is a risk we will not establish ourselves as leaders in improving the lives of the population we serve because of insufficient influence at PLACE leading to increased ill health and increased health inequalities</p> <p>OP3: There is a risk robust service configuration across the system will not progress and deliver seamless end to end patient care across the system because of a of lack of appetite for developing strong working relationships and mature governance processes leading to poor patient outcomes</p>
<b>How does this paper support Trust Values</b>	Together: the paper demonstrates how the Trust and partners across both Rotherham Place and the wider system work together in providing patient care and also providing mutual support in the continued response to the Covid-19 pandemic and subsequent period of recovery.
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input type="checkbox"/> <b>For information</b> <input checked="" type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>The purpose of this report is to provide the Trust Board with an update on national developments and developments across the South Yorkshire Integrated Care Board (SYB ICB) and Rotherham Place.</p> <p>Key points to note from the report are:</p> <ul style="list-style-type: none"> <li>• The national report into East Kent Maternity and Neonatal services was published on the 19<sup>th</sup> October.</li> <li>• Oliver Coppard, Mayor of South Yorkshire has been appointed as Chair of the ICBs Integrated Care Partnership.</li> <li>• There continues to be significant pressures and challenges within the contracted home care and care home markets in Rotherham. Action is being taken to address the pressures.</li> <li>• Senior Leaders across the Rotherham Place are now meeting three times a week to discuss system pressures and how flow across the Trust can be improved. The Executive Place Priority meeting is chaired by the Deputy Place Director.</li> <li>• Work to tackle health inequalities continues within the Trust and across Rotherham place. The Trust in partnership with Rotherham Metropolitan Borough Council (RMBC) is recruiting a Consultant in Public Health, with interviews scheduled for the end of October.</li> </ul>

<p><b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)</p>	<p>The Executive Team receives a weekly verbal update covering key Place and SY ICB level activities in addition to specific papers periodically, as and when required.</p>
<p><b>Board powers to make this decision</b></p>	<p>N/A</p>
<p><b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)</p>	<p>The Deputy Chief Executive will provide feedback to the Rotherham Place Board following discussions at the Trust Board.</p>
<p><b>Recommendations</b></p>	<p>It is recommended that the Board note the content of this paper</p>
<p><b>Appendices</b></p>	<p>1. Summary of the Rotherham Place Partnership work through September and October</p>

## **1.0 Introduction**

1.1 This report provides an update on national developments and developments across the South Yorkshire Integrated Care Board (SYICB) and also across Rotherham Place.

## **2.0 National Update**

2.1 The national report into East Kent Maternity and Neonatal services was published on the 19<sup>th</sup> October. The report sets out the devastating consequences of failing and the loss and harm suffered by families. The report sets out four key areas for action. These are:

- To get better at identifying poorly performing units
- Giving care with compassion and kindness
- Teamworking with a common purpose
- Responding to challenge

2.2 Ambulance staff will be balloted on potential strike action in a dispute over pay. This could potentially lead to the biggest strike action by paramedics in over 30 years.

## **3.0 South Yorkshire Integrated Care Board (SYICB)**

3.1 Oliver Coppard, Mayor of South Yorkshire has been appointed as Chair of the ICBs Integrated Care Partnership.

The Integrated Care Partnership is one of the two core elements of South Yorkshire's Integrated Care System, the other being the Integrated Care Board, known as NHS South Yorkshire, which was formed on 1 July 2022 when the four former Clinical Commissioning Groups in Barnsley, Doncaster, Rotherham and Sheffield merged.

The Integrated Care Partnership (ICP) will bring together partners from across South Yorkshire's local authorities, health and care service providers and the voluntary and community sectors to tackle health inequalities and improve and enhance services for everyone.

## **4.0 Rotherham Integrated Care Partnership (ICP)**

4.1 There continues to be significant pressures and challenges within the contracted home care and care home markets in Rotherham. Providers across social care are experiencing capacity issues, mainly due to recruitment challenges and this has led to unmet need.

A National fair cost of care exercise has commenced with the market which will support ongoing sustainability of our markets by moving towards a fair cost of care. Proactive engagement with providers is taking place to understand the challenges and support required, including support with workforce and recruitment.

For example, the development and positive promotion of a social care career campaign to attract recruits and support retention in the home care sector is underway. This joint approach with care providers, care workers and the Council will attempt to address some of the workforce issues. A proportionate care approach is also being implemented with training to professionals across health and social care

underway. This will encourage a holistic assessment, considering all aspects of support to provide care including assistive technology.

- 4.2 Senior Leaders across the Rotherham Place are now meeting three times a week to discuss system pressures and how flow across the Trust can be improved. The Executive Place Priority meeting is chaired by the Deputy Place Director.
- 4.3 Rotherham partners continue to work hard to support the population through the cost of living crisis. In addition to the National offer to support people through the cost of living crisis, Rotherham has the following local offer:
- The Household Support Fund – this will provide food vouchers for Children eligible for free school meals, support for care leavers living independently and responsible for their own utility bills, support for pensioner households (flat payment to all Rotherham pensioners and applications for household grants).
  - The Covid-19 Recovery Fund – this will provide cash grants scheme to support energy costs and Local Council Tax support scheme
- 4.4 Rotherham place is working hard to deliver flu and Covid-19 vaccines this winter. As of the 20<sup>th</sup> October 41% of the eligible population had been vaccinated (slightly higher than the South Yorkshire average of 39%) and 100% of care homes will be vaccinated by the 23<sup>rd</sup> October 2022.
- 4.5 The Deputy Chief Executive of the Trust attended the Health Select Commission on 29th September. The key areas of focus included the actions taken across Rotherham on Suicide Prevention and a presentation covering Medicines Management.
- 4.6 The Health and Wellbeing Board met on the 21<sup>st</sup> September and covered a number of areas including the Carers Strategy and the Pharmaceutical Needs Assessment. The Health and Wellbeing Strategy was also on the agenda. The strategy continues to focus on the following priorities:
- All Children get the best start in life
  - All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
  - All Rotherham people will live well for longer
  - All Rotherham people live in healthy, safe and resilient communities.
- 4.7 The Rotherham Place Board met on 19th of October, which was immediately followed by the Rotherham ICB Place Committee. The Place Board focussed on plans for winter and progress against the place priorities. The ICB Place Committee reviewed the operational performance for Rotherham. Appendix 1 provides a summary of the Rotherham Place partnership work through September and October.
- 4.8 Colleagues from the Trust attended The Rotherham Prevention and Health Inequalities Enabling Group on the 17<sup>th</sup> October. The Group focussed on the Quarter 2 update on the Prevention and Health Inequalities Strategy and key priorities which include the following :

Priority 1: Strengthen our understanding of health inequalities

Priority 2: Develop the healthy lifestyles prevention pathway

Priority 3: Support the prevention and early diagnosis of chronic conditions

Priority 4: Tackle clinical variation and promote equity of access and care

Priority 5: Harness partners' roles as anchor institutions.

This work continues to be led by The Director of Public Health for Rotherham, who has contributed to the Health Inequalities work at the Trust. The Trust in partnership with RMBC is recruiting a Consultant in Public Health, with interviews scheduled for the end of October. The post holder will make a significant difference to prevention and health inequality initiatives across Rotherham.

**Michael Wright**  
**Deputy Chief Executive**  
**November 2022**

## Rotherham Place Partnership Update: September/October 2022

### Health Inequalities and Population Health

Rotherham has a Prevention and Health Inequalities Enabler Group in place which is responsible for overseeing the local Prevention and Health Inequalities (P&HI) Strategy. A subgroup has also been meeting regularly during the year as a health inequalities data group, to share updates, learning and to facilitate cross partner working and analysis.

The Rotherham Place continues to develop its Population Health Management (PHM) approach through a number of programmes set out within the P&HI strategy. The Place continues to develop the Rotherham Office of Data Analytics (RODA) as a joint initiative across partners to enhance our capacity and capability in analysing population health and health inequalities data. An analytical post to support RODAs development is expected to go out to advert in October / early November.

The Rotherham Place also concluded the NHS England and Local Government Authority sponsored Place Development Programme in October. This programme brought a wide range of professionals together across Rotherham to consider a PHM approach. The programme identified a cohort of people at risk of poorer outcomes, set out the challenges for that cohort and some potential outcomes to target to improve the health of that cohort. The programme generated an excellent range of discussion and insight, which will be translated into an action plan to take forward our PHM approach.

A health inequalities data tool has also been produced using PowerBI to assure delivery of the strategy. This provides an overview of wider contextual outcome measures as well as KPIs relating to service-delivery and a profile of the Core20 in Rotherham. The intention is that this will be developed further to include profiles of all 'plus' inclusion groups set out within Rotherham's P&HI strategy.

Work is also taking place to review Rotherham's healthy lifestyles prevention pathway. Progress so far has included the recommencement of the NHS health checks and engagement work with both communities and professionals to inform the recommissioning of smoking cessation and T2 weight management services. A proposal has also been endorsed to develop a Place communications and engagement campaign focussed on upstream messaging around prevention.

Primary Care Networks are involved in the P&HI Enabler Group and are using the Place strategy to inform their health inequalities plans.

### Cost of Living

Rotherham's population is skewed towards the lowest income deciles. Using IFS analysis, these communities will experience the highest inflation. The bottom 3 deciles are forecast to experience over 11% inflation. This equates to 128,000 people in Rotherham - roughly half the population.

The physical and mental health impacts of poverty are well known and whilst many of the issues underlying the cost of living increases are outside of the NHS sphere of influence it is important for us to consider what the role of the NHS can be in mitigating the impacts of the current situation. This includes ensuring staff have an awareness of the impacts that the rising cost of living will have on our communities; showing compassion and understanding in care delivery; and ensuring we play an important role as an Anchor Institution within local communities. We also know that staff wellbeing and support programmes are as important as services for patients.

In addition to the latest **National offer** to support people through the cost of living crisis (announced 26 May 2022), Rotherham has the following local offer: a) **Household Support Fund** will provide food vouchers for Children eligible for free school meals, support for care leavers living independently and responsible for own utility bills, support for pensioner households (flat payment to all Rotherham pensioners and applications for household grants) and b) **The Covid Recovery Fund** will provide a cash grants scheme to support energy costs and Local Council Tax support scheme.

Other support:

- Food banks
- Credit unions
- Debt advice
- Mental Health support
- Hardship funds
- Flexible Appointments for people
- Warm Spaces

We are also considering schemes that could be enacted should additional funding be identified, these include:

- Enhance Rotherhive
- Review of care sector arrangements
- Improving travel costs

### WORKING TO REDUCE THE NUMBER OF LIVES LOST TO SUICIDE IN ROTTERHAM

<https://www.be-the-one.co.uk/>



There are a number of websites that provide information and advice to people and we have recently launched the new **Be the One** suicide prevention campaign:

- <https://www.rotherham.gov.uk/money-debt-advice>
- <https://yourhealthrotherham.co.uk/energy-advice/>
- <https://rotherhive.co.uk/depression-anxiety-stress/>



## Winter and Surge Plan / What's different for 2022/23

Rotherham Place winter plan was developed in collaboration with all partners, aligned to UEC priorities, based on learning from previous years including 'Thinking Differently for Winter' workshop. It includes strong relationships with agreed escalation to executive level for assurance. The plan was signed off at the Urgent and Emergency Care Group in October, along with the Winter Communications Plan, and both were signed off at October Place Board.

Elements of plan are already delivered across Place, e.g. Virtual wards – pathways agreed and recruitment underway, urgent response 2hr implemented - 9 clinical conditions met, meeting 70% national threshold with growing trajectory. The following is a summary of what's new in the 2022/23 plan:

### Acute

- Admission avoidance in UECC extending social work function and expanding to include Voluntary Sector
- Transport provision to be extended based on capacity/demand planning
- Continued increased utilisation of Same Day Emergency Care (SDEC) facilities with extended opening hours and additional consultant resource through winter
- Increased opening hours of discharge lounge, additional capacity/orthopaedic footprint will allow continuation of electives when under operational pressure

### Mental Health

- Delivery of mental health communications plan
- Development of safe space crisis drop in as an alternative to crisis team providing emotional and practical support to people in need.
- RDASH patient flow team expanded to ensure effective flow through system and reduce risk of OOA placements
- Crisis accommodation commissioned until March 2023

### Community

- Implementation of Discharge to Assess at home pathway including additional resource (nursing/therapy) and a shift of resource from acute to community
- Home care capacity - increase bridging service to support D2A pathway
- Additional community short stay beds in care homes will support effective flow

### Children and Young People

- Self-help support and wider public health information will be promoted
- CYPs Crisis & Intensive Community Support Team will engage to provide risk assessment/care/treatment to avoid re-presentation at UECC
- The Me in Mind Teams will work intensely with schools to support resilience and provide early intervention where children and young people are showing the early sign of emotional distress

### Primary Care

- Primary care will run at full core capacity, with enhanced access and same day care provided by PCNs
- PCN offer of enhanced access delivery - additional clinical backfill to enable longer appointment times and discharge from hospital reviews
- Flu and Covid vaccinations for patients delivered as a system using PCN/place footprint for delivery

### System

- Agreed approach to winter and system exceptionality meetings re Covid outbreaks in care homes in place.
- Communications plan across Place including refresh of 'Home First' principles.

### Challenges

- System challenges – leads to firefighting not transformation
- Demand, complexity of patients and delayed discharges impacting on performance at times of pressure
- Maintaining an elective programme
- Risk of further bed reductions in acute - due to cohorting flu and covid19
- Pressures on social care provision – home care market
- Workforce challenges – sickness, morale, and mental health. Risk of recruiting to winter resource

## Rotherham Vaccine Update

- All 6 PCNs working hard to deliver both covid and flu vaccines across the borough with large scale coadministration taking place where vaccine supply allows
- A number of pharmacies are also supporting the vaccination scheme and are available via the national booking system
- As of the 20<sup>th</sup> October 41% of the eligible population has been vaccinated, slightly higher than the South Yorkshire average of 39%
- 100% of care homes will be vaccinated by the 23<sup>rd</sup> October 2022
- Staff vaccinations are co-administering with flu vaccines (as supply allows) to protect health & social care staff over winter.
- House bound patients are being co-administered (flu & covid) to reduce visits into houses to better protect patients.
- Each week we have the vaccine pop up bus targeting hard to reach communities and local community works promoting these sessions as a walk-in
- Through November we will also be targeting industrial estates and work with local businesses to support staff vaccinations
- We are increasing capacity on the NBS system now that the 50 year cohort with more regular weekend sessions recognising the population is likely to be working
- We are increasing capacity on the NBS system now that the 50-year cohort with more regular weekend sessions recognising the population is likely to be working



## Board of Directors Meeting 04 November 2022

<b>Agenda item</b>	P163/22
<b>Report</b>	<b>Strategy Delivery Plan – 6 month update</b>
<b>Executive Lead</b>	Louise Tuckett, Director of Strategy, Planning & Performance
<b>Link with the BAF</b>	P1, R2, O3, U4, D5, D6,
<b>How does this paper support Trust Values</b>	This paper sets out the first six months of our delivery against the Trust's Strategy, which has at its heart the Trust values of <i>Ambitious, Caring, Together</i> .
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>The Trust's Five Year Strategy '<i>Our New Journey, Together, 2022-2027</i>' was approved early in 2022, ready for implementation from April this year. Behind the strategic vision sat a number of clear deliverables within our agreed Strategy Delivery Plan, aligned with our five strategic ambitions and designed to ensure the strategy delivers real change for our organisation.</p> <p>This paper provides the Board of Directors with a written update on our delivery of those programmes of work in the first half of year 1, and identifies the particular areas of focus for the next six months. We have not formally published the Strategy Delivery Plan, but are using it at Board level to guide how the strategy needs to feed into our annual planning, and ensure we are making pragmatic changes to ways of working.</p> <p>The majority of our deliverables are on track, with just two deliverables requiring further focus in order to ensure tangible change for our staff and patients. Whilst there are named leads against each deliverable, it is recognised that successful implementation of our strategy comes from the whole organisation buying into our vision for the future of the trust, and helping drive the changes we need to in order to embed our strategic ambitions into the heart of everything we do.</p> <p>In order to demonstrate how so many colleagues have contributed to delivery of our ambitions even in this first six months, we have prepared a short video to share some of the key highlights to date.</p>



<b>Due Diligence</b>	The Executive Team have received this written report in advance of the Board of Directors.
<b>Board powers to make this decision</b>	In order to be assured of the delivery of the Trust Strategy, the Board agreed that it was appropriate to receive a bi-annual update on our implementation to date.
<b>Who, What and When</b>	The Director of Strategy, Planning and Performance is responsible for helping to drive the delivery of the strategy throughout the organisation, with the Board of Directors overseeing implementation.
<b>Recommendations</b>	It is recommended that the Board of Directors note the Trust's progress against the Strategy Delivery Plan.
<b>Appendices</b>	A video of the first six months of delivery will be shown to the Board alongside this report.

## 1.0 Introduction

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The Trust launched its new strategy in late 2021, ‘*Our new journey, together 2022-2027*’. This strategy set out our ambitions for the next five years, providing the Trust with a sense of direction as it navigates an increasingly complex and challenging landscape.

The strategy was based around five strategic ambitions, which were:

<b>P – Patients</b>	We will be proud that the quality of care we provide is exceptional, tailored to people’s needs and delivered in the most appropriate setting for them
<b>R – Rotherham</b>	We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve
<b>O – Our Partners</b>	We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care
<b>U – Us</b>	We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work
<b>D – Delivery</b>	We will be proud to delivery our best very day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation

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To support the delivery of these ambitions a Delivery Plan was produced. This outlined the key deliverables and developments that would support the Trust in achieving these ambitions. The delivery plan was presented and supported by the Board of Directors in February 2022.

## 2.0 The Delivery Plan

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The Delivery Plan set out the range of actions against the five strategic ambitions a, with each linked to the detail of the ambitions set out within the strategy. This includes both a Year 1 plan as well as an outline for Years 2-5, noting that the latter years will be subject to change and review as is appropriate with a longer-term plan in a very dynamic context.

The Year One ambitions are set as below:

Strategic Ambition	Delivery Requirement
Patient	Implement a QI methodology within the Trust
	Introduce patient representatives on appropriate formal meetings
	Build in more real-time quality metrics to performance dashboards
	Implement our Community Rapid Response solution
Rotherham	Review our procurement process and approach so that we can spend more of our money locally
	Re-establish our schools in-reach and Health Ambassadors programme
	Expand patient alcohol care services through Community Outreach Alcohol Services Team
	Agree TRFT Anchor Charter
Our Partners	Implement joint showcase events, training opportunities and away days with partners
	Support establishment of single Pathology Network
	Incorporate joint CEO post with Barnsley Hospitals NHS FT should both Trusts agree
	Influence appointment of a Rotherham Place Director within the ICB
Us	Implement 'a day in the life of' days and 'back to the floor' initiatives for non-clinical staff
	Embed pulse checks and appropriate feedback – "you said, we did"
	Roll out our behavioural framework and the Civility Matters campaign
Delivery	Implement an 'ideas' system, where all staff can put forward their ideas for change
	Revamp our approach to improving efficiency, including a focus on transformational schemes

	Refresh our Digital Strategy
	Enhance functionality in Rotherham Health App so patients can amend or cancel appointments online

### 3.0 The Delivery of the Plan

Over the last six months, a significant amount of work has been undertaken to deliver these ambitions. Staff from across services have worked to make these plans a reality and continue to move the Trust forward as set out within the wider strategy.

The focus of this update is on the actions that are planned for this year (Year 1 of the Delivery Plan) – a total of 20 initiatives. For each of the 20 initiatives highlighted for progression this year, an update has been provided and they have been qualitatively RAG rated.

To showcase this progress, we have provided two outputs.

1. Firstly, a short video montage has been produced outlining our progress. This will provide the Board of Directors with a sense of how our implementation of the strategy is playing out across our Trust. It is expected that elements of the video will be used as a product for the Trust to support other endeavours, such as recruitment and communication to partners on our progress.
2. Alongside this video, a written brief outline of progress against the plan is included below. These schemes have also been rated (1 – 4) to outline progress to date. The scale is set out below:

<b>1</b>	<b>GREEN</b>	Actions taken, clear expectation that this will be delivered
<b>2</b>	<b>YELLOW</b>	Actions being taken that cover the ambition. Not yet a clear plan of work that gives assurance on full delivery of the ambition
<b>3</b>	<b>AMBER</b>	Some action being taken, but not covering all the ambition. No plan in place to expand / deliver this
<b>4</b>	<b>RED</b>	No / very limited actions being taken. No plan in place and/or ownership to deliver this

## Status and RAG

Strategic Ambition	Delivery Requirement	Ownership / Delivery	Where we are	RAG
Patients	<b>Implement a QI methodology within the Trust</b>	Helen Dobson / Elain Jeffers	<ul style="list-style-type: none"> <li>• This is a priority within the operational plan and so has robust governance</li> <li>• Significant progress has been made. QSIR Cohort 1 completed, 2 started.</li> <li>• Head of QI appointed</li> <li>• Clear ownership at Delivery and Leadership levels</li> <li>• Clearly defined work and ownership with external resources helping to deliver the programme</li> </ul>	1
	<b>Introduce patient representatives on appropriate formal meetings</b>	Helen Dobson / Hannah Hall	<ul style="list-style-type: none"> <li>• The focus was agreed to be initially on divisional and service-led engagement rather than formal governance meetings</li> <li>• Several events have been planned across services – ranging from targeting specific groups, wider patient panels and interviews. Unfortunately, some have had to be delayed due to operational pressures.</li> <li>• A Trust comms tried to identify members of the public / patients who would be interested in being engaged with; however, responses were limited.</li> </ul>	2
	<b>Build in more real-time quality metrics to performance dashboards</b>	Louise Tuckett / Oli George / Liz Wardle / Lisa Fox	<ul style="list-style-type: none"> <li>• Work is ongoing in this area to improve the visibility of quality metrics in the Trust's performance management</li> <li>• Business case for Business Intelligence (BI) capacity and creation of a 'quality' element of the BI service was not supported which will put pressure on capacity in existing teams, but there are plans to mitigate this going forward.</li> <li>• Clear ownership and leadership at senior level.</li> </ul>	2

	<b>Implement our Community Rapid Response solution</b>	Sally Kilgariff / Penny Fisher / Steph Watt	<ul style="list-style-type: none"> <li>• This is a national priority that is within the operational plan and so has significant governance and oversight</li> <li>• Work is being delivered across Rotherham place with RCCG colleagues involved and supporting</li> <li>• Whilst this is a challenging piece of work, no concerns over ownership at leadership or delivery level</li> </ul>	1
Rotherham	<b>Review our procurement process and approach so that we can spend more of our money locally</b>	Vanessa Jinks	<ul style="list-style-type: none"> <li>• This is part of the work which was being looked at as part of the Health Inequalities Task and Finish Group and is also a focus at across Rotherham Place and the ICS</li> <li>• Potentially limited capacity for change given small amount of discretionary procurement spend</li> </ul>	2
	<b>Re-establish our schools in-reach and Health Ambassadors programme</b>	James Short	<ul style="list-style-type: none"> <li>• Health Ambassador programme is established within the Trust with over 30 staff supported by Learning and Development</li> <li>• COO and a GM have visited Thomas Rotherham College (1,500 pupils) to explore what they may want from a relationship</li> <li>• Work is currently 'ad hoc' in nature with the potential to do more if capacity available</li> </ul>	2
	<b>Expand patient alcohol care services through Community Outreach Alcohol Services Team</b>	Lesley Hammond / Amanda Marklew	<ul style="list-style-type: none"> <li>• Funding awarded from NHSE to provide community outreach support</li> <li>• Appointments have been made and team now fully established</li> <li>• Delivered by a high performing team</li> <li>• Ownership is under BAU and service / team management</li> </ul>	1

	<b>Agree TRFT Anchor Charter</b>	Michael Wright / Ben Gray	<ul style="list-style-type: none"> <li>• Was an action within the Health Inequalities Task and Finish group</li> <li>• Majority of Anchor Charters are system / place based</li> <li>• DRAFT charter has been produced for review</li> <li>• Expected that the Trust will be able to agree a charter of high-level commitments</li> </ul>	1
<b>Our Partners</b>	<b>Implement joint showcase events, training opportunities and away days with partners</b>	Michael Wright	<ul style="list-style-type: none"> <li>• Michael Wright, DCEO works across Rotherham place and partners</li> <li>• A number of events have taken place and there are forums for ongoing ideas and discussion for further events. <ul style="list-style-type: none"> <li>○ Social Value Event held at Gulliver's on the 14<sup>th</sup> July</li> <li>○ Attended Rotherham Show 3<sup>rd</sup>/4<sup>th</sup> September</li> <li>○ ICP Join Recruitment event on the 23<sup>rd</sup> June</li> <li>○ Rotherham Annual Jobs Fair (LEAF) to be held on 14<sup>th</sup> November</li> </ul> </li> </ul>	2
	<b>Support establishment of single Pathology Network</b>	Sally Killgariff / Kevin Wilkinson	<ul style="list-style-type: none"> <li>• Is a ICS priority programme of work and is being driven across the system</li> <li>• The team is in place to deliver this, but it is a long-term programme. There is no formal timeline agreed, but this is expected to be in excess of 3 year, potentially beyond 5 before this is fully established.</li> </ul>	1
	<b>Incorporate joint CEO post with Barnsley Hospitals NHS FT should both Trusts agree</b>	Martin Havenhand / Richard Jenkins	<ul style="list-style-type: none"> <li>• Completed – Appointment of joint Chief Executive confirmed and public joint statement agreed across both trusts.</li> </ul>	Complete
	<b>Influence appointment of a Rotherham Place</b>	Richard Jenkins / Michael Wright	<ul style="list-style-type: none"> <li>• Complete – Rotherham Place Director in post</li> </ul>	Complete

	Director within the ICB			
Us	Implement 'a day in the life of' days and 'back to the floor' initiatives for non-clinical staff	Divisional Ownership	<ul style="list-style-type: none"> <li>Expectation that delivery is at divisional level rather than a Trust wide position.</li> <li>Work has been showcased from the Division of Surgery</li> <li>Executives have undertaken specific days, such as for international AHP day</li> <li>Currently no central coordination or programme of work in place to monitor implementation</li> </ul>	3
	Embed pulse checks and appropriate feedback – "you said, we did"	Steve Ned / Sarah Newbold	<ul style="list-style-type: none"> <li>Pulse surveys are mandated each quarter</li> <li>Reminders have been sent to each team and division to encourage uptake as this is currently low</li> <li>A paper was presented to ETM in May which outlined uptake and recommended a set of actions</li> <li>Unclear how the 'you said, we did' element is progressing at Trust level</li> </ul>	3
	Roll out our behavioural framework and the Civility Matters campaign	Steve Ned / Emily Wraw	<ul style="list-style-type: none"> <li>Behavioural framework approved and launched</li> <li>Is being used across the Trust with teams to create behavioural charters</li> <li>Is within the new appraisal paperwork and is being considered for inclusion within the medical leadership programme</li> <li>Work will be ongoing, but considered complete as a programme of work – now BAU</li> </ul>	Complete
Delivery	Implement an 'ideas' system, where all staff can put forward their ideas for change	Ben Gray	<ul style="list-style-type: none"> <li>Agreed that this would be hosted by the Delivery and Improvement Team who would 'pass out' the ideas to the relevant service / team.</li> <li>Needs to align with the QI development and how they will capture work. This has delayed any launch</li> </ul>	2



			<ul style="list-style-type: none"> <li>• Still expected to be in place before the end of the year</li> </ul>	
	<p><b>Revamp our approach to improving efficiency, including a focus on transformational schemes</b></p>	<p>Michael Wright / Steve Hackett / Gary Gaunt</p>	<ul style="list-style-type: none"> <li>• Is in progress with several schemes identified for exploration in 2022/23</li> <li>• Ownership in place via Efficiency Board</li> <li>• Progress being made across several areas to support efficiencies</li> <li>• Risk of insufficient capacity for services to engage and for corporate services to deliver the required change</li> <li>• While unlikely to deliver significant savings directly, this programme has enabled more effective work across divisional and corporate teams</li> </ul>	1
	<p><b>Refresh our Digital Strategy</b></p>	<p>James Rawlinson</p>	<ul style="list-style-type: none"> <li>• This work is ongoing</li> <li>• Engagement sessions have started to be held on the refresh of the strategy</li> </ul>	1
	<p><b>Enhance functionality in Rotherham Health App so patients can amend or cancel appointments online</b></p>	<p>James Rawlinson / Kevin Grice</p>	<ul style="list-style-type: none"> <li>• There is a programme of work looking at the Rotherham Health App and wider functionality</li> </ul>	1

<b>Agenda item</b>	P164/22
<b>Report</b>	<b>Operational Objectives 2022/23 Review</b>
<b>Executive Lead</b>	Michael Wright, Deputy Chief Executive
<b>Link with the BAF</b>	P1, R2, OP3, U4, D5, D6
<b>How does this paper support Trust Values</b>	<p>Ambitious – The paper provides detail of the delivery of the ambitious operational objectives for 2022/23.</p> <p>Together – colleagues work together to ensure that the continual monitoring and assurance of operational objectives is underpinned by robust governance arrangements.</p>
<b>Purpose</b>	<p><b>For decision</b> <input type="checkbox"/>    <b>For assurance</b> <input checked="" type="checkbox"/>    <b>For information</b> <input type="checkbox"/></p>
<b>Executive Summary</b>	<p>The purpose of this paper is to present to the Board of Directors a review of progress against the 2022/23 Operational Plan priorities and associated programmes as at Months 5 and 6.</p> <p>At the end of Month 6, eight programmes are individually BRAG rated green (on track) and five are BRAG rated amber (not on track).</p> <p>For the purpose of providing board assurance committees with an update on delivery in terms of completion of programme objectives, risks and issues, a half year check point review has been undertaken by the Delivery and Improvement team.</p> <p>The review has highlighted four key projects deemed to be high risk in terms of overall delivery by the end of the year and as such it has been necessary to formally escalate a change request to the Executive Management Team.</p> <p>The following programmes were subsequently escalated on 20<sup>th</sup> October.</p> <p>P.3.2: Ensure discharge arrangements are highly effective and sustainable through working with Rotherham partners</p> <p>P4.1: Improve our staff facilities and increasing wellbeing support available to our staff</p> <p>P4.2: Divisional leadership teams will undertake a bespoke leadership development programme</p> <p>P5.3: Implement new systems to better understand the cost of our service delivery at patient level</p>

	A summary of the escalation reports and the decisions taken by the Executive Management Team are covered in the relevant assurance committee updates detailed in this report.
<b>Due Diligence</b>	The content of individual monthly highlight reports has been presented to Quality Committee and Finance and Performance Committee meetings held in October 2022. Papers were, however, not called for consideration at the People Committee scheduled to take place in October due to the requirement to escalate Priority 4 to the Executive Management Team.
<b>Board powers to make this decision</b>	The principal purpose of the Board is to support the timely delivery of the Trust's strategic objectives / Annual Operational Plan, whilst being assured as to compliance with appropriate statutory and legislative requirements, such as those determined, inter alia, by the Care Quality Commission (CQC).
<b>Who, What and When</b>	Individual Executive Directors act as Executive SROs (Senior Responsible Officers) for each area for ensuring achievement of the Operational Objectives and priorities and are responsible for realising the relevant milestones.
<b>Recommendations</b>	It is recommended that Board consider any actions or additional assurance required as a result of this report.
<b>Appendices</b>	1: Operational Objectives 2022-23 Programme Highlight Reports (August – September 2022)

## 1.0 Introduction

1.1. The Operational Plan for 2022/23 is built around 5 key priorities aligned to the Trust's strategic PROUD framework:-

- **P1 Patients:** Empower our teams to deliver improvements in care
- **P2 Rotherham:** Ensure equal access to services
- **P3 Our Partners:** Work together to succeed for our communities
- **P4 Us:** Commit to a focus on workplace wellbeing and compassionate Leadership
- **P5 Delivery:** Implement sustainable change to deliver high quality, timely and affordable care

1.2 The priorities are supported by 13 operational programmes that have been set out in formal mandates agreed at the Trust Board meeting held in May 2022.

1.3 The delivery and monitoring of the programmes utilises a standardised Highlight Report (see Appendix 1) so that the Trust can maintain a clear line of sight on progress.

1.4 This paper presents a high level update on progress during Months 5 and 6 against the thirteen programmes of work and reports, by exception, any areas of concern with recommendations for continuance into the next planning cycle.

## 2.0 Progress against Operational Objectives and Priorities

2.1 Each of the programmes supporting the delivery of the Trust's Operational Objectives and Priorities have been BRAG rated (Blue, Red, Amber, Green) as to their status at the end of September 2022 as illustrated below:

- Completed/Closed
- On track
- Not on track
- Significantly not on track

2.2 The following tables provide the summary position at Months 5 and 6 on each of the programmes of work with their respective BRAG rating. More detailed highlight reports are attached at Appendix 1.

## PRIORITY 1 Patients - Empower our teams to deliver improvements in care

Programme	Scope	Summary Position	Status
<b>P1.1 Implement a Quality Improvement Methodology in the Organisation</b>	Agree our organisational approach to quality improvement by evaluating and agreeing the Trust model to be used, launch our new Quality Improvement approach across the Trust and begin implementation.	Interviews for the Head of Quality Improvement position took place on 14 <sup>th</sup> October and an appointment has been made. The role profile for the Quality Improvement Associate Medical Director is due to be finalised once the new Medical Director is in post in December. Cohort 2 Quality, Service Improvement and Re-design (QSIR) trainees (22 delegates) have been identified and their 5 day training programme will commence in October. It is expected that 4 delegates from this Cohort will go on to complete the QSIR Assessor training course. The first two Assessors identified through Cohort 1 will complete their training round the middle of October. QSIR Assessors will then be in place with a plan to deliver 3 x QSIR-Practitioner Programmes plus 3 x QSIR-Virtual Programmes through 2023/24 and each year thereafter. The first QSIR Virtual programmes (comprising 4 x 2 hour sessions) are scheduled to take place in December and January. There are currently 12 Quality Improvement projects in implementation as a result of Cohort 1 training. A central repository for QI projects is now in place and details of all projects will be shared on the QSIR page on the trust Hub once development of the site has been completed. Cohort 3 training will be completed in March 2023. Action learning sets and the development of Cohorts 1 and 2 "buddying" scheme will progress after Cohort 2 QSIR Practitioners have completed their training.	<b>GREEN</b>
<b>P1.2 Embed effective quality governance processes and practices across our organisation</b>	Reset our quality governance expectations and embed revised, effective practices and processes across our organization, restructuring relevant teams as appropriate.	The business case for the Head of Clinical Governance and Data Analyst posts has been approved by Executives. The new Data Analyst role will support both Quality Improvement and Quality Governance teams. Recruitment for the Data Analyst post will commence mid-October. The divisional governance leads engagement sessions were completed in September as planned. A paper outlining the re-alignment of internal Quality Governance structures will be presented to Executives on 20 <sup>th</sup> October. Advertisement for the Head of Clinical Governance post has therefore been delayed until November/December.	<b>GREEN</b>
<b>P1.3 Deliver the Trust Quality Priorities</b>	Deliver the 9 Quality Priorities for 2022-23	This sub-programme is out of scope for Operational Plan highlight reporting to Quality Committee therefore BRAG status will be provided for assurance purposes only for the remainder of this year.	<b>GREEN</b>

## PRIORITY 2 Rotherham - Ensure Equal Access to Services

Programme	Scope	Summary Position	Status
<b>P2.1 Ensure equal access to services and reduce health inequalities in Rotherham</b>	Uphold the requirements set out in the NHS national planning guidance 2022-23 and NHS Long Term plan in relation to health inequalities and service provision and take proactive action to improve health equity across Rotherham, building our services to be inclusive and accessible for those that need them and encouraging our	Operational pressures (Level 4) have caused delays in finalisation (awaiting Speech and Language Therapy input) and distribution of communication stations to clinical areas. Translation materials and have now been finalised and are awaiting print along with Impaired hearing, Learning Disabilities and Autism resources have also been finalised awaiting print. Ongoing research and collation of available "waiting well" services in Rotherham. "Waiting well" work streams currently being finalised to include administrative IMD (Index of Multiple Deprivation) segmentation, Prehab/Lifestyle support and Holistic considerations. Meeting has been scheduled with Communications team to progress the trust website content. Initial meetings ongoing with key "Waiting well" stakeholders to discuss work streams and pilot projects to test proof of concept.	<b>GREEN</b>

Programme	Scope	Summary Position	Status
	colleagues to instill positive health behaviors in themselves and our patients.		
<b>P2.2 Implement year one of our Green Plan</b>	Implement the ambitions set out within our Green Plan and move towards delivering on the NHS net Zero Challenge reducing the environmental impact of the Trust	Draft Green Delivery Plan received from Nifes Consulting, currently under review for sign-off. Carbon Efficiency Fund Year 1 validation complete, minor shortfall in performance due to metering issues which is currently being addressed. Public Sector Decarbonisation fund schedule on track for delivery by March 2023 in line with Memorandum of Understanding.	<b>GREEN</b>
<b>P2.3 Enhance our digital services to support patients and their families across Rotherham</b>	Advance our digital offer to patients and their families, and ensure this supports our communities to better manage their interactions with us	Rotherham Health App utilisation is consistently increasing month on month. The Maternity Portal test site is setup and training is underway for the Health Informatics Applications team who will then configure the system with a view to completion by end November. The Maternity Portal will allow parents to interact with the service on line. Implementation of Digital Correspondence is progressing well with the first batch of letters completed. The build for 2 week wait letters is now underway. Digital correspondence will allow patients to receive text messages and review their documents on line.	<b>GREEN</b>

### **PRIORITY 3 Our Partners - Work Together to Succeed for our Communities**

Programme	Scope	Summary Position	Status
<b>P3.1 Deliver the new Urgent Community Response 2 hour standard</b>	Work with partners to develop an affordable 7 day model which supports avoidable admission and timely discharge to the right place providing the right treatment, care and support for individuals.	Work has transferred to business as usual. The published national data set evidences sustained progress. Latest figures (July 2022) indicate the 2 hour standard has been met 88% of time compared to South Yorkshire Integrated Care Board (SYICB) 83% and the national requirement of 70% (by December 2023). Improved data quality is evidenced through closer alignment of Trust and published data (this is a national issue).	<b>GREEN</b>
<b>P3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham</b>	Acute and community discharge pathways, Health and care intermediate care pathways, Commissioned community bed base, therapy provision and Care homes where it is the patients normal place of residence	The approach to the discharge work has been reviewed at Place level due to sustained system pressures and the need to work differently for winter. In line with the national and regional picture, system pressures have resulted in the Trust being on escalation level 4 for an unprecedented number of weeks over the summer. Following a 'thinking differently for winter' health and social care workshop a revised action plan was agreed to target high impact activity in the short term to realise benefits for winter, whilst continuing with the identified pilot activity in parallel. The work has been aligned with NHS England's 100 day discharge challenge to meet national and local drivers. A whole system approach is being taken across 3 themes: (i) Multi-disciplinary Team working for effective and timely discharge, (ii) early discharge planning, (iii) whole system flow. A challenging ambition has been set for winter to move assessment from the acute to community setting which will require improved information flows from the acute to community and co-ordination of discharge activity.	<b>AMBER</b>

## PRIORITY 4 Us – Commit to a Focus on Workplace Wellbeing & Compassionate Leadership

Programme	Scope	Summary Position	Status
<b>P4.1 Improve our staff facilities and increase the wellbeing support available to our staff</b>	Design wellbeing facilities available across all areas of work that will enable staff to take a break in an environment that supports their general health and wellbeing.	Due to this programme being the subject of an Escalation Report to Executives in October, the bi-monthly assurance report was not submitted to People Committee on 21 October. Full details on the escalation criteria and Executives decision can be found on pages 8-10 below.	<b>AMBER</b>
<b>P4.2 Divisional leadership teams will undertake a bespoke leadership development programme</b>	All divisional leadership teams will participate in a programme designed to ensure that they are able to take greater responsibility for the continuous improvement of employee welfare and engagement, communication and performance ownership as well as partnership development and working better together	Due to this programme being the subject of an escalation report to Executives in October, the bi-monthly assurance report was not submitted to People Committee on 21 October. Full details on the escalation criteria and Executives decision can be found on pages 8-10 below.	<b>AMBER</b>

## PRIORITY 5 Delivery : Implement Sustainable Change to Deliver High Quality, Timely and Affordable Care

Programme	Scope	Summary Position	Status
<b>P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput</b>	Restore and improve the efficiency of our theatre pathways, through innovation and improvement including waste reduction where possible and realign our Outpatient (OP) capacity, growing our use of tools such as Advice and Guidance and improve our efficiency	<p><b>Outpatients:</b> Further specialities have been successfully on-boarded for Patient Initiated Follow Up pilots. Technical difficulties prevented the implementation of clinical triage in Ear, Nose and Throat (ENT), which is now anticipated to go live during the next reporting period. Clinical triage pilot in Cardiology has commenced ahead of schedule to mitigate ENT implementation delay. A review of clinic utilisation metrics is underway to provide greater clarity and accuracy in reporting. All milestones are on track or ahead of schedule for delivery in October-November 2022. Following the successful implementation of Outpatient Booking system, further work is being undertaken to improve reporting functionality now available from "Bookwise" system, including short notice clinic cancellations (excluding. Sick leave).</p> <p><b>Theatres:</b> Further scoping meeting held with areas of focus defined for the programme. Internal Audit verbal update provided on the audit findings, with no significant new information shared to change the plans around theatre utilisation programme. Issues with theatre Utilisation Power Business Intelligence dashboard resolved and significant amendments made to the structure to enable use via operational and clinical teams. Meeting held with National NHSE team to understand whether Trust participation in the national Improving Elective Care Co-ordination for Patients (IECCP) programme would be beneficial within this work.</p>	<b>AMBER</b>
<b>P5.2 Increase the use of same day emergency care and shorten waiting times for patients in UECC</b>	Release pressure on Urgent and Emergency Care services and reducing waiting times for our patients in UECC by ensuring care is provided in the right place, at the right time, including establishing a consistent approach to our same	The Same Day Emergency Care (SDEC) business case was agreed at Executive Management Team in August and approved at Finance and Performance Committee in September. The SDEC Frailty pathway was also agreed in September and implemented from 14 September. In addition, it was planned to expand the SDEC footprint and de-escalate rapid assessment bays to support the Frailty pathway implementation, however this was not possible due to site pressures, which continued throughout September. An SDEC Frailty Implementation Group was also established, with significant attendance and really positive clinical and non-clinical engagement from all stakeholders across Emergency Medicine, Medicine and	<b>GREEN</b>



Programme	Scope	Summary Position	Status
	day emergency care pathways.	Community, and it is planned to build on this engagement, and transition this meeting into a general SDEC Medicine working group. At the recent SDEC Integrated Care Board meetings, it was agreed to pilot 1 'barn-door' pathway (Doncaster). Following review of the trial, we will look to agree a pilot at Rotherham. Research has also commenced around the overarching SDEC Standard Operating Procedure and this is currently in draft form.	
P5.3 Implement new systems to better understand the costs of our service delivery at patient level	Redesigning our approach to transformational efficiency to deliver financial savings Allow for a better and 'live' understanding of the financial viability of our services through patient level information so that we can gain a clear understanding of those that provide a contribution / benchmark well to the organisation and those that do not.	A number of large scale efficiency schemes are under development and are being taken forward through Efficiency Board to provide assurance / oversight on delivery. They are currently: 1) eRoster 2) Stock Management, 3) Service Specifications Review, 4) Diagnostic Testing, 5) Pharmacy Invest to Save, 6) Digital Self Check-in 7) Printing. Some broad financial savings have been identified, along with some initial areas of improvement e.g. Roster duties not finalised (completed by Human Resources to ensure they hit payroll) reduced from 20,011 shifts in May to 11,878 shifts in August e.g. Short notice Bank & Agency May costs of £101k reducing to £43k in August, following a desktop exercise looking at a sample of Pathology tests that have been repeated outside out national guidance, variable cost savings of £66k per annum have been identified. The Service Sustainability Reviews have now been completed. They were presented to Finance and Performance Committee and have been discussed with divisional teams at performance meetings. The insight gained will now be brought into the planning for 23/24 and help guide the Trusts priorities going forward. In early 23/24 engagement work will take place to further refine and improve the process as it moves to an annual requirement. PLICS (Patient Level Costing and Service Line Reporting) – staffing structure to support the management of PLICS approved by the Director of Finance and the Job Description and Person Specification has been approved at the September job matching panel. Recruitment of the team to commence from October, with a full compliment of staff in post by the end of the year.	AMBER

### 3.0 Conclusions

3.1 The Board Assurance Committees play a key role in ensuring effective oversight and delivery of the Operational Plan. Updates are provided bi-monthly to assurance committees where discussions take place around progress and any specific exceptions to plan that may impact on achievement of objectives and benefits.

3.2 In October the Quality Committee and Finance and Performance Committee considered reports on progress in all of their associated areas and confirmed the following with recommendations for action as deemed applicable.

### 4.0 Quality Committee

4.1 The Quality Committee held on 26<sup>th</sup> October considered the highlight reports for the period August to September 2022 (see Appendix 2) in relation to the following areas of work:-

- P1.1 Agree and implement the Trust's agreed approach to Quality Improvement
- P1.2 Reset our quality governance expectations

4.2 The Committee duly noted the reports and the excellent progress being made with both programmes BRAG rated green "on track".



4.3 The Quality Committee were informed that, following a six month check point review against completion of mandated objectives, risks and issues, there has been no requirement to escalate any change requests to Executives. A short summary of the check point review is detailed below.

<b>Programme Objectives</b>	<b>Status</b>
6 Objectives	90% completed overall
<b>Programme Risks and Issues</b>	
3 Risks to delivery identified	2 closed, 1 open with actions in place to support mitigate

4.4 An internal decision has, however, been taken to postpone the key milestone to put into place a standardised Quality Improvement policy and guidance due to the requirement to appoint the new Head of Quality Improvement who is not expected to join the trust until December/January (depending on notice period) following a successful interview process in October. This postponement does not place any other key milestones at risk or prevent progress on establishing the trust’s Quality, Service Improvement and Re-design Faculty therefore a change request has not been formally made to Executives on this occasion regarding this realignment to plan.

4.5 The Quality Committee were **assured** that the programme is ahead of plan and meeting all targets with plans in place to deliver remaining targets by the end of this year.

5.0 **People Committee**

5.1 The bi-monthly highlight report covering the period August and September was not presented for assurance at the People Committee Meeting held on 21<sup>st</sup> October due to the decision taken to prepare an Exception Report for consideration by the Executive Management team at their meeting held on 20<sup>th</sup> October. A verbal update was provided to People Committee at its meeting on 21<sup>st</sup> October.

The purpose of the Exception Report was to describe to Executives the delays encountered during the last six months which have rendered *Priority 2 – Us – Commit to a Focus on Workplace Wellbeing and Compassionate Leadership* being at risk of not achieving the original milestones and objectives as set out in the mandate approved by Trust Board in May 2022.

An overview of the Exception Report and the Executives decision is provided below:-

**P4.1 Improve our staff facilities and increase the wellbeing support available to our staff**

Whilst work has been ongoing around workplace wellbeing including regular communications and wellbeing activity, the launch of the flu/Covid vaccination service has diverted resources away from progressing certain aspects of the wellbeing agenda, consequently, there are risks regarding the development of physical space/a wellbeing centre as part of this programme of work.

The initial milestone was for the business case to be signed off in November 2022 for the estate's refurbishment, in particular the redevelopment of old Greenoaks. However, this is no longer expected to be completed due to two key drivers (1) the diversion of health and wellbeing resources to the delivery of the Covid and flu vaccination service and (2) the lack of capital funds available to fund any estates work. The second driver in effect would result in the programme not delivering this financial year.

The Executives were asked to confirm the plan and timelines for delivery of this objective. Their decision is summarised in the table below:-

<b>Milestone Description</b>	<b>Date</b>
Agree with Divisions their priorities for refurbishment (all sites)	End November
Agree capital funding via Capital monitoring group within 2022/23 capital funding envelope	End November
Refurbish agreed areas to improve staff wellbeing	End March 2023
Continue to explore options around a health and wellbeing hub (a business case brief will be taken forward to ETM).	NOT FOR DELIVERY 2022/23

#### **P4.2 Divisional leadership teams will undertake a bespoke leadership development programme**

The deployment of a Leadership Development programme was originally planned for 21/22 but was rolled over to the new financial year 22/23; in part due to more targeted development work which was already underway with our General Managers / Divisional Leadership Teams (Fiona Reed Associates). Therefore, the anticipated programme was incorporated as part of the 2022/23 Operational Plan.

However, we are now in a position approaching November 2022, where the original objective milestones have not been achieved. The specification for the Leadership Development programme has not been signed off and as such training of cohorts are not complete. It should be noted that Fiona Reed Associates have continued to work with and facilitate development sessions with the Divisional Leadership Teams.

Following confirmation of the substantive appointment of the Chief Executive for Rotherham and Barnsley Hospitals (and agreement with the respective Chairs) there is now a desire to do this programme as a joint endeavour with Barnsley Hospital as part of the collaboration between the two Trusts.

The following milestones are therefore considered at risk/not deliverable:-

Milestone Description	Date
Leadership development programme specification signed off	May 2022
Cohorts 1 and 2 complete	September 2022
Cohorts 3 and 4 complete	December 2022
Cohorts 5 and 6 complete	March 2023

The Executives were asked to confirm the change to plan and timelines for delivery of this programme. Their decision is summarised in the table below:-

Milestone Description	Date
Confirm specification for Divisional Triumvirate Leadership Programme to be run jointly with Barnsley NHS Foundation Trust	End November
Agree supplier for the Leadership Programme and formally agree spend through relevant Executive Teams	End December
Begin Leadership Development programme with all divisional teams	End March
Complete Leadership Development programme	End October 2023

The central milestone and metrics tracker has been updated to reflect the agreed changes and will be reviewed at the People Committee meeting in December. A preceding update on the Executives decision was provided by the Executive Lead at the People Committee meeting held in October which agreed with the above way forward.

## 6.0 **Finance and Performance Committee**

6.1 The Finance and Performance Committee held on 26<sup>th</sup> October considered the highlight reports for the period August - September 2022 (see Appendix 2) in relation to the following areas of work:-

- P2.1 Ensure equal access to services and reduce health inequalities in Rotherham
- P2.2 Implement year one of our Green Plan
- P 2.3 Enhance our digital services to support patients and their families across Rotherham
- P 3.1 Deliver the new Urgent Community Response 2 hour standard
- P 3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham
- P 5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput
- P 5.2 Increase the use of same day emergency care and shorten waiting times for patients in UECC

- P5.3 Implement new systems to better understand the costs of our service delivery at patient level

6.2 The Committee duly noted the reports and the progress being made with three programmes BRAG rated green “on track” and five BRAG rated amber “not on track”.

6.3 The Committee were informed at the meeting that, a six month check point review against completion of mandated objectives, risks and issues, two programmes had not made sufficient progress during the first half of the year and as such warranted formal escalation to the Executive Management Team. Details on the escalations and decisions taken at the Executive Management Team are provided in the relevant sub-sections below.

**6.4 Priority 2: Patients - Ensure Equal Access to Services**

This Priority is on track for delivery and as such did not warrant any escalation to the Executive Management Team in October. The status of mandated objectives, risks and issues as at the half year checkpoint review is summarised below:-

<b>Programme Objectives</b>	<b>Status</b>
8 Objectives	50% completed overall
<b>Programme Risks and Issues</b>	
3 Risks to delivery identified	2 closed, 1 open with actions in place to support mitigation

**6.5 Priority 3: Our Partners – Work Together to Succeed for Our Communities**

This Priority is not on track for delivery and as such warranted formal escalation to the Executive Management Team in October.

The status of mandated objectives, risks and issues as at the half year checkpoint review is specified below:-

<b>Programme Objectives</b>	<b>Status</b>
5 Objectives	60% completed overall
<b>Programme Risks and Issues</b>	
12 Risks to delivery identified	12 risks remain open with actions in place to support mitigation

A summary of the escalation report made against Priority 3 to the Executive Management Team is provided below:-

**P3.2: Ensure discharge arrangements are highly effective and sustainable through working with Rotherham partners**

The discharge programme is one of our most complex programmes this year. The original scoping and plan as set out within the operational plan was done at a time as we were moving into the ‘living with COVID’ approach and the NHS was expected

to return to some form of normality and begin to shift focus away from the pandemic and emergency care to elective recovery.

However, this has not been the case with the NHS and the Trust experiencing unprecedented pressures within its emergency care system with nearly every national performance metric delivering the worst performance in NHS history.

Given the above, it has been expected and is reasonable that the team have adapted their focus and approach to these pressures. There has been a need to focus more on short term, high impact work which has been targeted at supporting the current situation as well as preparing for winter.

The Rotherham Place delivery group, who are the operational leads for this work, have done significant work re profiling the actions and efforts in this space and have identified a new set of high-level milestones that align both across Rotherham Place, the Integrated Care Board and National requirements, as well as delivering the required change for the Trust. Briefly these are set out below:

Description of New Milestone	Timeline
MDT discharge planning and communication in the acute pathway phase 1	Quarter 4
Pilot alternative brokerage models home care and urgent response	Quarter 3
Moving assessment from acute to community	Quarter 4
Urgent Community Hub phase 1	Quarter 3
Development of cross system flow tools	Quarter 4

The Executive Management Team were asked to support a complete change in the milestones for this programme and align these to the reporting through Rotherham Place.

The Executive Management Team subsequently supported the change request at their meeting held on 20<sup>th</sup> October.

## 6.6 Priority 5 - Delivery - Implement Sustainable Change to Deliver High Quality, Timely and Affordable Care

The status of mandated objectives, risks and issues as at the half year checkpoint review is specified below:-

Programme Objectives	Status
6 Objectives	54% completed overall
Programme Risks and Issues	
8 Risks to delivery identified	All risks remain open with actions in place to support mitigation

However, due to the delay in commencing delivery of Programme 5.3: *Implement new systems to better understand the costs of our service delivery at patient level* an escalation report was submitted to Executive Management Team on 20<sup>th</sup> October.

A summary of the Escalation Report is provided below:-

Within the original mandate we agreed a milestone for November 2022 for “live contribution reports in place” and subsequently “Priorities agreed for better understanding of services” within the Patient Level Costings and Service Line Reporting (PLICS) programme. This was, in part, based on an assumption that we would be able to undertake a joint programme with Barnsley Hospital NHS Foundation Trust.

However, this is no longer possible and as such, it has been agreed with the Director of Finance that the development will take place in-house. This will mean that live contribution reports built on a Patient Level Information Costings backbone will not be in place until the end of 22/23 at the earliest, as this is now dependant on internal recruitment.

A report was presented to Finance and Performance Committee September 2022 which outlined the delayed implementation, which was accepted. Therefore, while there will be challenges around committing to a revised timetable – as there is a degree of uncertainty around recruitment – a new timeline needs to be developed and agreed for reporting purposes. This would likely delay any information and reporting until the end of the financial year at the earliest. The Executive Management Team were asked to agree to agree an updated timeline for the delivery of live contribution reports and subsequent prioritisation until April 23

The Executive Management Team subsequently agreed to the changes made to timescales at their meeting held on 20<sup>th</sup> October.

- 6.7 At their meeting held on 26<sup>th</sup> October, the Finance and Performance Committee requested an update on recruitment activity to progress the implementation of the Patient Level Costing and Service Line Reporting programme (P5.3). The lead officer for the programme confirmed that an advertisement has already been published for the Head of Costing position with Costing Analyst support roles to be advertised in the near future.

The Finance and Performance Committee further questioned the Executive Leads and Senior Responsible Officers on any particular themes that are making delivery of the Operational Plan more challenging this year.

The Committee agreed that despite ongoing challenges in terms of available capacity and the ongoing need to respond swiftly to the system-wide changes being enforced nationally, good progress continues to be made.

It was further agreed that a step by step approach will still need to be taken during the coming months in order to deliver the remaining objectives by the end of March.

6.8 The Finance and Performance Committee were therefore **assured** against delivery on plan and further assured that our resolute way of working, despite ongoing challenges, will continue to have a positive impact on progress for the remainder of the year.

7.0 The Board of Directors is asked to note the content of this report.

**Michael Wright**  
**Deputy Chief Executive**  
**November 2022**



# Operational Objectives 2022 - 23

## August - September 2022

### Appendix 1: Programme Highlight Reports

Board of Directors Meeting

4<sup>th</sup> November 2022



# OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: AUG-SEPT 2022



The Rotherham  
NHS Foundation Trust

Priority:	<b>P1 Patients : Empower our Teams to Deliver Improvements in Care</b>
Programme:	<b>P1.1 Agree and implement the Trust's agreed approach to Quality Improvement P1.2 Reset our quality governance expectations P1.3 Deliver the 9 Quality Priorities</b>
Executive Lead:	<b>Helen Dobson, Chief Nurse</b>
SRO:	<b>Victoria Hazeldine, Deputy Chief Nurse/Elaine Jeffers, Deputy Director of Quality Assurance</b>



## Programme Overview:

This Priority is aligned to the Trust's Strategic Ambition "Patients" as well as the Trust's Quality Strategy. It seeks to deliver improvements in our care for patients and is divided into the following key areas of work:

Standardize our Quality Improvement approach and implement this in order to improve our quality of care for patients: (1) Agree a suitable QI methodology for TRFT, (2) Commence the establishment a QI Faculty for TRFT, (3) Commence the implementation of QI practices and processes across TRFT (using agreed methodology), (4) Improve on national staff survey results Q3d "I am able to make suggestions to improve the work of my Team/Department and Q3e "I am involved in deciding on changes introduced that affect my work area/team/Department

Revise our internal Quality Governance structures and processes: (1) Review of clinical governance and quality assurance structures across TRFT, (2) Restructure our resources to establish a corporate clinical governance and assurance team at TRFT

Deliver our Quality Priorities: This will be out of scope for Operational Plan highlight reporting to Quality Committee (reported directly at agreed frequencies)

## Summary Position:

- Standardise our Quality Improvement approach:** Interviews for the Head of Quality Improvement (QI) position took place on 14<sup>th</sup> October. The role profile for the QI Associate Medical Director is due to be finalised once the new Medical Director is in post in December. Cohort 2 Quality, Service Improvement and Re-design (QSIR) trainees (22 delegates) have been identified and their 5 day training programme will commence in October. It is expected that 4 delegates from this Cohort will go on to complete the QSIR Assessor training course. The first two Assessors identified through Cohort 1 will complete their training round the middle of October. QSIR Assessors will then be in place with a plan to deliver 3 x QSIR-Practitioner Programmes plus 3 x QSIR-Virtual Programmes through 2023/24 and each year thereafter. The first QSIR Virtual programmes (comprising 4 x 2 hour sessions) are scheduled to take place in December and January. There are currently 12 Quality Improvement projects in implementation as a result of Cohort 1 training. A central repository for QI projects is now in place and details of all projects will be shared on the QSIR page on the trust Hub once development of the site has been completed. Cohort 3 training will be completed in March 2023. Action learning sets and the development of Cohorts 1 and 2 "buddying" scheme will progress after Cohort 2 QSIR Practitioners have completed their training.
- Revise our internal Quality Governance structures and processes :** The business case for the Head of Clinical Governance and Data Analyst posts has been approved by Executives. The new Data Analyst role will support both Quality Improvement and Quality Governance teams. Recruitment for the Data Analyst post will commence mid-October. The divisional governance leads engagement sessions were completed in September as planned. A paper outlining the re-alignment of internal Quality Governance structures will be presented to Executives on 20<sup>th</sup> October. Advertisement for the Head of Clinical Governance post has therefore been delayed until November/December.

**Deliver our Quality Priorities :** See separate report



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101



P1.1 Agree and implement the Trust's agreed approach to Quality Improvement. P1.2 Reset our Quality Governance expectations.  
P1.3 Deliver the 9 Quality Priorities

<p><b>Activities completed August - September:</b></p>	<ul style="list-style-type: none"> <li>• <b>Standardise our Quality Improvement approach :</b> Confirmation of Cohort 2 QSIR trainees and commencement of recruitment of key posts - Head of Quality Improvement recruitment commenced.</li> <li>• <b>Revise our internal Quality Governance structures and processes:</b> Finalise the business case proposal and present to Executives. Commence recruitment for Head of Clinical Governance and Data Analyst (joint post to support QSIR and Quality Governance) - delayed until November/December. Complete divisional governance leads engagement sessions on 7<sup>th</sup> and 14<sup>th</sup> September.</li> <li>• <b>Deliver our Quality Priorities :</b> See separate report</li> </ul>
<p><b>Activities planned for October - November:</b></p>	<ul style="list-style-type: none"> <li>• <b>Standardise our Quality Improvement approach:</b> First two QSIR Associates complete training and assessment. Appoint Head of Quality Improvement post. Cohort 2 complete QSIR Practitioner training. Communicate expressions of interest for QSIR Virtual programmes (December and January sessions). Continue development of Quality Improvement page on the trust's Hub.</li> <li>• <b>Revise our internal Quality Governance structures and processes:</b> Advertise Data Analyst role (October). Start recruitment process for Head of Clinical Governance role (November). Present paper outlining internal governance realignment to Executives (October).</li> </ul>
<p><b>Key changes August - September</b></p>	<ul style="list-style-type: none"> <li>• Due to the timing of the appointment to the new Head of Quality Improvement position, an internal decision has been taken to postpone the milestone entitled "Standardise Quality Improvement Policy and Guidance in place" to the end of the year.</li> </ul>

<p><b>Risks:</b></p>	<p>Unable to recruit to key posts on time</p>	<p><b>Issues:</b></p>	
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# OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: AUG – SEP 2022



The Rotherham  
NHS Foundation Trust



<b>Priority:</b>	<b>P.2 Ensure Equal Access to Services</b>
<b>Programme:</b>	<b>P 2.1 Ensure equal access to services and reduce health inequalities in Rotherham P 2.2 Implement year one of our Green Plan P 2.3 Enhance our digital services to support patients and their families across Rotherham</b>
<b>Executive Lead:</b>	<b>Michael Wright, Deputy Chief Executive</b>
<b>SRO:</b>	<b>Louise Tuckett, Director of Strategy, Planning and Performance</b>

## Programme Overview:

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society, which lead to inequality of access to services. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and well-being. As such, we must ensure that: we uphold the requirements set out in the NHS national planning guidance 2022-23 and NHS Long Term plan in relation to health inequalities and service provision, we take proactive action to improve health equity across Rotherham, building our services to be inclusive and accessible for those that need them and encouraging our colleagues to instill positive health behaviors in themselves and our patients, we implement the ambitions set out within our Green Plan and move the organisation towards delivering on the NHS net Zero Challenge reducing the environmental impact of the Trust and we advance our digital offer to patients and their families, and ensure this supports our communities to better manage their interactions with us

## Summary Position:

**Health Inequalities** - Operational pressures (OPEL Level 4) have caused delays in finalisation. Awaiting Speech and Language Therapy input and distribution of communication stations to clinical areas. Translation materials and have now been finalised and are awaiting print along with Impaired hearing, L.D. and Autism resources have also been finalised awaiting print. Ongoing research and collation of available “waiting well” services in Rotherham. “Waiting well” work streams currently being finalised to include administrative IMD segmentation, Prehab/Lifestyle support and Holistic considerations. Meeting has been scheduled with Communications team to progress TRFT website content. Initial meetings ongoing with key “Waiting well” stakeholders to discuss work streams and pilot projects to test proof of concept.

**Green Delivery Plan** - Draft Green Delivery Plan received from Nifes Consulting, currently under review for sign-off. Carbon Energy Fund Year 1 validation complete, minor shortfall in performance due to metering issues which is currently being addressed. Public Sector Decarbonisation fund schedule on track for delivery by March 2023 in line with Memorandum of Understanding.

**Rotherham Health App** – Rotherham Health App utilisation is consistently increasing month on month. The Maternity Portal test site is setup and training is underway for the Health Informatics Applications team who will then configure the system with a view to completion by end November. The Maternity Portal will allow parents to interact with the service on line. Implementation of Digital Correspondence is progressing well with the first batch of letters completed. The build for 2 week wait letters is now underway. Digital correspondence will allow patients to receive text messages and review their documents on line.



## P 2.1 Ensure equal access to services and reduce health inequalities in Rotherham

## P 2.2 Implement year one of our Green Plan

## P 2.3 Enhance our digital services to support patients and their families across Rotherham

### Activities completed in August/September:

- “Waiting well” programme has been scoped and split into three work streams, with work underway to pilot initiatives in two of the three areas in Q3
- Draft Green Delivery plan received (Nifes Consulting)
- CEF Year 1 financial & carbon savings validation complete
- Pilot extension of Healthy Hospitals team focus to include support for QUIT patients with medium level alcohol intake begun.
- Initial discussions undertaken to map IMD to current/potential employees for greater alignment with Anchor Institution charter and staff health & wellbeing offerings
- Health Inequalities Deep-Dive completed at Individual Service level following completion of Power BI dashboard

### Activities planned for October/November:

- Healthy Hospitals expansion to broaden to include healthy weight focus with QUIT patients
- Completion of guide to waiting well referral options to be shared with clinical teams
- Agreement of how to implement the waiting well offer through patient pathways
- Confirm methodology and implementation plan for administrative/Index of Multiple Deprivation (IMD) segregation
- Agree how to generate information on patients’ holistic needs, and consider how these are then applied to patient pathways
- Complete Health Informatics Application team training on Maternity portal and start configuration
- Continue build on 2 week wait letters (digital correspondence)

### Key changes in August/September:

### Risks:

- Inability to run full pilot of administrative segmentation due to capacity constraints with the Contact Centre to make additional phone calls

### Issues:

- None

<b>Priority:</b>	<b>P.3 – Our Partners – Work Together to Succeed for Our Communities</b>
<b>Programme:</b>	<b>P3.1 Deliver the new Urgent Community Response 2-hour standard P3.2 Ensure discharge arrangements are highly effective and sustainable through working with partners in Rotherham</b>
<b>Executive Lead:</b>	<b>Michael Wright, Deputy Chief Executive</b>
<b>SRO:</b>	<b>Jodie Roberts, Deputy Chief Operating Officer</b>



## Programme Overview:

The Rotherham Urgent and Community Transformation programme is part of the Rotherham Integrated Health and Social Care plan which aims to support Primary Care, Mental Health and the Voluntary Sector to develop and deliver more integrated health and care. The current priorities are aligned to the NHS Long Term Plan, Better Care Fund objectives and the Aging Well projects which sit within this. These include the nationally mandated standards to:-

- Deliver the new Urgent Community Response 2-hour standard
- Embed the necessary actions and ways of working from the discharge priorities across Place

## Summary Position:

### Effective and Sustainable Discharge

The approach to the discharge work has been reviewed at Place level due to sustained system pressures and the need to work differently for winter. In line with the national and regional picture, system pressures have resulted in the Trust being on escalation level 4 for an unprecedented number of weeks over the summer. Following a 'thinking differently for winter' health and social care workshop a revised action plan was agreed to target high impact activity in the short term to realise benefits for winter, whilst continuing with the identified pilot activity in parallel. The work has been aligned with NHS England's 100 day discharge challenge to meet national and local drivers. A whole system approach is being taken across 3 themes:

- Multi Disciplinary Team working for effective and timely discharge
- Early discharge planning
- Whole system flow

A challenging ambition has been set for winter to move assessment from the acute to community setting which will require improved information flows from the acute to community and co-ordination of discharge activity.

### Two hour urgent response

Work has transferred to business as usual. The published national data set evidences sustained progress. Latest figures (July 2022) indicate the 2 hour standard has been met 88% of time compared to SYICB 83% and the national requirement of 70% (by December 2023). Improved data quality is evidenced through closer alignment of Trust and published data (this is a national issue). Urgent community response activity has grown from 105 in April to 225 in July (partly reflecting data quality).

## Activities completed in August-September:

### Sustainable discharge

#### High priority short term activity

- Re-positioning of activity to meet the national 100 day and winter challenges
- Reference visits/conversations with Barnsley, Harrogate and Doncaster to develop a Rotherham discharge to assess model with assessment moving from the acute to community
- Pilot agreed for rapid response to provide bridging care prior to care act assessment
- Draft pathway mapped with draft model for re-positioned Integrated discharge team
- Acute Expected Discharge Dates set within 24 hours with new complexity flag for early discharge planning

#### Longer term

- Achieving Reliable Care (ARC) Pilot and Criteria led discharge pilots initiated

#### Urgent Community Response:

- Engagement with national/regional team to improve data quality. There is a national issue with alignment
- On going data quality improvement including at elbow support, data cleansing and work to develop consistency of clinical definitions
- Support provided by Rotherham Business Intelligence lead to South Yorkshire Place to assist with on boarding

## Activities planned for October/November

### Sustainable discharge

- Initiate ward level work re patient comms, discharge pathway planning and identification and discharge co-ordination
- Review discharge co-ordinator role and agree IDT model
- Develop and trial community discharge to assess (D2A) bridging pilot
- Develop Electronic patient record tracking and monitoring to support the above
- Recruit to cross system capacity role
- Continue with ARC/criteria led pilot

#### Urgent Community Response:

- On boarding of outstanding clinical conditions
- Further alignment of data set against national requirements and data cleansing
- Recruitment and development of the clinical community hub to support effective triage to right level of care and rapid response

## Key changes

- Re-positioning and re-prioritisation of sustainable discharge project to meet changes in the external environment and national 100 day challenge as outlined above
- A recommendation is being made to the Executive group to re-align the milestones and monitoring to the Place milestones

## Risks:

- Insufficient clinical capacity for leadership and implementation
- Insufficient BI/ system resource to develop and implement the required changes and reporting needs

## Issues:

- System pressures have reduced access to clinical/professional expertise for development and change activity
- Multiple national /ICB requirements are increasing the demands on Place based staff and particularly clinical /professional expertise



# OPERATIONAL PLAN 22/23 HIGHLIGHT REPORT: AUG - SEPT 2022



The Rotherham  
NHS Foundation Trust



<b>Priority:</b>	<b>P5 Delivery – Implement Sustainable Change to Deliver High Quality, Timely and Affordable Care</b>
<b>Programmes:</b>	<b>P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput, P5.2 Increase the use of same day emergency care and shorten waiting times for patients in UECC, P5.3 Implement new systems to better understand the costs of our service delivery at patient level</b>
<b>Executive Leads:</b>	<b>P5.1/P5.2 Sally Kilgariff, Chief Operating Officer, P5.3 Steve Hackett, Director of Finance</b>
<b>SROs:</b>	<b>P5.1 Louise Tuckett, Director of Strategy, Planning and Performance, P5.2 Jodie Roberts, Deputy Chief Operating Officer, P5.3 Mark Bloy, Deputy Director of Finance</b>

## Programme Overview:

Elective recovery is a key priority for the NHS, but there will be significant challenge in meeting the expectations set out within the NHS planning guidance unless we make fundamental changes to our services and ways of working. As well as our day-to-day delivery of the recovery programme, we will need to: Restore and improve the efficiency of our theatre pathways, through innovation and improvement including waste reduction where possible and realign our Outpatient (OP) capacity, growing our use of tools such as Advice and Guidance and improve our efficiency. Release pressure on Urgent and Emergency Care services and reducing waiting times for our patients in UECC by ensuring care is provided in the right place, at the right time, including establishing a consistent approach to our same day emergency care pathways. Redesigning our approach to transformational efficiency by implementing a greater focus on a longer term, transformational approach to efficiency to deliver our financial savings and sustainability of services to allow for a better and 'live' understanding of the financial viability of our services through patient level information so that we can gain a clear understanding of those that provide a contribution / benchmark well to the organisation and those that do not.

## Summary Position:

**Theatres:** Further scoping meeting held with areas of focus defined for programme. Internal Audit verbal update provided on the audit findings, with no significant new information shared to change the plans around theatre utilisation programme. Issues with theatre Utilisation Power BI dashboard resolved and significant amendments made to the structure to enable use via operational and clinical teams. Meeting held with National NHSE team to understand whether TRFT participation in the national Improving Elective Care Co-ordination for Patients (IECCP) programme would be beneficial within this work.

**Outpatients:** Further specialities have been successfully on-boarded for Patient Initiated Follow Up (PIFU) pilots. Technical difficulties prevented the implementation of clinical triage in Ear, Nose and Throat (ENT), which is now anticipated to go live during the next reporting period. Clinical triage pilot in Cardiology has commenced ahead of schedule to mitigate ENT implementation delay. A review of clinic utilisation metrics is underway to provide greater clarity and accuracy in reporting. All milestones are on track or ahead of schedule for delivery in October-November 2022. Following the successful implementation of Outpatient Booking system, further work is being undertaken to improve reporting functionality now available from "Bookwise" system, including short notice clinic cancellations (excludes Sick leave).

**Same Day Emergency Care (SDEC):** The SDEC business case was agreed at Executive Management Team in August and approved at Finance and Performance Committee in September. The Same Day Emergency Care (SDEC) Frailty pathway was also agreed in September and implemented from 14<sup>th</sup> September. In addition, it was planned to expand the SDEC footprint (and de-escalate RAT bays) to support the Frailty pathway implementation, however this was not possible due to site pressures, which continued throughout September. An SDEC Frailty Implementation Group was also established, with significant attendance and really positive clinical and non-clinical engagement from all stakeholders across Emergency Medicine, Medicine and Community, and it is planned to build on this engagement, and transition this meeting into a general SDEC Medicine working group. At the recent SDEC Integrated Care Board meetings, it was agreed to pilot 1 'barn-door' pathway at a SYB Trust (Doncaster). Following review of the trial, we will look to agree a pilot at Rotherham. Research has also commenced around the overarching SDEC Standard Operating Procedure and this is currently in draft form.

**Sustainability:** A number of large scale efficiency schemes are under development and are being taken forward through Efficiency Board to provide assurance / oversight on delivery. They are currently: 1) eRoster 2) Stock Management, 3) Service Specifications Review, 4) Diagnostic Testing, 5) Pharmacy Invest to Save, 6) Digital Self Check-in 7) Printing. Some broad financial savings have been identified, along with some initial areas of improvement e.g. Roster duties not finalised (force completed by HR to ensure they hit payroll) reduced from 20,011 shifts in May to 11,878 shifts in August e.g. Short notice Bank & Agency May costs of £101k reducing to £43k in August, following a desktop exercise looking at a sample of Pathology tests that have been repeated outside out national guidance, variable cost savings of £66k per annum have been identified. The Service Sustainability Reviews have now been completed. They were presented to FPC and have been discussed with divisional teams at performance meetings. The insight gained will now be brought into the planning for 23/24 and help guide the Trusts priorities going forward. In early 23/24 engagement work will take place to further refine and improve the process as it moves to an annual requirement. Patient Level Costing and Service Line Reporting (PLICC) - staffing structure to support the management of PLICC approved by the Director of Finance and the Job Description and Person Specification has been



## P5.1 Shorten elective waiting times for patients, modernise our outpatient services and improve theatre throughput

### Activities completed in August/September:

#### Theatres

- Complete Theatre Utilisation App review
- Relaunch Theatre Utilisation workstream
- Discussion with national team on potential participation in Improving Elective Care Co-ordination for Patients programme

#### Outpatients

- Cardiology clinical triage pilot has commenced
- A further 3 specialities (Gynaecology, Cardiology & Urology) have now gone live with PIFU
- Outpatient booking system via “Bookwise” is now live

### Activities planned for October/November:

#### Theatres

- Reinstate Theatre Utilisation Meeting internally
- Review Theatres Booking Assistant to identify impact on current capacity and demand within theatres

#### Outpatients

- PIFU to commence in Rheumatology, Respiratory & Orthopaedics
- ENT triage pilot to go live
- Process to be developed with Departmental General Managers for consultant Annual Leave booking
- Develop and implement Short Notice clinic cancellation reporting capabilities (following implementation of new outpatient booking system “Bookwise”)
- Agree methodology and implementation process for introduction of advice & guidance
- Review of current clinic utilisation metrics

### Key changes in August/September:

#### Risks:

- Lack of Engagement
- Lack of required Health Informatics Resource, Significant Operation Pressures
- Workforce Issues – Anaesthetic Sickness (new)

#### Issues:

- Accessing suitable data for Outpatients Benchmarking and Metrics to be configured



### Activities completed in Aug/Sept:

- SDEC business case agreed at ETM in August and SDEC business case approved at FPC in September
- SDEC Frailty Implementation group established from September with attendance and engagement from all stakeholders across Emergency Medicine, Medicine and Community.
- Implementation of Frailty SDEC pathway with ongoing development
- Research into existing SOPs for Same Day Emergency Care provision, with Trust SOP in draft
- SDEC ICB group agreement to pilot 1 'barn-door' pathway at SYB Trust (Doncaster)
- 'Opening up' and structuring of Overarching Pathways Group meeting to re focus on plans for all Same Day Emergency Care Units and how these are linked

### Activities planned for Oct/Nov:

- Plan in place to enact SDEC business case, increase SDEC opening hours and enable implementation of Acute Gynaecology Assessment Unit
- Commence review of Acute Surgical Assessment Unit pathways and utilisation
- Commence engagement around SOP for Same Day Emergency Care provision (across all areas) – *currently in draft form*
- Transition SDEC Frailty implementation group into wider SDEC working group
- Agree barn door pathways trial for SDEC, subject to Doncaster trial outcomes

### Key changes in Aug/Sept:

- Approval of SDEC Business case
- Implementation of Frailty Pathway on SDEC
- Significant engagement from all stakeholders at weekly SDEC Frailty meetings
- SDEC ICB group agreement to pilot 1 'barn-door' pathway at SYB Trust (Doncaster)

### Risks:

Specialties do not support the pathways/processes that will circumvent UECC  
Risk of continuing rising COVID cases - **new**

### Issues:

Lack of shared ownership of acute pathways  
UECC is treated as default location for all urgent care needs  
Operational pressures; Level 4 since 20 Sept, Business Continuity Incident 27 Sept – **new** (*Business Continuity Incident stepped down as of 7 Oct and deescalated to Level 3 on 10 Oct*)

## P5.3 - Implement new systems to better understand the costs of our service delivery at patient level

### Activities completed in Aug/Sept:

- Paper delivered to the August and September Efficiency Boards on Large Scale Efficiency Schemes progress
- Clinical Support Services progressing recruitment for Pharmacy invest to save
- Initial Project Plan developed for staffing recruitment and roll-out of Patient Level Information Costing
- Service Sustainability Reviews completed and presented to FPC, and discussed with Divisional teams at Performance Meetings

### Activities planned for Oct/Nov:

- Paper to be delivered to the October and November Efficiency Boards on Large Scale Efficiency Schemes progress
- PLIC staffing recruitment in progress
- Full project plan developed for staffing recruitment and roll-out of PLIC

### Key changes in Aug/Sept

- The original timeline for live contribution reporting from PLICs will not be met. The original timeline was dependant on being able to undertake work with Barnsley Hospital Foundation Trust. Further exploration of this showed it wouldn't be feasible. Therefore a new timeline will be developed and monitored against and this will be based on the internal work required (includes recruitment) to deliver the programme. Provisionally working towards reports being available into 23/24

### Risks:

- It is unlikely that large scale efficiency schemes will deliver significant savings in 22/23. Most likely to start delivering in 23/24

### Issues:

- See 'key changes'

**Board of Directors**  
**04 November 2022**

<b>Agenda item</b>	P165/22(i)
<b>Report</b>	<b>Care Quality Commission - Assurance Report</b>
<b>Executive Lead</b>	Helen Dobson, Chief Nurse
<b>Link with the BAF</b>	P1: There is a risk that we will not embed quality care within the 5 year plan because of lack of resource, capacity and capability leading to poor clinical outcomes and patient experience for our patients.
<b>How does this paper support Trust Values</b>	<p>Ambitious – The Trust is working to achieve a CQC rating of Good and beyond.</p> <p>Caring – The Trust is working to achieve a CQC rating of Outstanding for the Caring Domain</p> <p>Together – The Trust is working together with senior leaders, clinical teams and external stakeholders to deliver safe, high quality care for the population of Rotherham</p>
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>This paper describes the CQC activity through September and October. It highlights the positive feedback received by our regulators following receipt of the first and second submissions for the three Conditions placed on the Trust Registration in August 2022.</p> <p>The paper provides a brief summary of CQC Enquiries received in September and October, where concerns have been raised around the provision of safe care and treatment and low staffing numbers.</p>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation to the meeting)	<p>Elements of this paper have been presented to:</p> <ul style="list-style-type: none"> <li>• The Patient Safety Committee – 20 October 2022</li> <li>• The Safeguarding Committee – 26 October</li> <li>• The Quality Committee - 26 October 2022</li> </ul>
<b>Powers to make this decision</b>	N/A
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	N/A
<b>Recommendations</b>	<p>It is recommended that the Board of Directors:</p> <p>Note the content of the Report</p>

	<ul style="list-style-type: none"><li>• Note the positive feedback following submission 1 in response to the Conditions within the Urgent and Emergency Care Centre</li><li>• Note the recent enquiries received from CQC raising concerns about the delivery of safety care and treatment</li></ul>
<b>Appendices</b>	Appendix 1 MAST Compliance UECC

## **1. Notice of Decision to impose conditions on the Trust's Registration for the regulated activity: Treatment of disease, disorder or injury**

- 1.1 The Trust received feedback on the first submission in response to the Conditions currently imposed on the Trust Registration on 30 September.
- 1.2 The feedback was very positive, with a number of points of good practice noted. The approach taken to focus Condition 1 on the personalised Care of patients was positively acknowledged, singling out the continued focus on Mental Health Risk Assessments.
- 1.3 CQC specifically commended the evidence provided in response to Condition 3 – Safeguarding with zero suggestions offered. Of particular note was the continued compliance with the Safeguarding Mandatory Training for Core MAST Adults Level 1 and Children Level 2 and Job-specific MAST for Adults Level 2 and Children Level 3. The effort to achieve this, given the continued operational pressures cannot be underestimated.
- 1.4 The CQC Relationship Team reiterated that it is their intention to remove the conditions at the earliest opportunity; thus it is incumbent on the Trust to provide a consistent story of improvement, supported by robust, meaningful evidence.
- 1.5 The second response was submitted within time on Monday 10 October. There were two additional features of the second submission, namely the overall MAST Compliance for UECC, including core and role-specific training compliance by module and evidence that the outcome of the Audit Programme in place to capture the outcomes of the improvement work is being discussed and driving further improvement. The information relating to overall MAST compliance is attached at Appendix 1.
- 1.6 It should be noted that as agreed by the Executive Team, the monthly submission to CQC has oversight of the Deputy Chief Executive, the Chief Operating Officer and final sign off by the Chief Nurse.
- 1.7 We received positive feedback on Submission 2 on Thursday 27 October, which will support our evidence collection for the third submission due on 7 November.

## **2. CQC Engagement Meeting**

- 2.1 The CQC Engagement meeting took place on 30 September. The meeting was on site, which provided an excellent opportunity for CQC colleagues to meet some of the clinical teams.
- 2.2 Following the routine element of the meeting to discuss the standing agenda items, the team visited the Division of Surgery and Critical Care, where they met a number of staff to discuss how the Division works from a clinical and governance perspective, what they do well and areas of focus.
- 2.3 The CQC team also took the opportunity to visit the Acute Medical Unit, on the invitation of the Trust. This was particularly important, as concerns had been received by CQC the previous week, relating to potential failures to provide safe care and treatment.
- 2.4 Finally, CQC paid a visit to UECC to meet with the Leadership Team, who took them through the detail of the work they are doing in response to the Conditions. This proved to be a good opportunity to demonstrate some of the different ways they are now working, which is difficult to articulate in a document. The UECC team received good feedback and CQC appreciated their time.

2.5 The next on-site Engagement Meeting is scheduled for 27 November, where further visits to areas will be organised.

### **3. CQC Enquiries**

3.1 The Trust has received five Enquiries from CQC indicating concerns relating to patient care and staffing, through September and October.

3.2 Two of the Enquiries relate to the provision of fundamental standards of care on the Acute Medical Unit (AMU) and Short Stay Unit (SSU). The concerns were raised by relatives of patients. The second enquiry for AMU has resulted in a requirement to provide an assurance report highlighting immediate actions taken, with a weekly update to be submitted by 11.00 each Monday until 31 October.

3.3 A number of immediate measures have been put in place to provide additional support to nursing teams. These include, increasing the presence on AMU of the Tissue Viability and Safeguarding Teams, increasing the number of Safety Huddles and introducing a twice-daily Senior Nurse/Matron Log, to record issues arising, from either patients/relatives and staff, and the actions taken in real time.

3.4 The value of the enhanced safety huddles and twice-daily senior nurse oversight rounds has been welcomed and is being rolled out across the wider Division of Medicine.

3.5 With an explanation of the arrangements for the continuation of the enhanced oversight and support to AMU, CQC have confirmed there will be no further requirement to provide a weekly update following the final submission on 31 October.

3.6 Concerns were raised relating to a number of issues around the care of a highly complex patient on A5. The response will be submitted for consideration on 28 October.

3.7 An enquiry asking for information relating to the availability of a British Sign Language Translator for a patient on A1 was received. The enquiry did reiterate that the care provided to the patient, both in the Urgent and Emergency Care Centre and the ward, has been excellent. Again, the response will be submitted on 28 October.

3.8 The fifth enquiry came from a member of staff on B5 who raised concerns about staffing levels and the amount of support available for staff. The Division provided a comprehensive response and the enquiry has been closed.

3.9 Despite an understanding by the regulators of the recent continued unprecedented operational pressures, increased activity and shortfalls in staffing, we acknowledge we still have a duty to maintain the fundamentals of care for all patients.

### **4. Conclusion**

4.1 There has been increased scrutiny of a number of services from CQC this month reflecting the increased operational pressures. Despite this, interactions with CQC and feedback on submissions have remained positive.

**Elaine Jeffers**  
**Deputy Director of Quality Assurance**  
**November 2022**

## Appendix 1

### MAST Training Compliance

Table 1 indicates the compliance across the Urgent and Emergency Care Centre (UECC) for Core MAST Training as at 3 October 2022.

Core MAST Compliance 3 October 2022			
Compliance	No: Required	No: Outstanding	%
Safeguarding Adults Level 1	182	13	93%
Safeguarding Children Level 1	182	13	93%
Infection, Prevention & Control Level 1	182	7	96%
Hand Hygiene	182	13	93%
Conflict Resolution	182	23	87%
Freedom to Speak Up Level 1	182	3	98%
Mental Health Awareness	182	3	98%
Equality, Diversity & Human Rights	182	5	97%
Health, Safety & Welfare	182	7	96%
Preventing Radicalisation	182	6	97%
Dementia Awareness	182	1	99%
Fire Safety	182	24	87%
Fraud Awareness	182	16	91%
Information Governance	182	8	96%
Patient Safety Level 1	182	35	81%

Table 1

The Patient Safety Level 1 Core MAST Training is a new module introduced to the Core MAST portfolio in April 2022 with a requirement to be fully compliant by April 2023.

The Department are aware of the compliance with this module and have identified all individuals who require this training. Compliance will improve as individuals complete the training in line with their Mandatory Training update timeline.

Table 2 indicates the compliance across the Urgent and Emergency Care Centre (UECC) for Job-specific MAST Training as at 3 October 2022.

<b>Job-specific MAST Training 3 October 2022</b>			
<b>Compliance</b>	<b>No: Required</b>	<b>No: Outstanding</b>	<b>%</b>
Safeguarding Adults Level 2	151	10	93%
Safeguarding Children Level 2	151	12	92%
Safeguarding Children Level 3	137	12	91%
Infection, Prevention & Control Level 2 (Annual)	139	9	94%
Infection, Prevention & Control Level 2 (every 2 years)	139	18	87%
Preventing Radicalisation/ PREVENT Awareness	147	5	97%
Risk Management	15	2	87%
Do Not Resuscitate (DNACPR)	33	3	91%
Mental Health Act	1	0	100%
Medicines Management - Calculating Drug Doses	74	20	73%
Medicines Management – Safe Handling/reducing risks with medicines	74	18	76%
Safe Use of Insulin	72	13	82%

Table 2

There is recognition that the timely and accurate completion of all medicines related job-specific MAST training modules is challenging. The modules are complex with sufficient time and environment required to undertake this training. Appropriate time and environment are being identified to facilitate this.

## Resus Training

The Rotherham NHSFT continues to report low levels of resuscitation training compliance. Although improvements have been made, it is recognised that further work is needed to ensure that all members of staff have achieved the required level of resuscitation training appropriate to their role.

Whilst the Resuscitation Team have increased the total number of courses available, there is a significant number of places underutilised as the Trust struggles to release staff from clinical areas to attend.

Although a number of staff within UECC are trained in Advanced Life Support (ALS), if they do not routinely deliver ALS training they are required to complete the Basic Life Support (BLS) refresher training on an annual basis.

Resus Training is currently not recorded on our Mandatory Training database and is not part of the Electronic Staff Record (ESR). A manual reconciliation of all Resus Training across UECC is taking place through October, including staff required to complete Resus Level 1, Resus Level



2 Adult and Resus Level 2 Children. Compliance against these modules will be included as a stand-alone item for the November MAST submission.

**Board of Directors**  
**04 November 2022**

<b>Agenda item</b>	P165/22(ii)
<b>Report</b>	<b>Care Quality Commission – ‘Our Journey to Good’</b>
<b>Executive Lead</b>	Helen Dobson, Chief Nurse
<b>Link with the BAF</b>	P1: There is a risk that we will not embed quality care within the 5 year plan because of lack of resource, capacity and capability leading to poor clinical outcomes and patient experience for our patients.
<b>How does this paper support Trust Values</b>	<p><b>Ambitious</b> – The Trust is working to achieve a CQC rating of Good and beyond.</p> <p><b>Caring</b> – The Trust is working to achieve a CQC rating of Outstanding for the Caring Domain</p> <p><b>Together</b> – The Trust is working together with senior leaders, clinical teams and external stakeholders to deliver safe, high quality care for the population of Rotherham</p>
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input type="checkbox"/> <b>For information</b> <input checked="" type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>The purpose of this paper is to describe the steps to be taken to achieve the aim of being rated ‘Good or above’ by the Care Quality Commission.</p> <p>The paper also makes the important correlation between the ‘Journey to Good’ and the embedding of a sustainable, standardised Quality Improvement approach. An approach that drives a culture of continuous improvement, enabling the Trust to move away from a reactive, regulatory driven organisation to one of curiosity and innovation to deliver the best possible care for patients and a productive and creative environment for our staff.</p>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation to the meeting)	This paper has not been presented to any other meeting.
<b>Powers to make this decision</b>	N/A
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	N/A

<b>Recommendations</b>	It is recommended that the Board of Directors note the content of this report for information.
<b>Appendices</b>	Appendix 1 Quality Assurance Plan

## 1. Background

- 1.1 The Rotherham NHS Foundation Trust (TRFT) has set out its ambition to be the healthcare provider and employer of choice for the population of Rotherham through its 2022-2027 Strategy – ‘Our Journey Together’. The Strategy sets out the vision and ambitions for the organisation over the next five years, building on the progress that has already been made, to drive forward further improvements that our patients and staff are proud of.
- 1.2 This paper sets out the aim to achieve a rating of Good or above for our acute and community services from the Care Quality Commission (CQC) and describes the vital correlation between the all-important external validation and the internal approach to continuous improvement.

## 2. Current Position

- 2.1 The Trust has undergone a number of routine and focussed inspections by the CQC since 2015. In addition, it has also had intense focus from NHS England, in particular in relation to the challenging financial position. Table 1 illustrates the current overall Trust position following the 2021 Inspection. Table 2 illustrates the current position of the core services within the Acute Hospital, with Table 3 illustrating the current position within Community Services.

**Table 1 – Trust Overall Position**

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Requires Improvement 2021	Requires Improvement 2021	Good 2021	Good 2021	Requires Improvement 2021	Requires Improvement 2021

**Table 2 – Acute Hospital**

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Medical care, incl older people's care	Requires Improvement → ← 2021	Requires Improvement ↓ 2021	Good → ← 2021	Requires Improvement ↓ 2021	Requires Improvement → ← 2021	Requires Improvement → ← 2021
Children & Young People	Requires Improvement ↓ 2021	Good → ← 2021	Good → ← 2021	Good → ← 2021	Good → ← 2021	Good → ← 2021
Critical Care	Good 2017	Good 2017	Good 2017	Good 2017	Requires Improvement 2017	Good 2017
End of Life Care	Good 2015	Requires Improvement 2017	Good 2015	Good 2015	Good 2015	Good 2015

Diagnosics & Outpatients	Good 2017	Not rated	Good 2015	Good 2015	Good 2015	Good 2015
Surgery	Good 2017	Good	Good	Good 2017	Good	Good 2017
Urgent & Emergency Care	Requires Improvement ↔ 2021	Requires Improvement ↔ 2021	Requires Improvement ↓ 2021	Requires Improvement ↔ 2021	Inadequate ↓ 2021	Requires Improvement ↔ 2021
Maternity	Good ↔ 2021	Good ↔ 2021	Good ↔ 2021	Good ↑ 2021	Good ↔ 2021	Good ↔ 2021
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

**Table 3 – Community Services**

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Community Dental Services	Good 2015	Good 2015	Good 2015	Good 2015	Good 2015	Good 2015
Community Health Services for Adults	Good 2017	Requires Improvement 2017	Good 2017	Good 2017	Requires Improvement 2017	Requires Improvement 2017
Community Health Inpatient Services	Good 2017	Good 2017	Outstanding 2017	Good 2017	Good 2017	Good 2017
Community Health Services for Children and Young People	Requires Improvement 2019	Requires Improvement 2019	Good 2019	Good 2019	Requires Improvement 2019	Requires Improvement 2019
Community End of Life Care	Good 2017	Requires Improvement 2017	Good 2017	Good 2017	Requires Improvement 2017	Requires Improvement 2017
Overall	Good	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

- 2.2 The dates represent when the particular service was last inspected and the arrows indicate an improvement or decline in rating.
- 2.3 It is clear that there has been significant improvement over the last couple of years with increased confidence in the organisation, both from external partners and the population we serve.
- 2.4 The formal regulatory sanctions placed on the Trust's Certificate of Registration between 2018 and 2021 have all been removed, with the remaining three non-urgent conditions within the Urgent and Emergency Care Centre (UECC) likely to be lifted by the end of 2022/23 if not sooner.
- 2.5 CQC are currently reviewing the way in which they inspect healthcare providers, in particular the way in which ratings are applied. Future inspections are expected to be much more risk-based and focussed on specific core services and care domains.
- 2.6 The traditional approach of only being able to re-rate following a formal visit is expected to be replaced by an opportunity, based on intelligence and submitted data, to re-rate specific domains and services outside a formal visit. This will offer much more flexibility and opportunity to change the overall rating for an organisation to reflect the dynamic nature of improvements made.
- 2.7 This new approach will prove beneficial to the Trust due to the number of services currently rated as Requires Improvement. We hope that we will be able to demonstrate our improvement journey, particularly in these areas, in real time rather than be constrained by a pre-determined timetable.
- 2.8 It is important to ensure that whilst focussing on improving in areas currently rated as requiring improvement, we do not lose sight of services currently rated as good or better and allow these to deteriorate. For this reason our improvement journey incorporates all services, regardless of previous ratings.
- 2.9 Under the old methodology, it could potentially be quite some time before each of these services have a formal visit and thus receive an updated rating. Ultimately, waiting for a formal visit is likely to mean that the Trust remains in overall Requires Improvement for a considerable period of time, which will not reflect the improvements achieved.
- 2.10 CQC colleagues have committed to sharing their changing approach at the earliest opportunity and we will use this to build the framework around which we will gain the internal assurance required.

### **3. Strategic Approach**

3.1 We will achieve a Good rating by a fourfold approach:

- CQC Relationship
- Quality Assurance
- Quality Governance
- Quality Improvement

3.2 The following sections demonstrate how each of these areas is being developed.

## **4. CQC Relationship**

- 4.1 The Trust has a positive relationship with CQC colleagues allocated to the Trust. The routine engagement meetings take place every month, with a standing agenda, including any immediate issues or concerns either party would like to raise. From September 2022, the engagement meetings will alternate between a one-hour virtual update meeting and a half-day on-site visit. The on-site visit provides an excellent opportunity to discuss routine business but also for CQC colleagues to visit areas across the organisation.
- 4.2 The plan is that the on-site engagement meeting in particular, is used as a vehicle to highlight each core service, demonstrating the care delivered, providing evidence of the innovative and creative ways in which we are caring for our patients and staff and subtly where we meet the CQC Key Lines of Enquiry (KLOEs).
- 4.3 Given the core services where we must demonstrate improvement, it will be prudent to ensure we build robust representation into the engagement meeting. We drive the agenda and as such are in a position to influence where our CQC colleagues visit. However, we must be confident that the evidence supports what we are presenting and that the status of each core service has been appropriately challenged and validated through our governance framework.
- 4.4 The improvement in the relationship we have with our CQC colleagues is due to the responsiveness and candour we provide on receipt of any enquiry. We have a 100% track record of responding to an enquiry within the agreed timeframe with zero enquiries returned for further information.
- 4.5 The importance of responding in a full and timely manner cannot be underestimated. It demonstrates that the Trust takes all concerns seriously. We have received feedback that the evidence provided always answers the question and that CQC now have confidence we will address issues quickly. We actively seek feedback to ensure we can provide as comprehensive a response as possible.

## **5. Quality Assurance**

- 5.1 A programme of proactive Quality Assurance visits has commenced. We are working collaboratively with Barnsley Hospitals NHS Foundation Trust (BHNFT) and Chesterfield Royal Hospital NHS Foundation Trust (CHFT) to support each other, share ideas and enhance learning opportunities across all three organisations. Working with our partner organisations also provides external challenge and validation of the way in which our services deliver care. The Quality Assurance Plan for 2022/23 is attached at Appendix 1.
- 5.2 To date the Division of Surgery and Critical Care have undergone a Quality Assurance visit. The outcome of the visit has culminated in a work programme for the Division and has been shared across all teams. The assurance process was supported by a self-assessment of each clinical area against the Surgery Inspection Framework, enabling them to demonstrate good practice but also identify where there are gaps and further attention is required. This has been presented to the CQC Delivery Group and Quality Committee.
- 5.3 The Surgery and Critical Care visit worked well. A full evaluation of the process has taken place and learning from this will be taken into account for future Core Service Assessments.

- 5.4 Colleagues from TRFT have provided support to the Children and Young People Service at Barnsley Hospital and the Maternity Service at Chesterfield Royal Hospital, with a further visit planned to support Maternity Services at Barnsley in November. We are currently planning the internal Quality Assurance visit to the Medical Division in early December with colleagues from Barnsley joining the team.
- 5.5 The Trust's Internal Auditors - 360 Assurance have been commissioned to undertake an assessment of the End of Life Care service across the organisation. The Draft Report is currently under review by the Chief Nurse and Deputy Director of Quality Assurance with a follow-up meeting with 360 Assurance scheduled for 28 October. Initial indications are that 'Limited Assurance' has been given. The next steps will be to consider the recommendations and develop the Improvement Plan in collaboration with the End of Life Care Team. Progress against the recommendations will be monitored on a quarterly basis through the Patient Experience Committee and CQC Delivery Group.
- 5.6 The outcomes of each quality assurance process will continue to be presented through the CQC Delivery Group and the Quality Committee. We will also share the outcomes and subsequent improvements with CQC colleagues via the engagement meetings as described at 3.2 above.

## **6. Quality Governance**

- 6.1 The CQC Delivery Group, chaired on behalf of the Chief Executive by the Deputy Chief Executive, is the key governance group for Quality Assurance. The Group reports directly to the Quality Committee.
- 6.2 The CQC Delivery Group has been in place since July 2020. It was originally set up to manage the CQC agenda, including preparations for impending CQC Inspection visits, addressing issues identified as a result of an inspection and an opportunity to review good practice both from other organisations and internally to elicit learning opportunities.
- 6.3 To date the Group has focussed on the outcome of the 2021/22 CQC Inspections and addressing residual actions from previous inspection regimes. There is a broad membership from across the organisation with an expectation that the membership provides appropriate confirm and challenge and also considers the actions discussed in light of their own clinical areas to ensure every improvement and learning opportunity is optimised.
- 6.4 A much more stringent approach has been adopted in determining the progress of required actions, with a keen focus on whether the changes made are sustainable and evidence based. Evidence is scrutinised by the appropriate executive lead prior to submission and wider debate. This is the sought after 'green to blue' process.
- 6.5 Whilst we must ensure all issues identified through the variety of intelligence sources continue to be addressed at pace and that the intense focus required in specific areas is maintained and monitored, our quality improvement work must be wider than those core services that were the subject of a formal inspection.
- 6.6 To further support delivery, a number of key themes have been identified and bespoke Improvement Plans developed. Delivery against these plans will also be monitored through the Trust Clinical Governance Framework. Each of the themes have Executive Director Oversight. The plans in place currently include:
- Medicines Management – Trust Medication Safety Committee
  - Mental Health – Mental Health Steering Group



- Safeguarding – Safeguarding Operational Group

6.7 In addition to the required re-focus from reactive action planning to continuous quality assurance, the quality governance processes across the organisation are also being reconfigured. A key element of our future success will be to ensure that local governance meetings reflect the business and focus on the outcome from audits and the plethora of data capture that drive improvements in the care provided to patients.

6.8 By building a programme of continuing quality improvement, supported by a robust Quality Assurance Programme and an effective, productive and collaborative working relationship with all stakeholders, we will meet the requirements of our regulators and importantly those of our patients and staff.

## **7. Quality Improvement**

7.1 As described to the October Board of Directors Meeting, the Trust has recognised that in order to achieve our aim of a Good or above rating from CQC and improve the oversight segmentation from NHS England we need to roll out a Quality Improvement process at pace.

7.2 A consistent feature of good and outstanding organisations is that they have one standardised approach to improvement. An approach that can address the smallest improvement project, which can then be scaled up to cover wider areas where required. TRFT now has its adopted approach – the NHS England’s Quality, Service Improvement, Redesign (QSIR) programme.

7.3 Three cohorts of the five-day QSIR Training Programme will complete by the end of March 2023, with circa 80 staff from a cross section of clinical and non-clinical areas of the Trust expected to finish the course(s). Three cohorts are planned for 2023/24 where a further 100 staff will become QSIR Practitioners.

7.4 The implementation of the QSIR Programme and an increase in the understanding and awareness of improvement methodology will go hand in hand with not only ‘Our Journey Together’ but also ‘Our Journey to Good’.

7.5 We were successful in appointing to the Head of Quality Improvement post on 14 October. The candidate has an excellent record of accomplishment in Quality Improvement and will be a great asset to the wider governance, patient safety and improvement agenda. She will take up the post in January 2023.

7.6 The next phase of implementing Quality Improvement is the development of the improvement page on the Trust Intranet. This is already being developed and will be the repository for examples of projects to share, along with tools and information to support those wishing to undertake an improvement project.

7.7 In addition, there is a plan to identify the branding for our Journey. A branding that everyone will instantly recognise and associate with improving the care for our patients. A branding that will articulate growth and reaching beyond the norm. A branding that will be visible across the organisation and tell the story of our improvement journey, not just to patients and visitors but also to our staff.

7.8 As our Quality Improvement Faculty becomes more mature, we will have a greater influence in the improvement journey. We will be in a position to maximise the quality

improvement resource in innovative and creative ways, encouraging them to extend beyond traditional boundaries.

## **8. Measures of Success**

- 8.1 It is expected that by March 2023, the Trust will no longer have any formal regulatory sanctions imposed on any service and will have an improved NHS England segmentation applied. There will be a quality improvement approach embedded across the organisation, with an increasing number of fully trained and active quality improvement practitioners and facilitators.
- 8.2 Improvement will no longer happen by chance, but in a cohesive, standardised way, driven by staff and patient engagement. Improvement will be the backbone of the organisation and will identify, then address the key quality and safety priorities for the services going forward, with all employees demonstrating a positive culture towards continuous improvement.
- 8.3 Existing clinical governance structures and processes will have been changed and embedded to support a more effective system to learn from incidents and standardise improved reporting across clinical services.
- 8.4 As we move into 2023-24, we will continue to work with our staff and patients to ensure they are proud to report their positive experience of working for and being treated in our care. We aim to see improvement in our national staff and patient satisfaction surveys to reflect this. By investing in our staff, creating an environment in which they can be the best versions of themselves every day will, in turn, encourage high calibre individuals to join the organisation resulting in a happy, well-trained and developed workforce fit for the future.
- 8.5 By paying close attention to the outcomes and recommendations of national and local programmes such as Getting it Right First Time (GIRFT), the new approach to Patient Safety – Patient Safety Incident Response Framework (PSIRF) and reports from external reviews such as Ockenden, we will be able to measure the outcomes and benefits for patients, their relatives and staff. We will benchmark in the top quartile for key quality and safety metrics.
- 8.6 We recognise that Our Journey to Good is a whole Trust aspiration. Success cannot be achieved in isolation but must include every element of the organisation. A Good organisation has a Balanced Scorecard of quality, performance and financial metrics. It takes account of the experience and satisfaction of its workforce and patients. We must be mindful that no one element of this scorecard must upset that balance. The consequence of a disproportionate focus on one area will have a far-reaching, negative impact on another.

## **9. Conclusion**

- 9.1 Over the last year, we have undertaken a number of actions to improve the quality of care that we deliver. We now need to build upon this to gain external validation of the improvements that have been made.
- 9.2 Success will require all teams to demonstrate consistent improvement, supported by robust policies and processes and the production of accurate, reliable data. The key measure of success will be the outcomes we achieve and how we can demonstrate this – the ‘So What?’ of the care we are delivering.

- 9.3 Successful achievement of Our Journey to Good will support the Trust ambition to be the healthcare provider and employer of choice for the population of Rotherham and ultimately ensure that our staff feel proud to be part of the Trust and patients receive the best possible care.

## Appendix 1

### Quality Assurance Plan 2022/23

Core Service	Quality Assurance Status	Time
<b>Medical care, incl older people's care</b>	<p>The Medical Care Inspection Framework has been shared to provide the basis for self-assessment against the KLOE.</p> <p>The Division are identifying the Assessment Team. Three colleagues from Barnsley have been confirmed to join the team to provide the external, independent view.</p>	December 2022
<b>Children &amp; Young People</b>	<p>The planning for the Community Children and Young People commenced on 28 October. Details of the assessment will be worked up through November with a plan for Quarter 4.</p> <p>Acute Children and Young People – a re-assessment will take place through Quarter 4 to determine whether the KLOE continue to be met as per the formal inspection in 2021.</p>	<p>January 2023</p> <p>March 2023</p>
<b>Critical Care</b>	<p>Quality Assurance Action Plan in place.</p> <p>This is monitored through the Divisional Governance processes and reported to the CQC Delivery Group bi-annually. The first report was presented at the group on 11 October with the second due April 2023.</p>	Completed July 2022
<b>End of Life Care</b>	<p>360 Assurance Audit – The draft report is being reviewed. The next steps will be to work with the End of Life team and the wider clinical areas to work through the recommendations, develop an improvement plan, which will be monitored on a quarterly basis through the End of Life Steering Group reporting to the Patient Experience Committee and CQC Delivery Group.</p>	Completed October 2022

<b>Outpatients</b>	<p>Planning has commenced with an initial review of the Outpatient Inspection Framework scheduled for Thursday 3 November. The assessment will be shared with those outpatient areas that sit outside the main Outpatient Department to ensure that all outpatient services meet the requirements of the KLOEs.</p>	December 2022
<b>Surgery</b>	<p>Quality Assurance Action Plan in place</p> <p>This is monitored through the Divisional Governance processes and reported to the CQC Delivery Group bi-annually. The first report was presented at the group on 11 October with the second due April 2023.</p>	Completed July 2022
<b>Urgent &amp; Emergency Care</b>	<p>Assurance is currently via the monthly submission in response to CQC Conditions.</p> <p>UECC will continue to report against their residual actions and audit outcomes to the CQC Delivery Group each month.</p> <p>A full re-assessment against the Urgent and Emergency Care Inspection Framework will take place in Quarter 4.</p>	September 2022
<b>Maternity</b>	<p>Assurance is currently received via the Ockenden and NHSE Reports with regular updates provided to the Quality Committee and Board of Directors.</p> <p>A full r-assessment against the Maternity Inspection Framework will take place in Quarter 4.</p>	October 2022
<b>Community Services</b>	<p>Initial discussions have taken place to plan the assessment for Community Services. In addition to the Community Inspection Framework the assessment will include a review of CQC Inspection Reports from Outstanding Community Healthcare Providers to support the vision and evidence collection.</p>	January 2023

## Board of Directors Meeting 04 November 2022

<b>Agenda item</b>	P166/22
<b>Report</b>	<b>Integrated Performance Report – September 2022</b>
<b>Executive Lead</b>	Michael Wright, Deputy Chief Executive
<b>Link with the BAF</b>	D5, D6, P1, R2
<b>How does this paper support Trust Values</b>	The Integrated Performance Report supports the Trust's <i>Ambitious</i> value in ensuring we are constantly striving to deliver stronger performance across all of the core domains.
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>The Integrated Performance Report (IPR) is the monthly summary of Trust performance across the four domains of Operational Delivery, Quality, Finance and Workforce. This month's report relates to September 2022 data wherever it is available. It highlights performance against agreed national, local or benchmarked targets. Statistical Process Control charts are included against key metrics.</p> <p>The regular assessment of inequalities of access to care within our elective care portfolio is provided within this report.</p> <p>There are a number of Statistical Process Control (SPC) charts included at the end of this report. These have been created using new software which the Trust has recently procured and so look different to previous documentation. As such, a brief explanation of the key elements of the SPC charts is included at the back for reference.</p>
<b>Due Diligence</b>	<p>The Finance and Performance, Quality Committee and People Committees have received the relevant elements of the Integrated Performance Report or identical information, with the Executive Directors approving the content for their domain.</p> <p>Work is underway to refresh the IPR in time for the start of reporting of 2023-2024 data.</p>
<b>Board powers to make this decision</b>	In order to be assured of the performance of the organisation, the Board needs to have visibility of the Trust's performance against core metrics.
<b>Who, What and When</b>	The Deputy Chief Executive is the Lead Executive for reporting on the performance of the organisation through the Integrated Performance Report on a monthly basis.

<b>Recommendations</b>	It is recommended that the Board of Directors note the Trust's performance against the metrics presented in the Integrated Performance Report and receive assurance on the basis of this report.
<b>Appendices</b>	Integrated Performance Report – September 2022



# Board of Directors

# Integrated Performance Report - September 2022

Provided by

Business Intelligence Analytics, Health Informatics





PERFORMANCE SUMMARY

Quality	Operational Delivery	Finance	Workforce	Activity
Mortality	Planned Patient Care	Financial Position	Workforce Position	Acute
Infection Prevention & Control	Emergency Performance			Community Services
Patient Safety	Cancer Care			
Maternity	Inpatient Care			
Patient Feedback	Community Care			

CQC DOMAINS

Responsive	Effective	Safe	Caring	Well Led
Planned Patient Care	Mortality	Infection Prevention & Control	Patient Feedback	Workforce position
Emergency Performance	Inpatient Care	Patient Safety		Financial Position
Cancer Care		Maternity		
Community Care				

Trust Integrated Performance Dashboard - Operations												
KPI	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
<b>Planned Patient Care</b>												
Waiting List Size	Sep 2022	L	26,000		23,833	25,304	25,372	25,733	25,733	19,705		
Referral to Treatment (RTT) Performance	Sep 2022	N	92%		74.0%	72.7%	70.1%	66.8%	72.2%	82%		
Number of 52+ Weeks	Sep 2022	L	150		117	151	183	217	217	67		
Number of 78+ Weeks	Sep 2022	L	35		0	12	4	9	9	0		
Number of 104+ Weeks	Sep 2022	N	0		0	4	0	0	0	0		
Overdue Follow-Ups	Sep 2022	L	-		15,411	16,285	16,379	16,433	16,433	9,393		
First to follow-up ratio	Sep 2022	B	2.4		2.37	2.31	2.37	2.26	2.31	3.05		
Day case rate (%)	Sep 2022	B	80%		84.7%	85.9%	88.2%	84.2%	86.0%	85%		
Diagnostic Waiting Times (DM01)	Sep 2022	N	1%		8.0%	9.8%	12.6%	11.9%	9.3%	19%		
Diagnostic Activity Levels	Sep 2022	L	9142		8,455	8,260	8,213	8,906	8,906	8472		
<b>Emergency Performance</b>												
Number of Ambulance Handovers > 60 mins	Sep 2022	N	0		171	186	169	314	1,267	206		
Ambulance Handover Times % > 60 mins	Aug 2022	N	0%		12.3%	9.9%	10.4%	9.8%	53.0%	10%		
Number of Ambulance Handovers 30-60 mins	Sep 2022	N	-		240	275	240	251	1,514	235		
Ambulance Handover Times % 30-60 mins	Aug 2022	L	5%		14.5%	13.8%	15.3%	13.9%	70.5%	11%		
Average Time to Initial Assessment in ED (Mins)	Sep 2022	N	15		26	26	25	33	26	27		
Proportion of patients spending more than 12 hours in A&E from time of arrival	Sep 2022	L	2%		10.0%	10.2%	11.1%	13.8%	10.8%	7%		
Number of 12 hour trolley waits	Sep 2022	N	0		0	0	0	10	0	0		
Proportion of same day emergency care	Sep 2022	L	33%		40.1%	41.6%	43.2%	43.0%	41.2%	41%		
<b>Cancer Care</b>												
2 Week Wait Cancer Performance	Aug 2022	N	93%		86.8%	72.2%	68.4%	74.2%	77.9%	97%		
2 Week Wait Breast Symptoms	Aug 2022	N	93%		90.4%	91.1%	91.7%	84.6%	87.5%	95%		
31 day first treatment	Aug 2022	N	96%		97.6%	97.2%	95.8%	99.0%	97.5%	93%		
62 Day Performance	Aug 2022	N	85%		69.1%	66.7%	70.3%	70.5%	71.4%	72%		
The number of cancer 62-day pathways waiting 63 days or more after an urgent suspected cancer referral	Sep 2022	L	75		75	85	103	138	138	-		
28 day faster diagnosis standard	Aug 2022	N	75%		68.2%	68.9%	70.0%	68.0%	69.6%	66%		
<b>Inpatient Care</b>												
Mean Length of Stay - Elective (excluding Day Cases)	Sep 2022				2.62	3.06	4.22	2.74	2.97	2.70		
Mean Length of Stay - Non-Elective	Sep 2022				5.63	5.13	6.10	6.23	5.86	5.46		
Length of Stay > 7 days (Snapshot Numbers)	Sep 2022	L	142		189	235	210	218	218	167		
Length of Stay > 21 days (Snapshot Numbers)	Sep 2022	L	42		54	75	83	80	80	61		
Right to Reside - % not recorded (Internal Performance from May)	Sep 2022	B	0%		6.2%	6.9%	7.8%	6.8%	6.8%	7%		
Discharges before 5pm (inc transfers to Dis Lounge)	Sep 2022	L	70%		56.0%	56.6%	56.3%	59.1%	57.5%	61%		
<b>Outpatient Care</b>												
Did Not Attend Rate (OutPatients)	Sep 2022	B	6.2%		8.9%	8.7%	8.5%	8.6%	8.8%	9%		
% of all Outpatient activity delivered remotely via telephone or video consultation	Sep 2022	N	25%		15.1%	13.1%	12.5%	14.5%	14.3%	19%		
Number of patient pathways moved or discharged to PIFU, expressed as a proportion of all outpatient activity.	Sep 2022	N	5%		0.4%	0.6%	0.6%	1.0%	0.6%			
<b>Community Care</b>												
MusculoSkeletal Physio <4 weeks	Sep 2022	L	80%		18.7%	16.9%	16.5%	13.0%	14.8%	14%		
% urgent referrals contacted within 2 working days by specialist nurse (Continence)	Sep 2022	L	95%		42.4%	49.5%	52.9%	43.4%	49.1%	59%		
A&E attendances from Care Homes	Sep 2022	L	144		134	126	152	137	137	144		
Admissions from Care Homes	Sep 2022	L	74		87	84	109	86	86	62		
Patients assessed within 5 working days from referral (Diabetes)	Sep 2022	L	95%		66.7%	84.6%	87.5%	100.0%	84.4%	93%		
Urgent 2 Hour Community Response	Sep 2022	L	70%		94.0%	88.1%	91.3%	86.2%	86.2%	0%		

Trust Integrated Performance Dashboard - Quality






	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
<b>Mortality</b>												
Mortality index - SHMI	Apr 2022	B	As Expected		107.5	106.6	106.4	105.0	--	115.5		
Mortality index - HSMR (Rolling 12 months)	May 2022	B	As Expected		98.3	98.5	99.9	100.8	--	121.5		
Number of deaths (crude mortality)	Sep 2022		-		88	85	69	78	511	90		
<b>Infection, Prevention and Control</b>												
Clostridium-difficile Infections	Sep 2022		-		3	3	0	5	15	1		
Clostridium-difficile Infections (rate)	Sep 2022		-		18.3	19.0	18.9	21.5	21.5	16.3		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus)	Sep 2022	L	0		0	0	0	0	0	0		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus) (Rate)	Sep 2022		-		0.7	0.0	0.0	0.0	0.0	0.7		
E.coli blood bacteraemia, hospital acquired	Sep 2022		-		4	6	2	4	25	1		
CPE Infections, Hospital Provider	Sep 2022		-		0	0	0	0	0	-		
GRE Infections	Sep 2022		-		0	1	0	0	0	0		
<b>Patient Safety</b>												
Incidents - severe or above (one month behind)	Aug 2022	L	0		0	3	1	2	8	6		
% Potential of Under Reporting of Pt Safety Incidents	Sep 2022		-		52.3	52.3	52.0	53.8	52.6	52		
Number of Patient Harms	Sep 2022		-		653	671	685	725	4,026	602		
Number of Patient Harms (Moderate and above)	Sep 2022		-		19	19	13	42	123	24		
Number of Patient Falls	Sep 2022		-		109	123	101	98	614	85		
Number of Pressure Ulcers (G3 and above)	Sep 2022		-		2	1	1	2	10	0		
Medication Incidents	Sep 2022		-		114	111	91	99	682	123		
Readmission Rates (one month behind)	Aug 2022	L	7.6%		7.7%	8.9%	7.3%	8.5%	8.0%	7.9%		
Venous Thromboembolism (VTE) Risk Assessment	Sep 2022	N	95.0%		96.4%	95.8%	95.4%	96.4%	96.4%	95.9%		
Number of complaints per 10,000 patient contacts	Sep 2022	L	8		10.39	10.77	12.47	11.00	10.80	5.18		
Proportion of complaints closed within 30 days	Sep 2022	L	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Hip Fracture Best Compliance	Sep 2022	L	65.0%		61.5%	47.1%	86.7%	75.0%	75.0%	73.3%		
F&F Postive Score - Inpatients & Day Cases	Sep 2022	N	95.0%		97.0%	97.1%	96.8%	96.7%	97.2%	97.3%		
F&F Postive Score - Outpatients	Sep 2022	N	95.0%		97.1%	98.0%	97.1%	97.8%	97.4%	94.9%		
F&F Postive Score - Maternity	Sep 2022	N	95.0%		99.0%	96.5%	99.0%	96.5%	97.8%	100.0%		
Care Hours per Patient Day	Sep 2022	L	7.3		6.6	6.3	6.0	6.3	6.3	6.7		
<b>Maternity</b>												
Bookings by 12 Week 6 Days	Sep 2022	N	90.0%		92.2%	92.2%	91.8%	92.6%	91.8%	93.8%		
Babies with a first feed of breast milk (percent)	Sep 2022	N	70.0%		59.2%	53.9%	55.1%	56.2%	57.7%	58.0%		
Stillbirth Rate per 1000 live births (Rolling 12 months)	Sep 2022	L	4.66		2.35	1.95	2.32	2.32	2.32	4.50		
1:1 care in labour	Sep 2022	L	75.0%		97.4%	96.1%	97.6%	97.0%	97.0%	97.9%		
Serious Incidents (Maternity)	Aug 2022	L	0		0	0	0	0	0	3		
Moderate and above Incidents (Harm Free)	Aug 2022		-		0	0	0	0	0	0		
Consultants on labour (Hours on Ward)	Sep 2022		-		62.5	62.5	62.5	62.5	62.5	--		
% women on continuity of care pathway	--											

Trust Integrated Performance Dashboard - Workforce

	Reporting Period	Type of Standard	Target 22/23	Benchmark	Previous Month (3)	Previous Month (2)	Previous Month (1)	Current Month	YTD	Same Month Prev. Yr	Trend	Data Quality
<b>Workforce</b>												
Whole Time Equivalent against plan - Total	Sep 2022	L	-285		-381.85	-381.85	-426.79	-434.78	-434.78	-243.00		
Whole Time Equivalent plan - Nursing	Sep 2022	L	-98		-64.80	-64.80	-91.04	-80.65	-80.65	-57.46		
Total Headcount	Sep 2022		-		4,953	4,955	4,944	4,937	4,937	4,892		
Vacancy Rate - TOTAL	Sep 2022	L	6.40%		8.51%	8.51%	9.43%	9.66%	9.66%	5.65%		
Vacancy Rate - Nursing	Sep 2022	L	7.30%		4.79%	4.79%	6.71%	5.95%	5.95%	4.36%		
Time to Recruit	Sep 2022	L	34		34	34	36	36	36	31		
Sickness Rates (%) - inc COVID related	Sep 2022	L	3.95%		6.54%	7.41%	6.14%	6.67%	7.01%	6.95%		
Turnover	Sep 2022		0.63%		0.94%	1.21%	0.98%	1.19%	1.01%	1.20%		
Appraisals complete (% 12 month rolling)	Sep 2022	L	90.00%		70.00%	72.00%	74.00%	79.00%	7.09%	68.00%		
Appraisals Season Rates (%)	Sep 2022	L	90.00%		64.00%	50.00%	64.00%	74.00%		-		
MAST (% of staff up to date)	Sep 2022	L	85.00%		91.00%	91.00%	89.00%	92.00%	92.00%	89.00%		
% of jobs advertised as flexible	Sep 2022		-		66.25%	-	97.73%	89.80%	--	-		

Trust Integrated Performance Dashboard - Finance

Apr 22 - Sept 22

	In Month Plan £000s	In Month Actual £000s	In Month Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Forecast V £000s
 I&E Performance (Actual)	(240)	(128) ●	112	127	173 ●	46 ●	(2,839)
 I&E Performance (Control Total)	(383)	(271) ●	112	(1,419)	(1,373) ●	46 ●	(2,839)
 Efficiency Programme (CIP) - Risk Adjusted	762	686 ●	(76)	3,492	2,900 ●	(592) ●	(2,534)
 Capital Expenditure	793	638 ●	155	3,617	2,567 ●	1,050 ●	0
 Cash Balance	(2,688)	(1,466) ●	1,222	21,254	27,653 ●	6,398 ●	(2,375)

Trust Integrated Performance Dashboard - Activity



## Trust Integrated Performance Dashboard - Activity

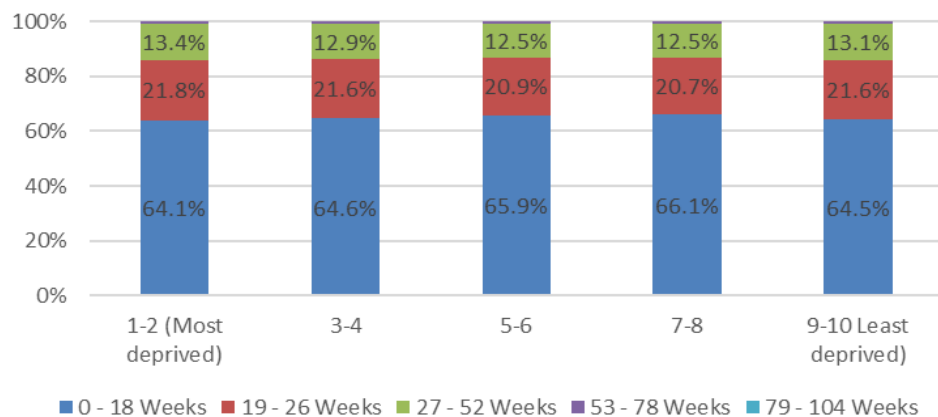
ACTIVITY			
OUTPATIENTS			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
September	21,501	22,899	-6.1%
YTD monthly average	21,067	22,557	-5.1%
DAYCASES			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
September	1,868	2,180	-14.3%
YTD monthly average	1,753	2,134	-16.5%
ELECTIVE ACTIVITY			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
September	319	377	-15.4%
YTD monthly average	285	386	-25.0%

## Trust Integrated Performance Dashboard - Health Inequalities

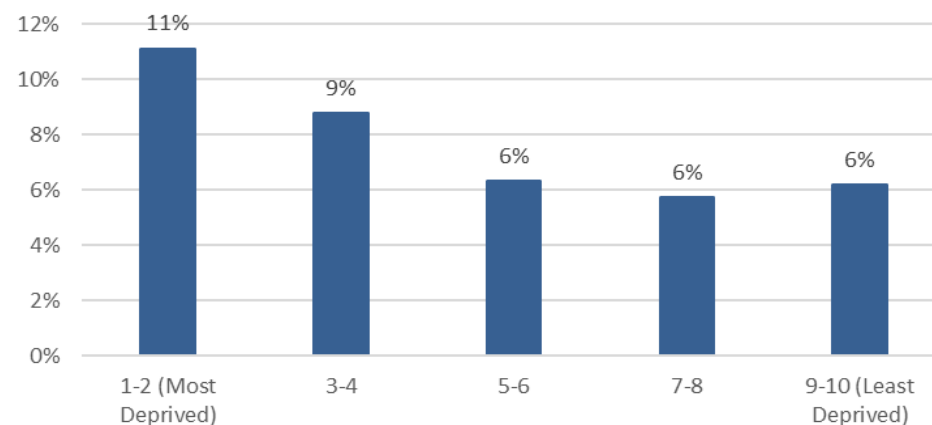
### RTT Snapshot 25/09/22

IMD Quintile	Patients on Waiting List	Median Wait (Wks)	% of All RTT Patients	% of Rotherham Population	% Proportion Difference to Rotherham Population
1-2	8679	14.6	37.4%	36.0%	1.4%
3-4	5473	14.4	23.6%	23.2%	0.3%
5-6	3661	14.1	15.8%	15.2%	0.5%
7-8	4128	14.2	17.8%	19.5%	-1.7%
9-10	1293	17.7	5.6%	6.0%	-0.4%
Total	23216	14.4	100.0%	100.0%	0.0%

Patients on Waiting List by IMD Quintile & Waiting List Group



Percentage of Outpatient DNA's by Deprivation Quintile During September

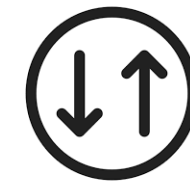


Safer Staffing

Trust Wide Scorecard Rolling 12 Months & Year End position 21/22	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Daily staffing -actual trained staff v planned (Days)	87.39%	85.51%	86.74%	89.65%	87.75%	87.62%	86.48%	86.33%	84.11%	83.95%	81.92%	83.54%	82.43%
Daily staffing -actual trained staff v planned (Nights)	83.93%	82.94%	86.32%	87.50%	87.06%	86.41%	84.29%	88.00%	85.52%	86.36%	81.28%	84.30%	90.41%
Daily staffing - actual HCA v planned (Days)	100.43%	99.16%	101.90%	94.90%	90.63%	89.55%	89.47%	96.05%	95.88%	91.45%	80.37%	83.13%	83.46%
Daily staffing - actual HCA v planned (Nights)	98.49%	89.90%	95.29%	90.95%	89.28%	89.06%	92.35%	89.51%	91.18%	94.30%	81.54%	83.77%	89.86%
Care Hours per Patient per Day (CHPPD)	6.7	6.5	6.4	6.5	6.2	6.5	6.2	6.5	6.5	6.6	6.3	6.0	6.3



Perform	Assure	Description
		Special cause of a concerning nature where the measure is significantly <b>HIGHER</b> . This occurs where there is higher pressure in the system or deteriorating performance. This system is not capable. It will <b>FAIL</b> the target without system change.
		Special cause of a concerning nature where the measure is significantly <b>HIGHER</b> . This occurs where there is higher pressure in the system or worse performance. However despite deterioration the system is capable and will consistently <b>PASS</b> the target.
		Special cause of a concerning nature where the measure is significantly <b>HIGHER</b> . This occurs where there is higher pressure in the system or worse performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of a concerning nature where the measure is significantly <b>LOWER</b> . This occurs where there is deteriorating performance. This system is not capable. It will <b>FAIL</b> the target without system change.
		Special cause of a concerning nature where the measure is significantly <b>LOWER</b> . This occurs where there is deteriorating performance. However the system is capable and will consistently <b>PASS</b> the target.
		Special cause of a concerning nature where the measure is significantly <b>LOWER</b> . This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Common cause variation, no significant change. This system is not reliably capable. It will <b>FAIL</b> to consistently meet target without system change.
		Common cause variation, no significant change. The system is capable and will consistently <b>PASS</b> the target.
		Common cause variation, no significant change. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of an improving nature where the measure is significantly <b>HIGHER</b> . This occurs where there improving performance. However the system is still not capable. It will <b>FAIL</b> the target without system change.
		Special cause of an improving nature where the measure is significantly <b>HIGHER</b> . This occurs where there is improving performance. The system is capable and will consistently <b>PASS</b> the target.
		Special cause of an improving nature where the measure is significantly <b>HIGHER</b> . This occurs where there improving performance. This system will not consistently hit or miss the target. (This occurs when target lies between process limits).
		Special cause of an improving nature where the measure is significantly <b>LOWER</b> . This occurs where there improving performance. However the system is still not capable. It will <b>FAIL</b> the target without system change.
		Special cause of an improving nature where the measure is significantly <b>LOWER</b> . This occurs where there is improving performance. The system is capable and will consistently <b>PASS</b> the target.
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Arrows show direction of travel. Up is Good, Down is Good

### SPC Rules

#### A single point outside the control limits

Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.

#### Consecutive points above or below the mean line

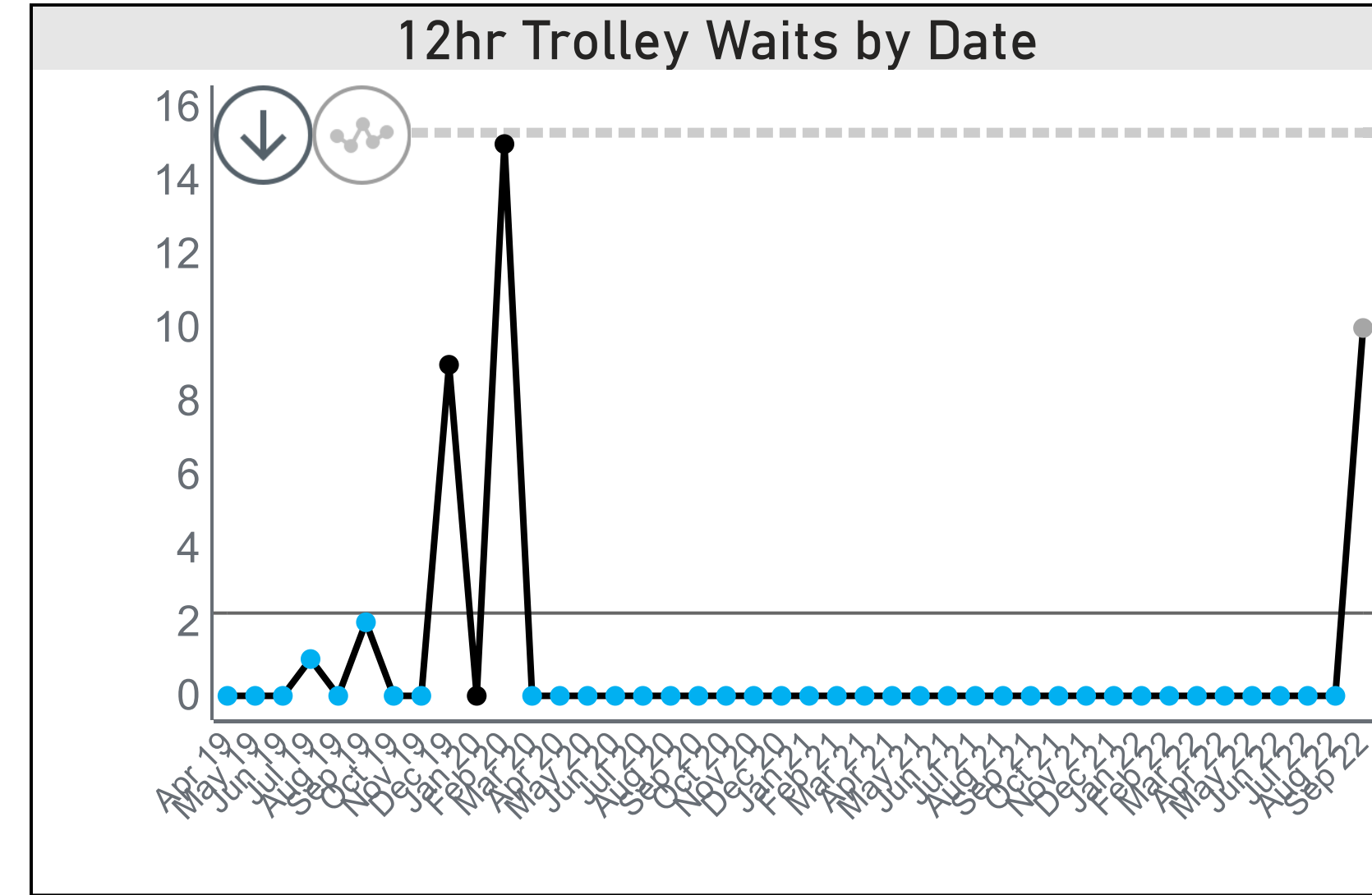
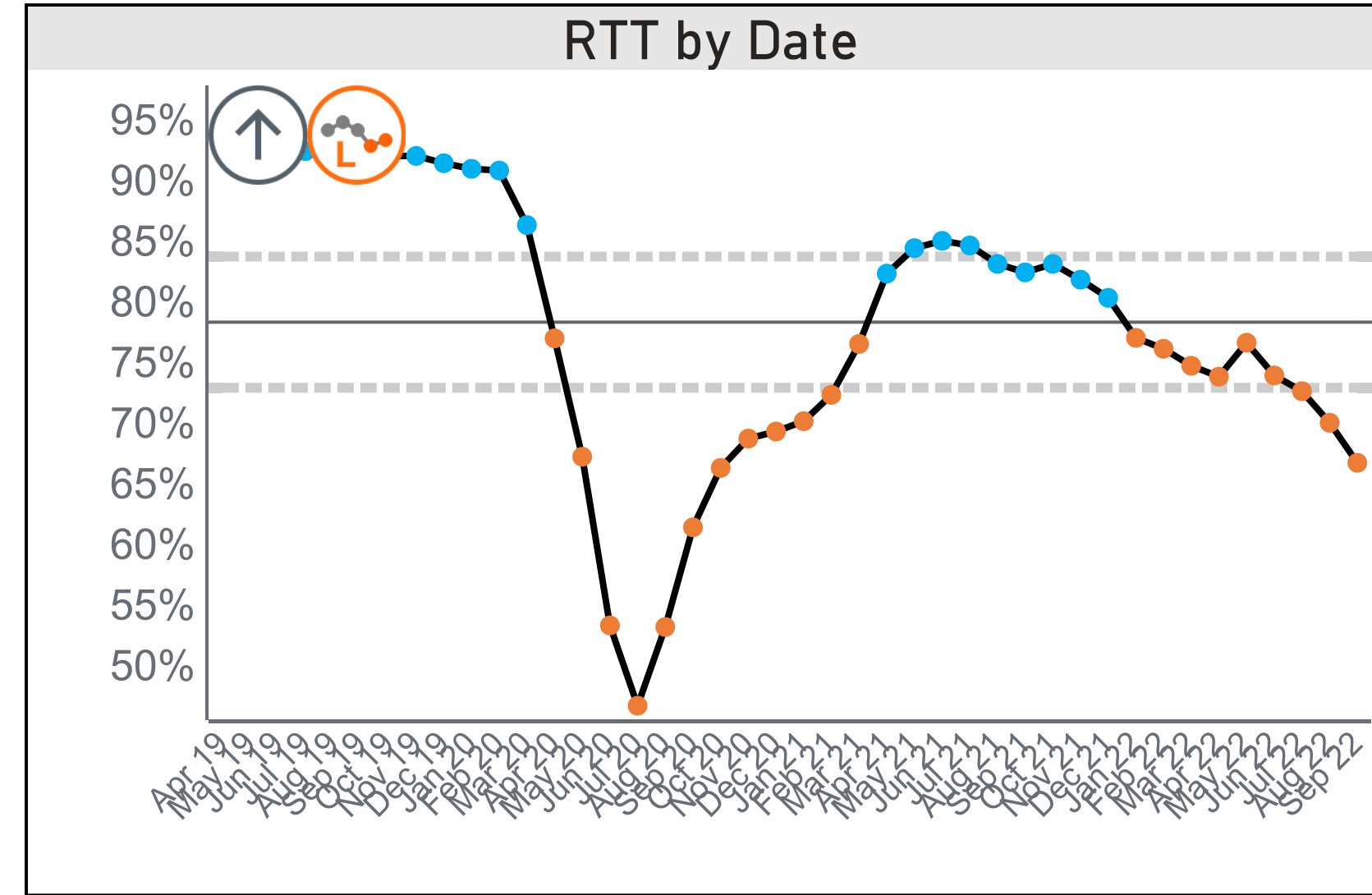
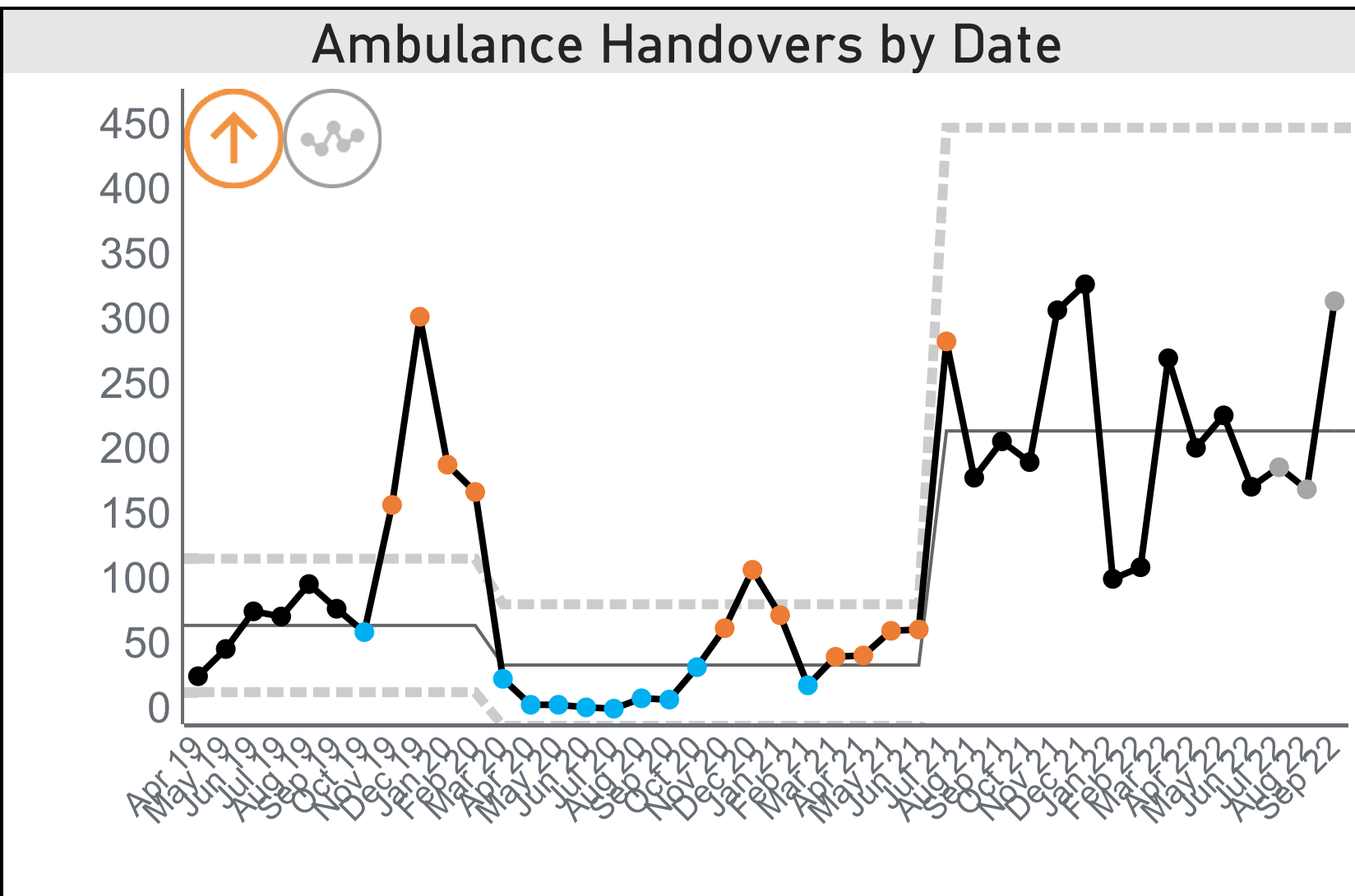
A run of values above or below the average (mean) line represents a trend that should not result from natural variation into the system

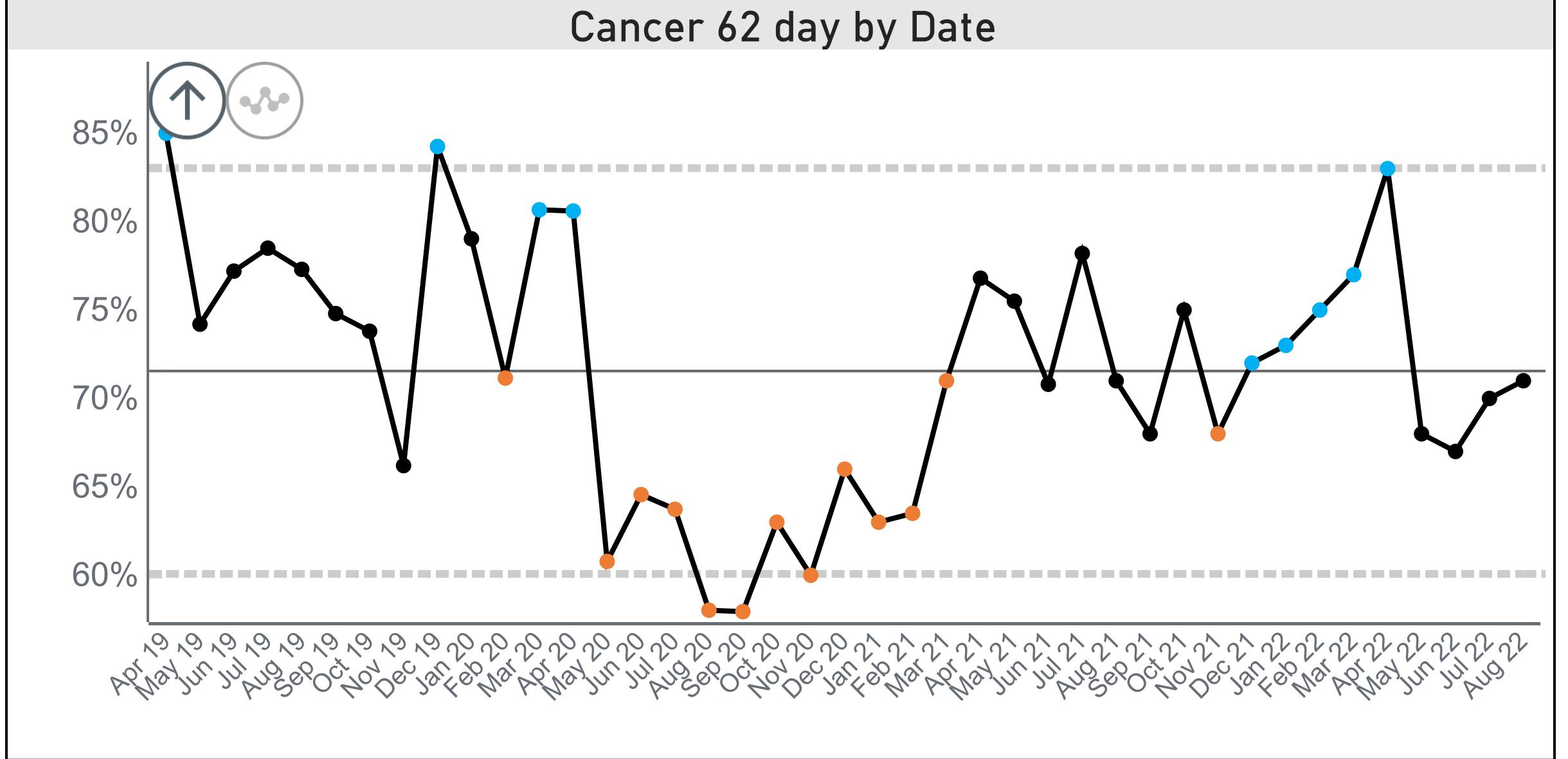
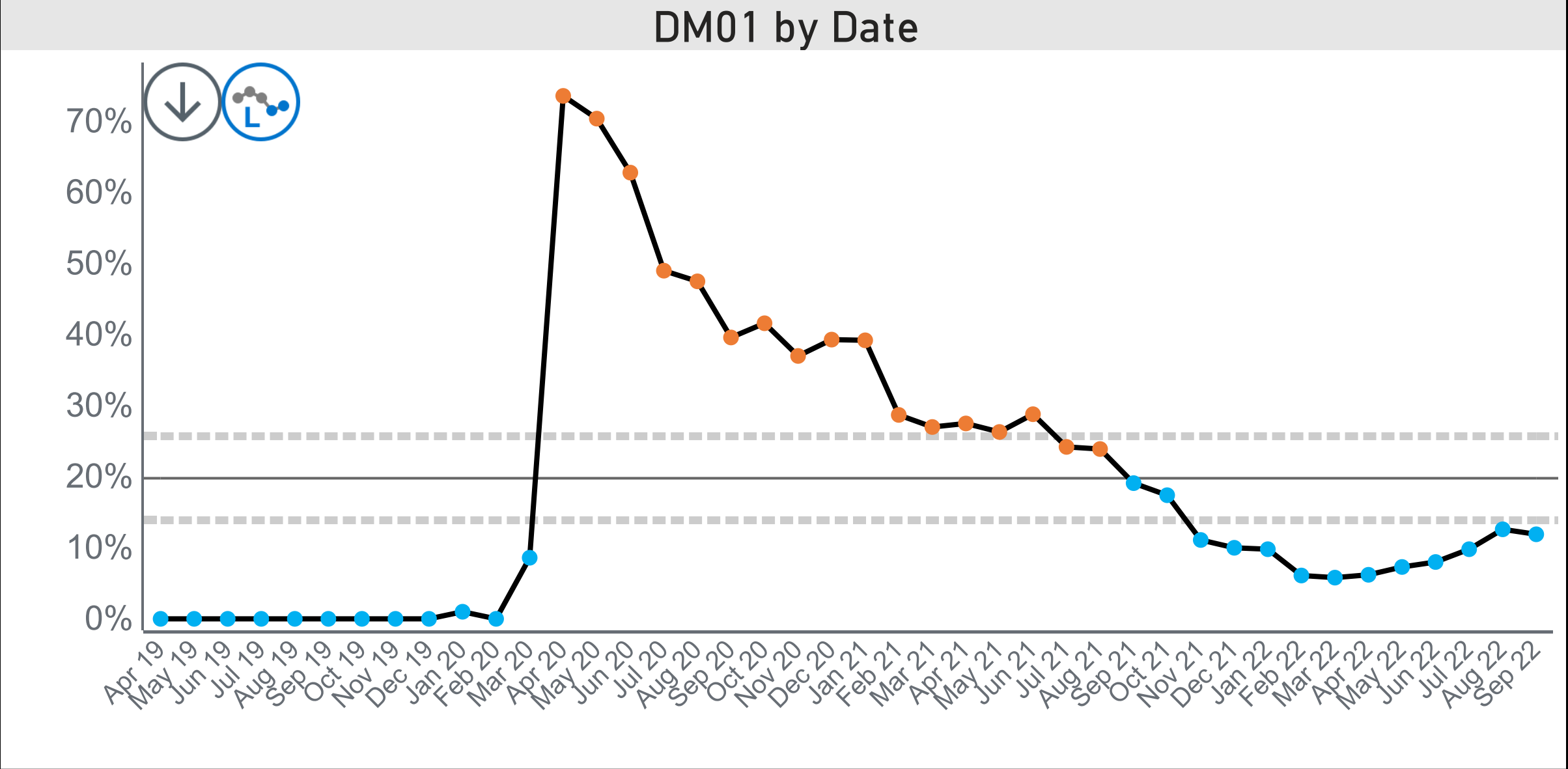
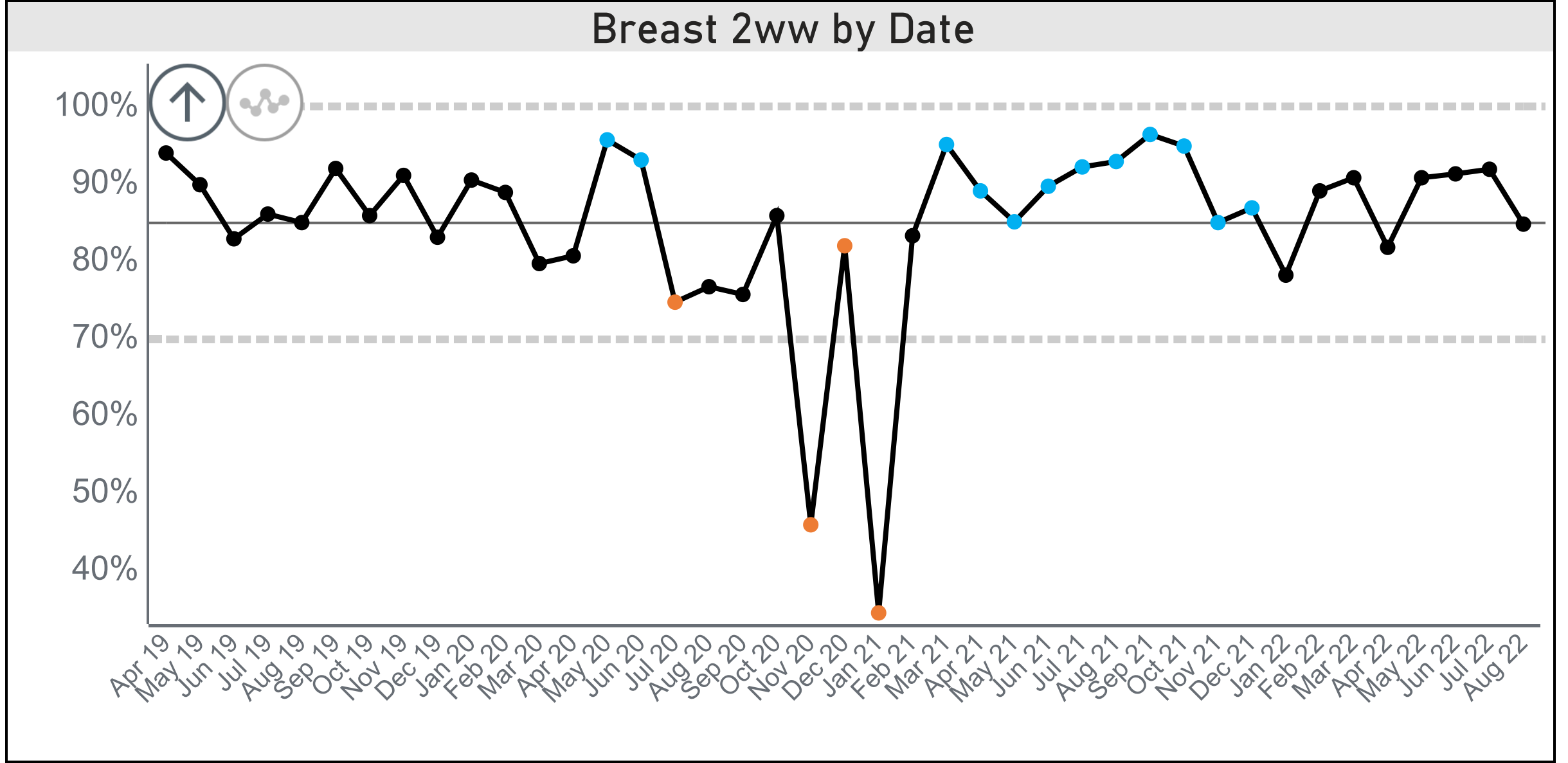
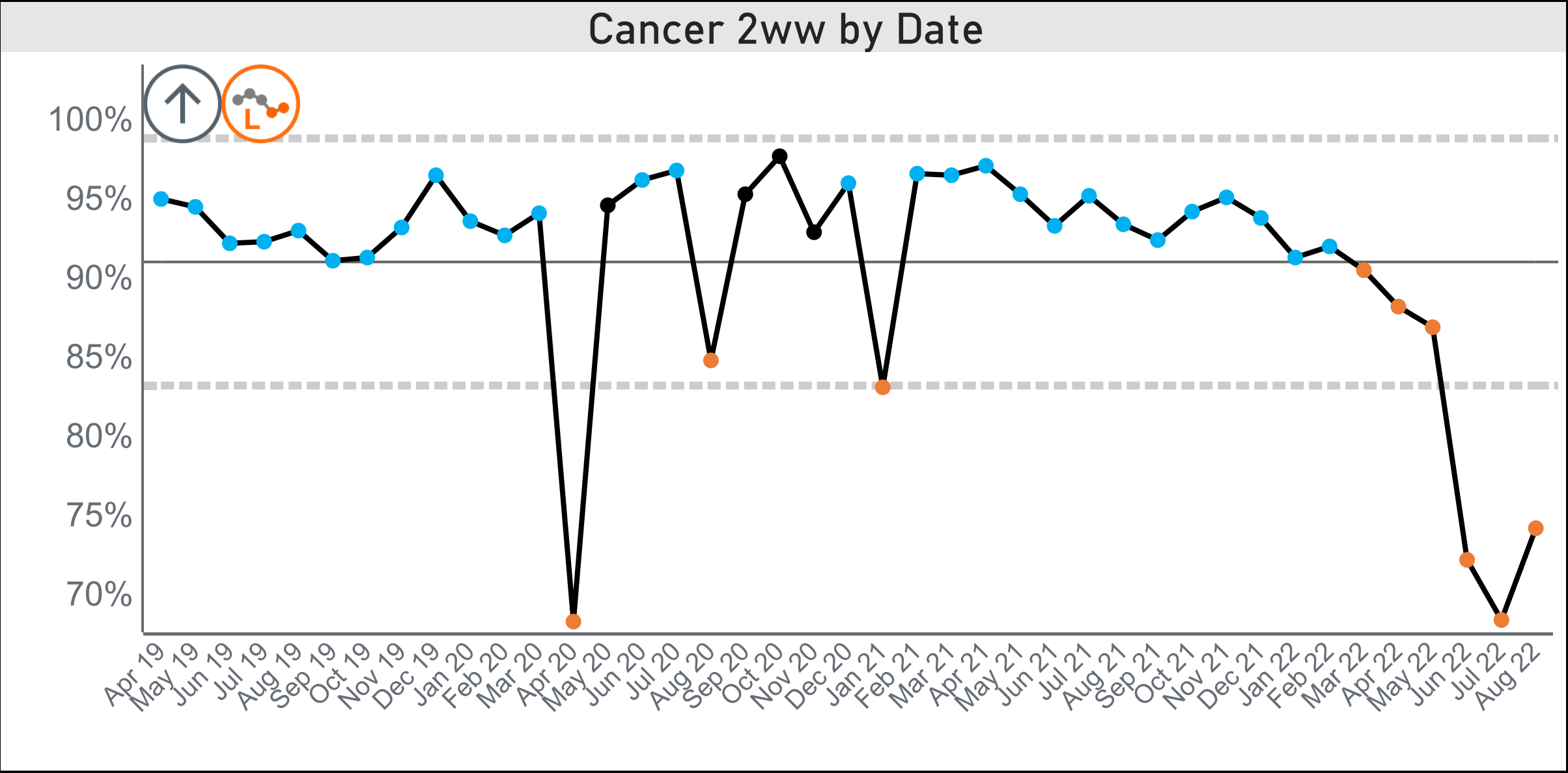
#### Consecutive points increasing or decreasing

A run of values showing continuous increase or decrease is a sign that something unusual is happening in the system.

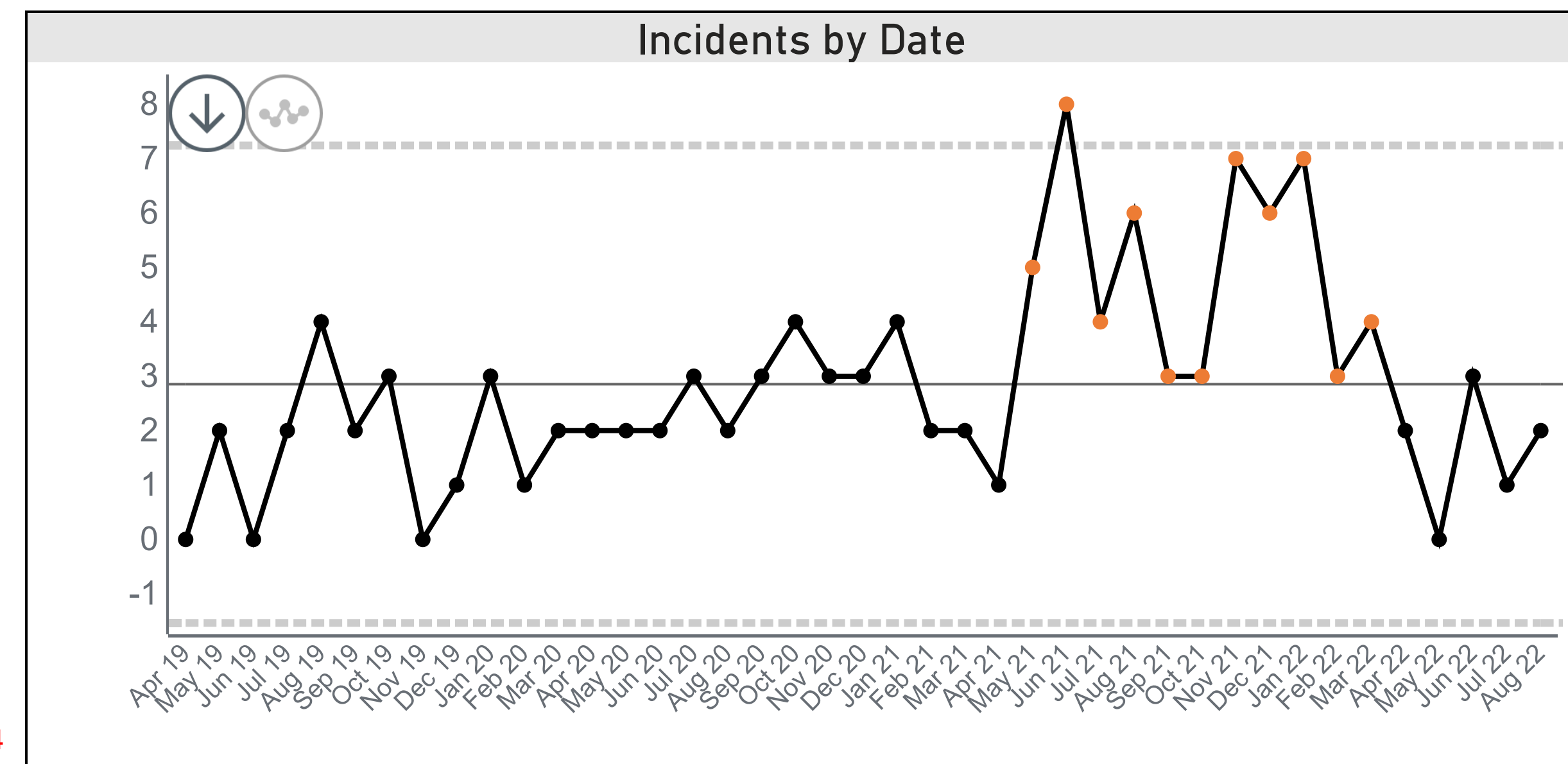
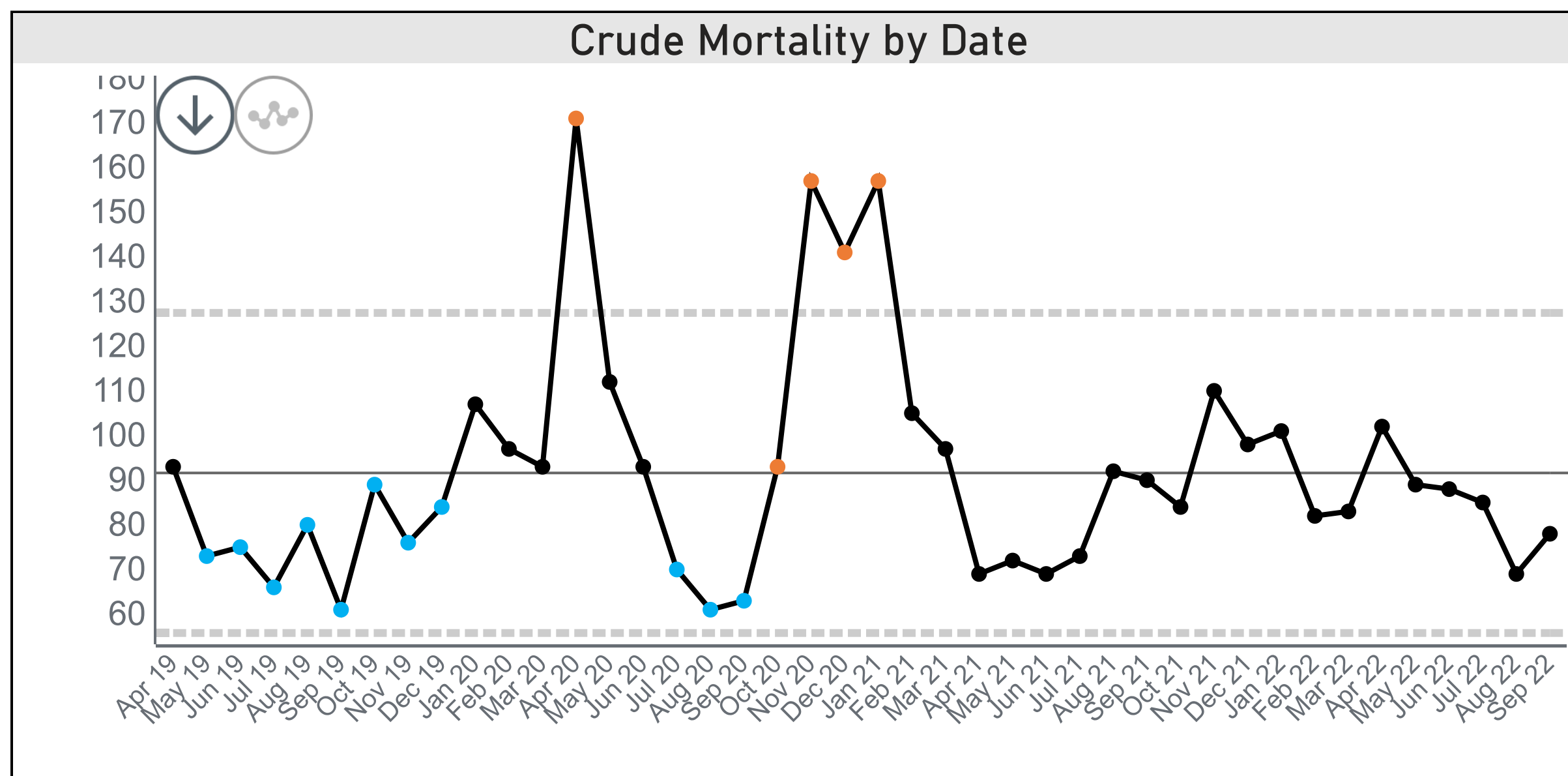
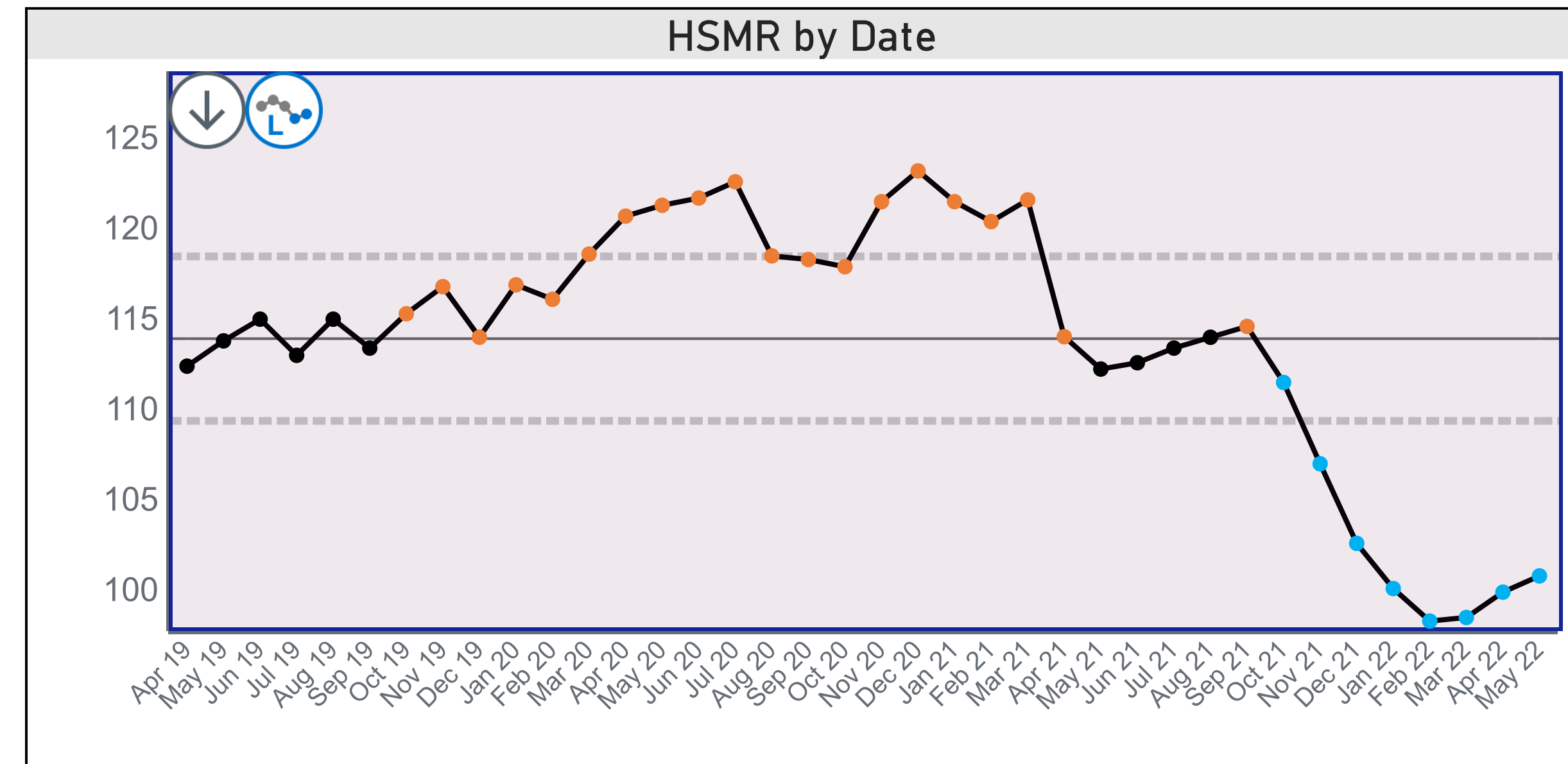
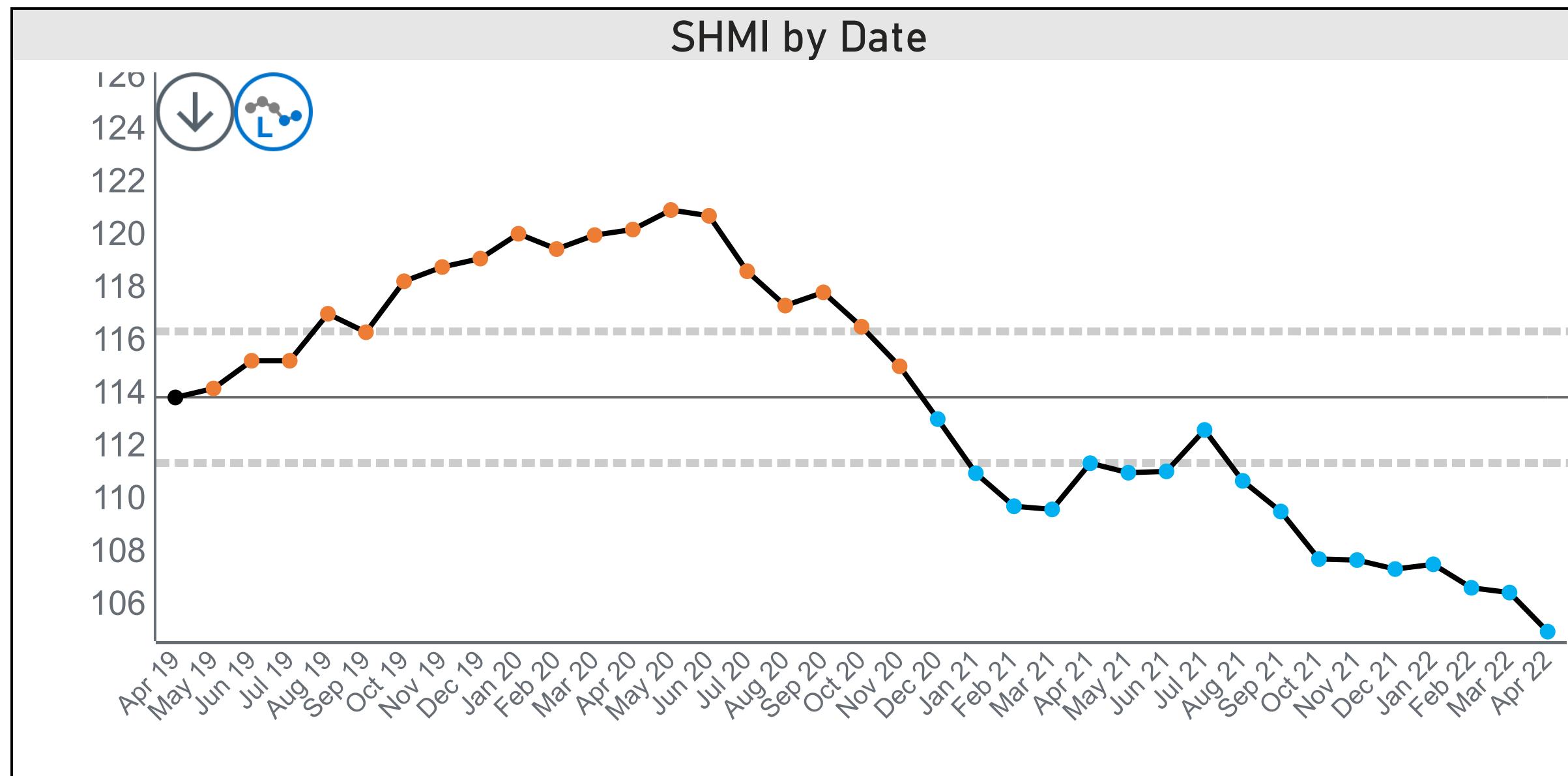
#### Two out of three points close to the process limits

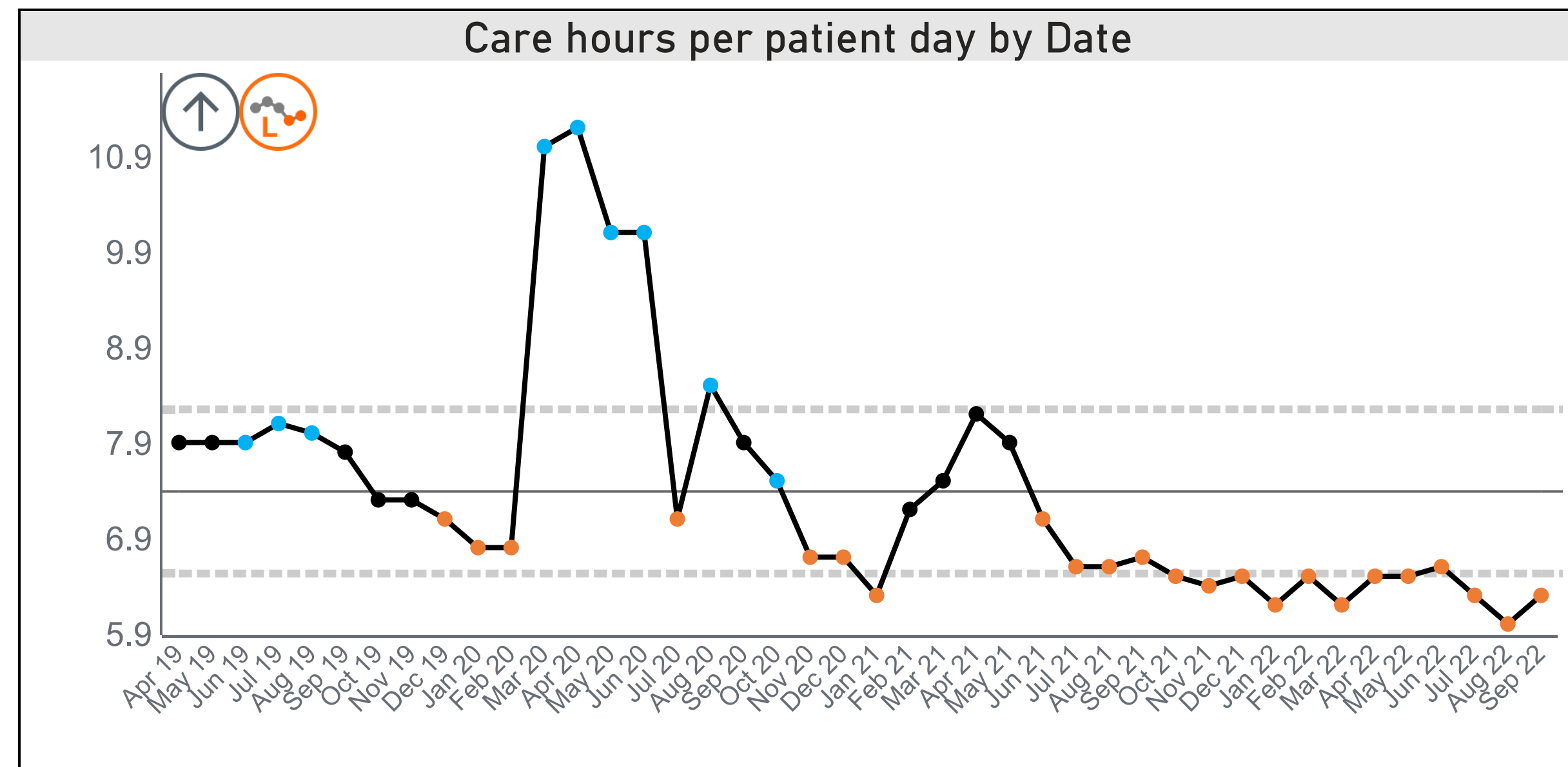
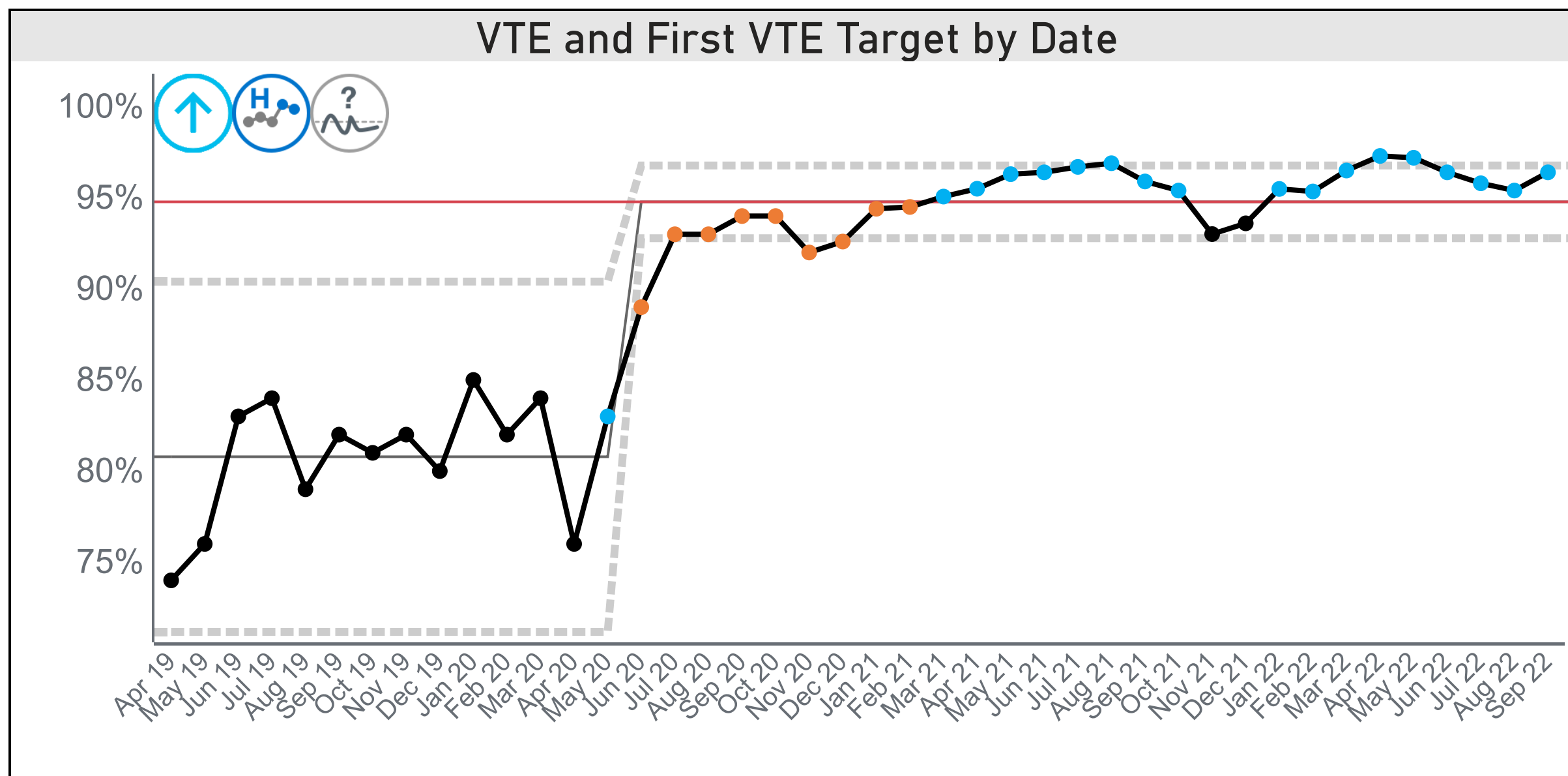
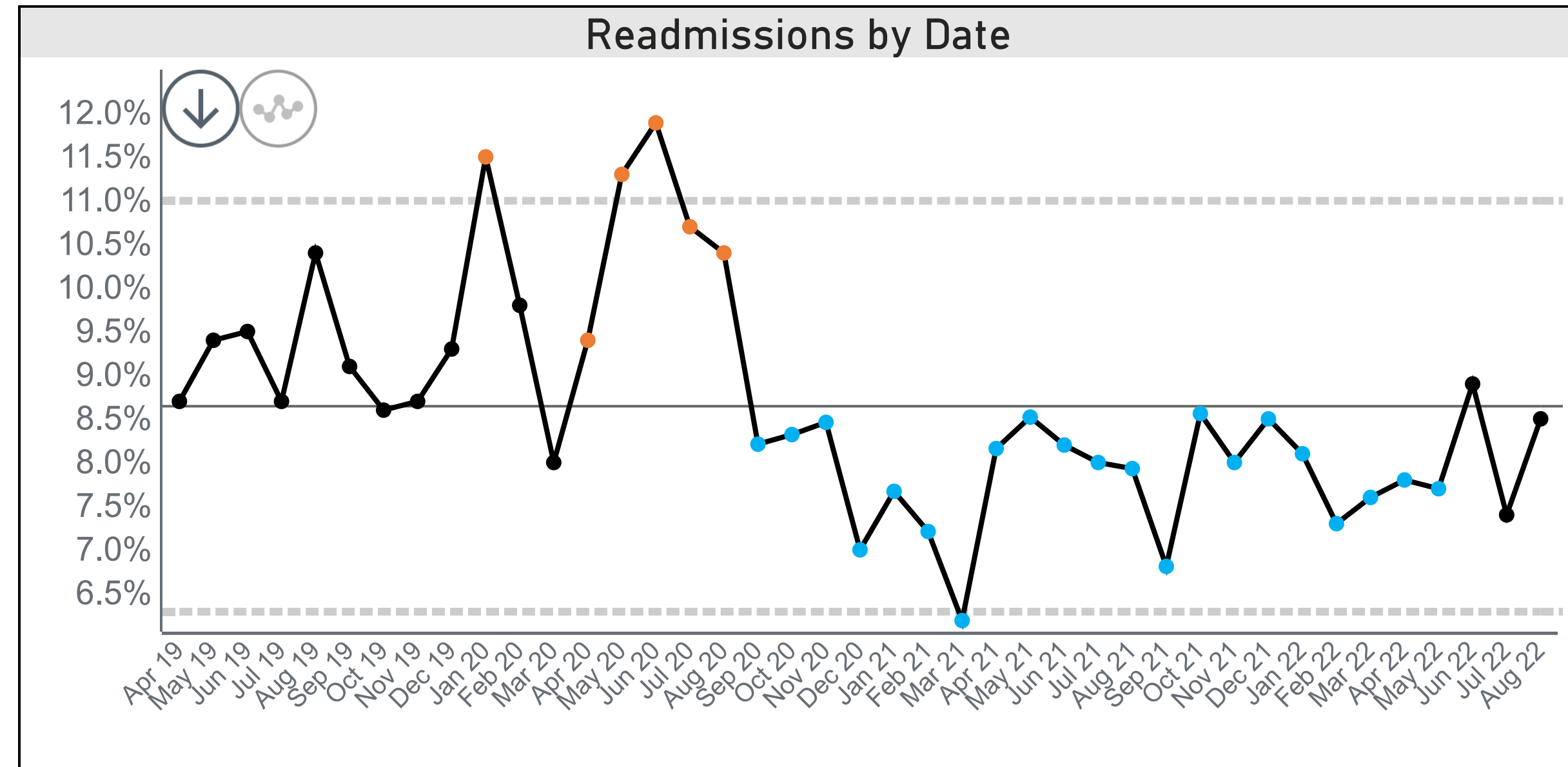
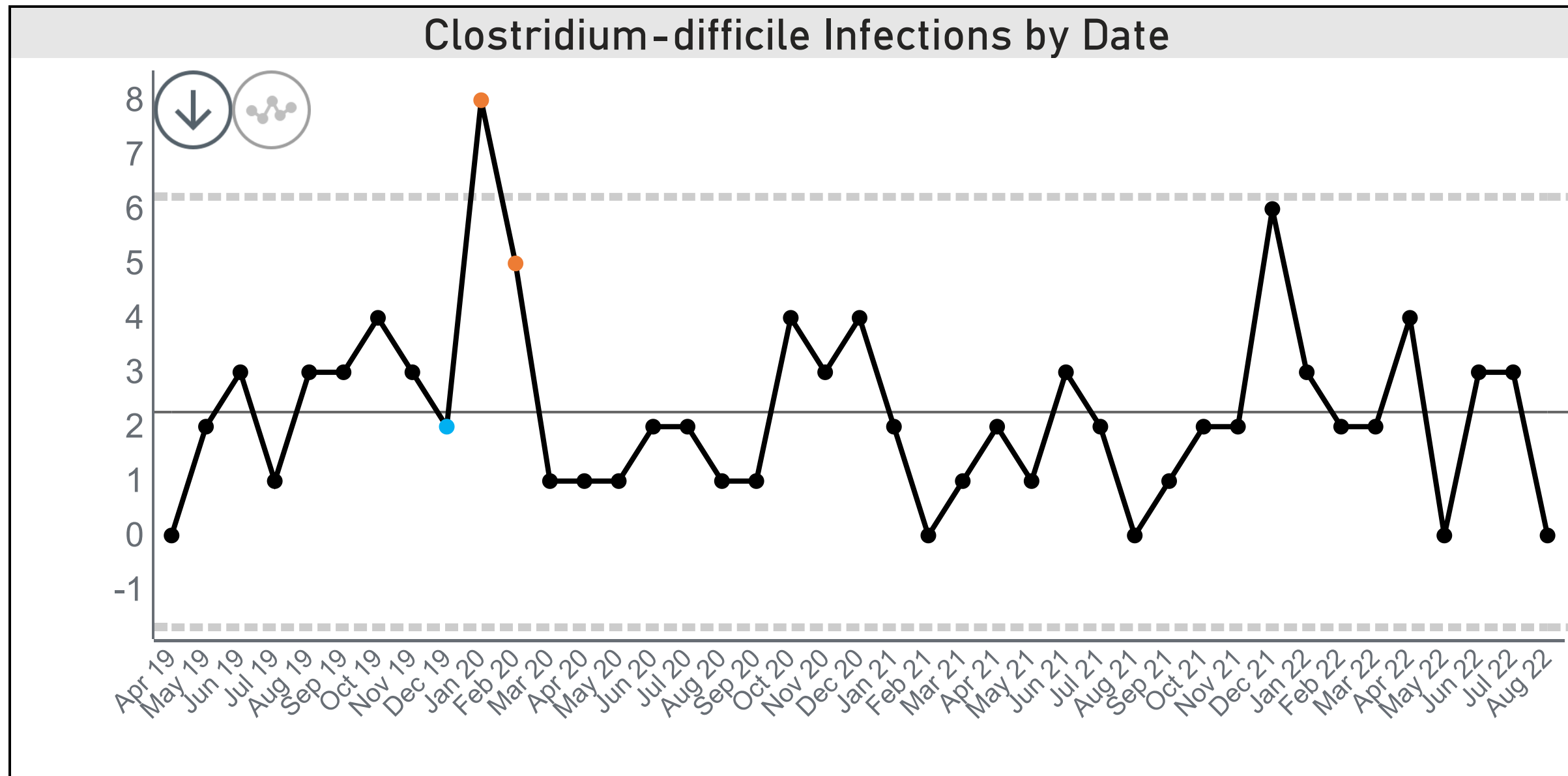
A pattern of two points in any three consecutive points close (in the outer third to the process limits).

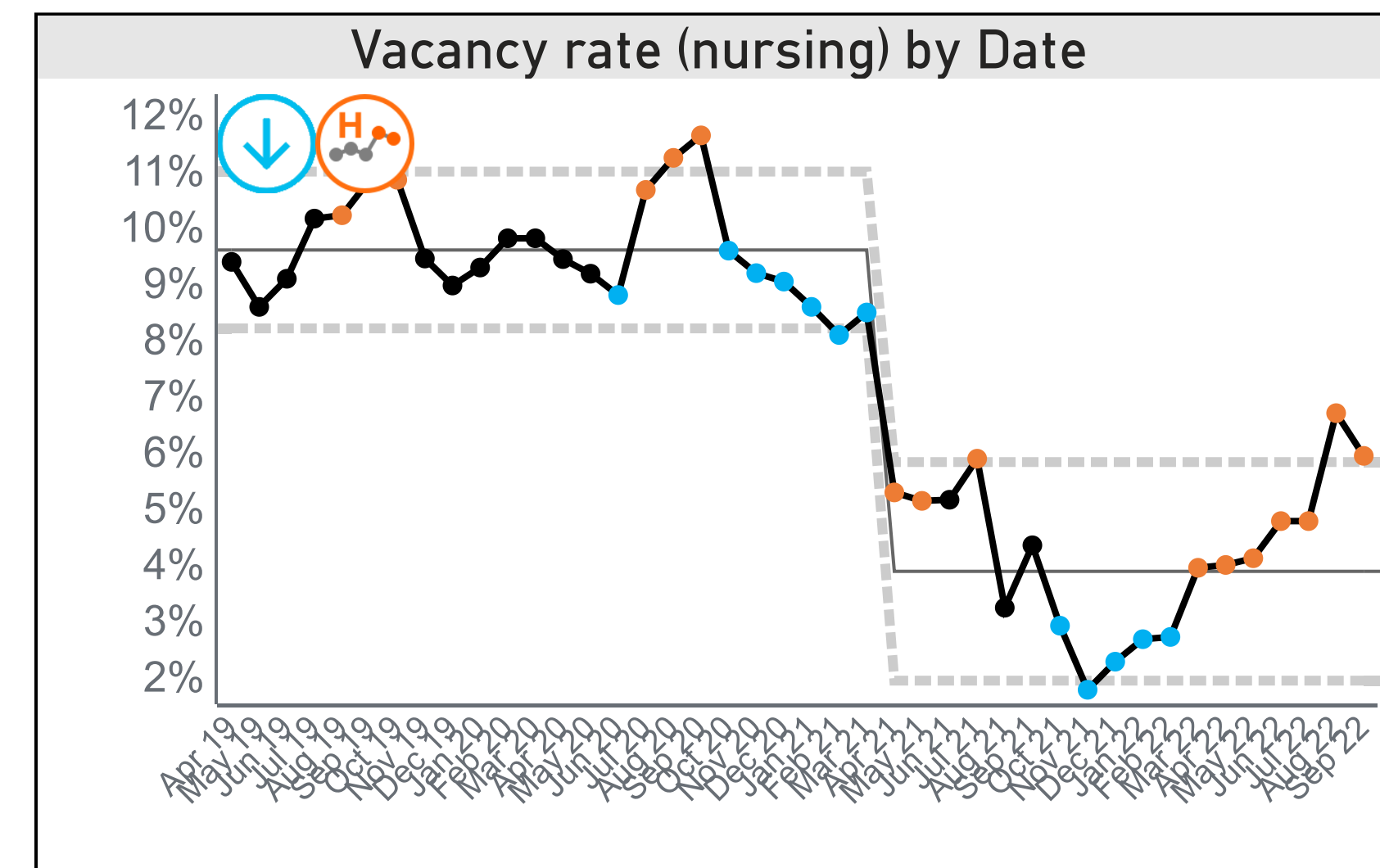
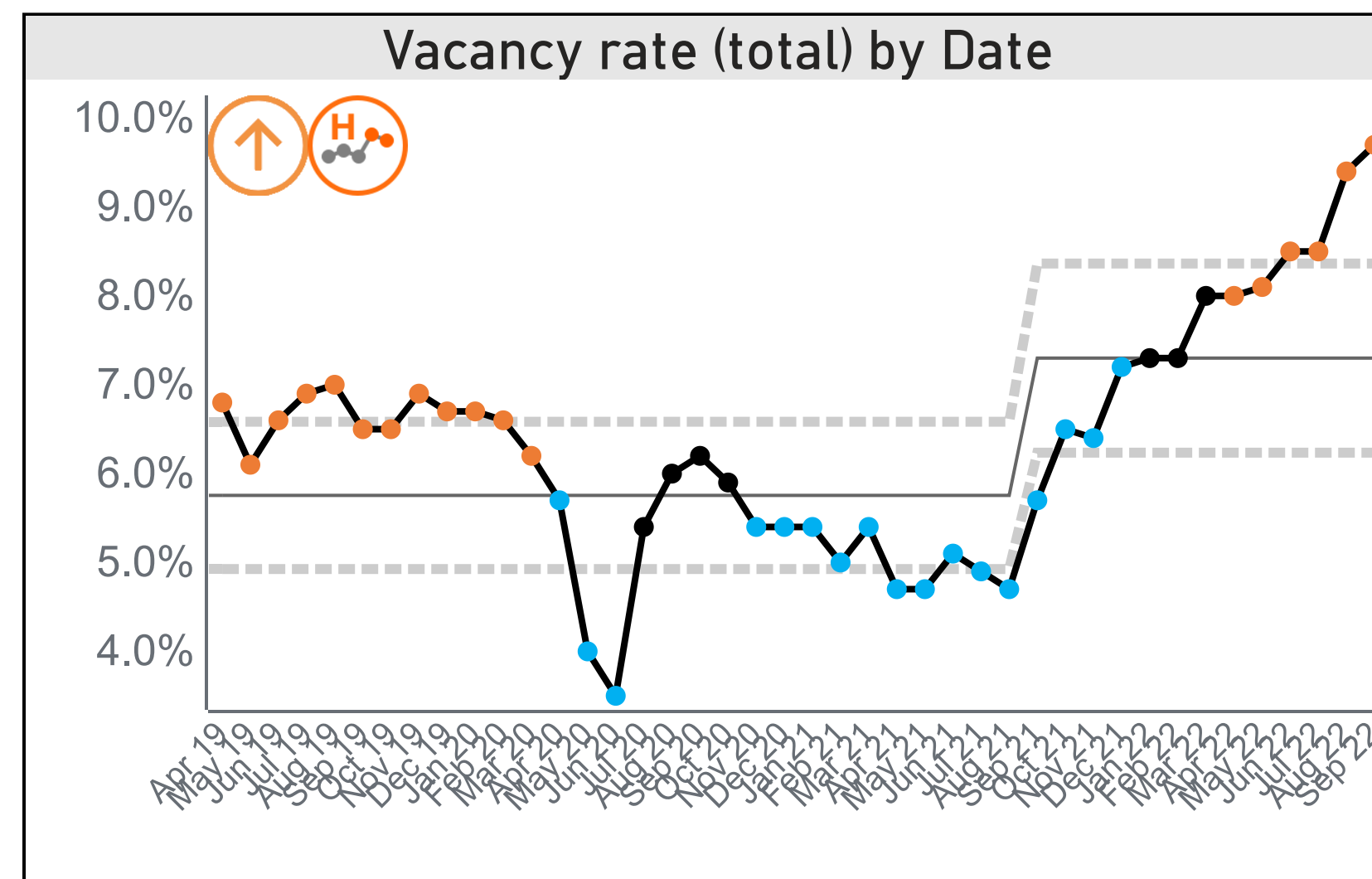
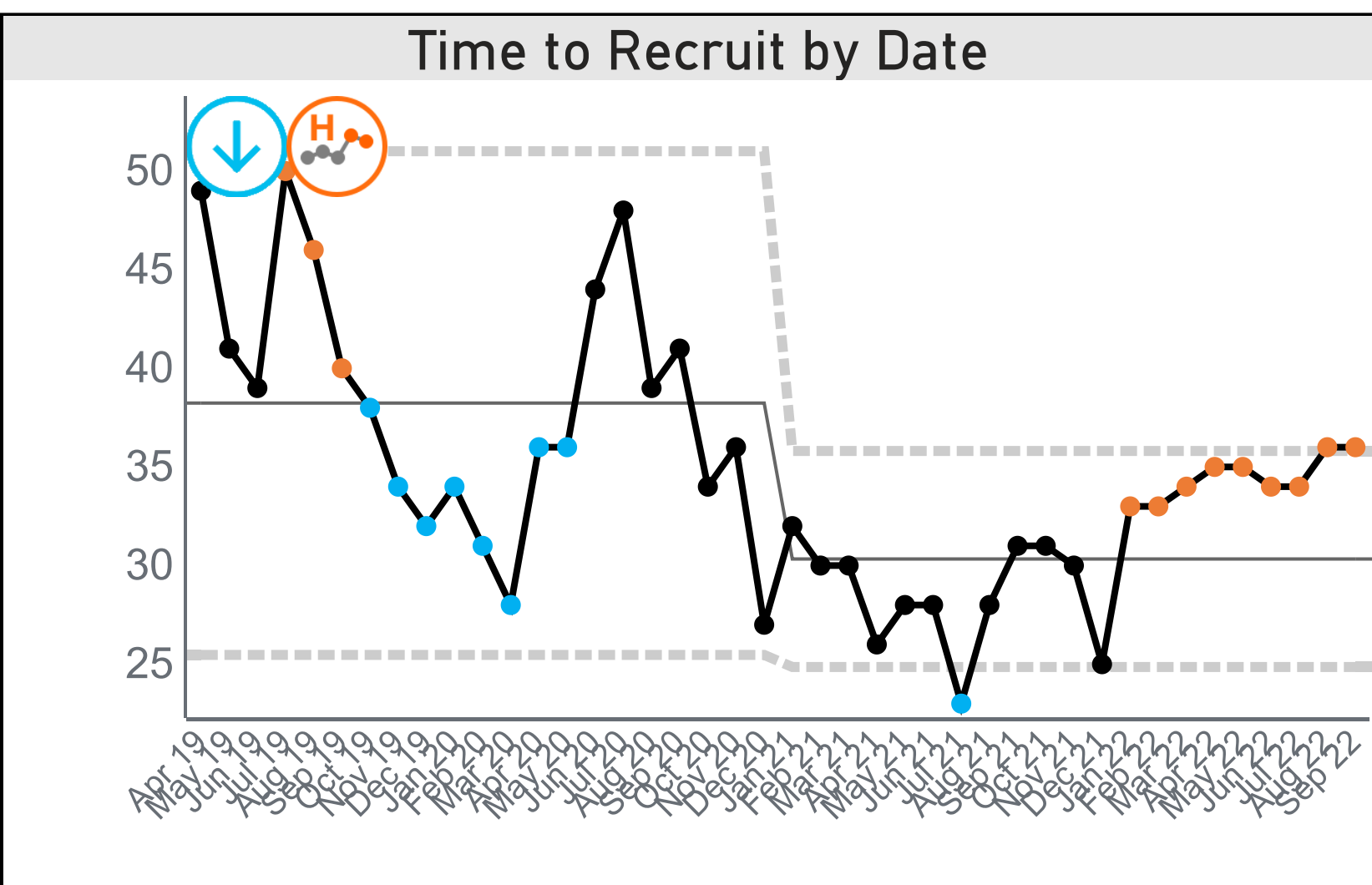
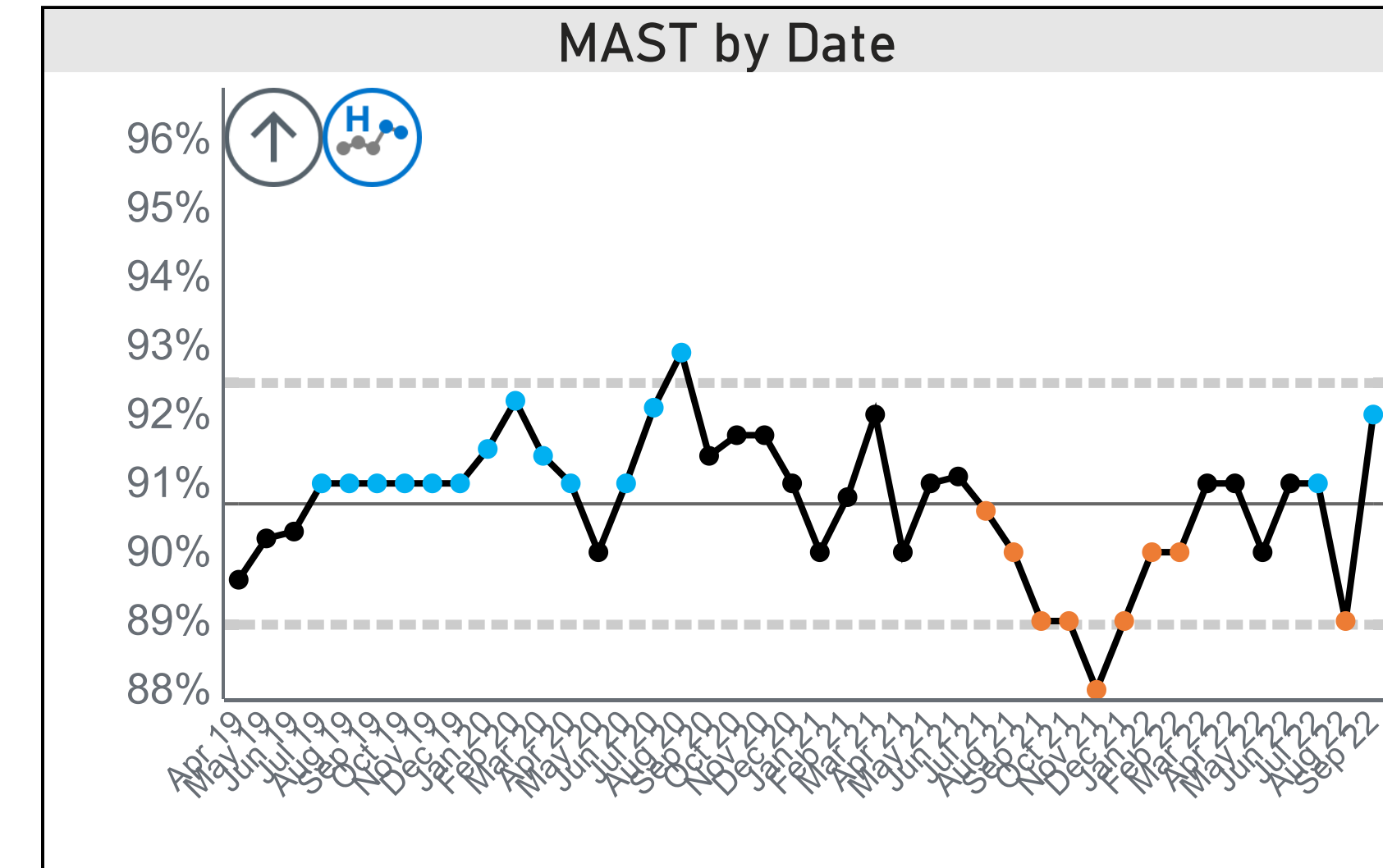
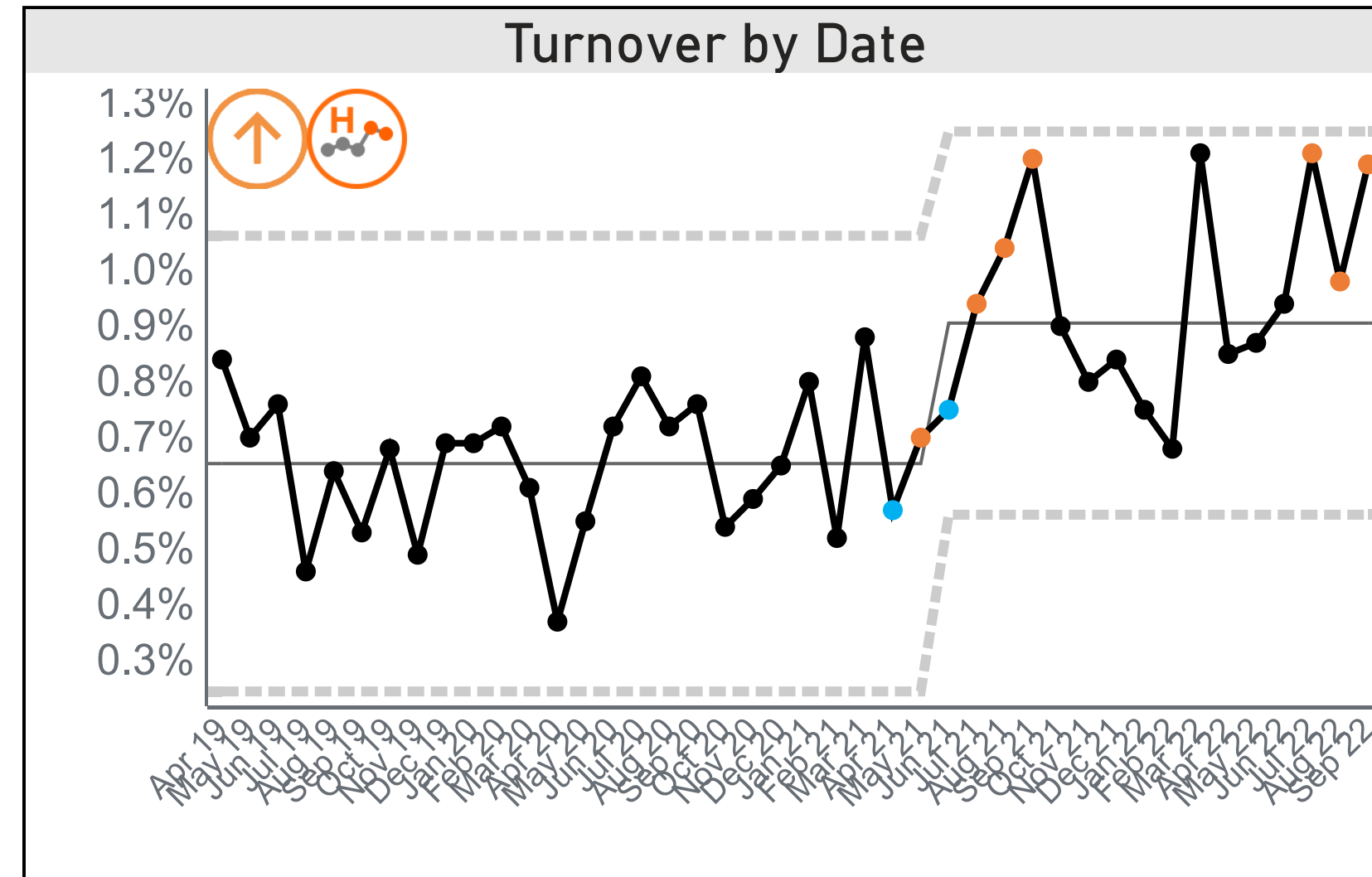
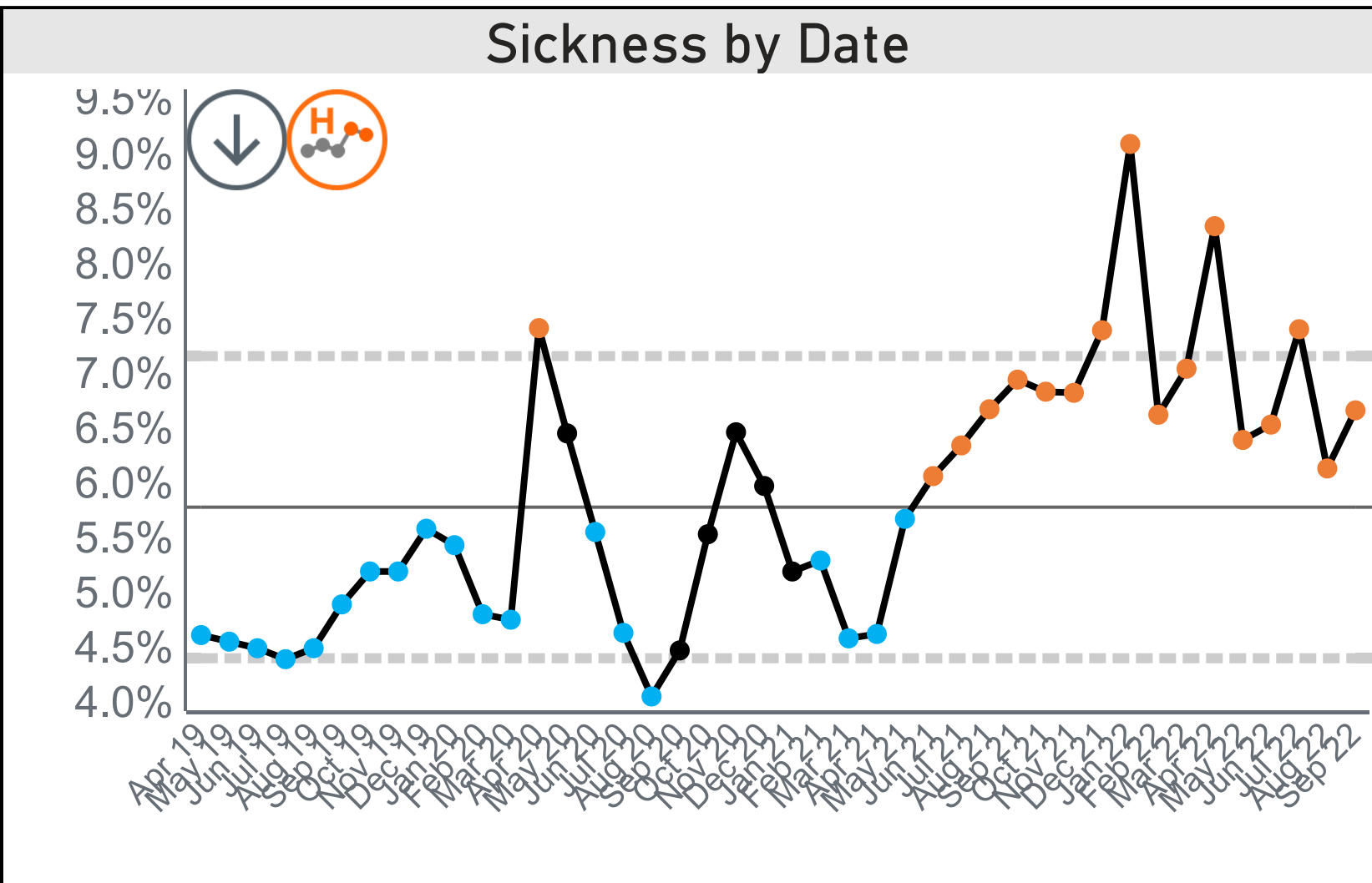














## Integrated Performance Report Commentary

### OPERATIONAL PERFORMANCE

#### Urgent & Emergency Care and Flow

- Demands on urgent care were particularly challenging, with the Trust being on level OPEL 4 for a prolonged period following the additional bank holiday on the 19<sup>th</sup> September. As a result of the ongoing operational pressures, the Trust declared an internal business continuity on Tuesday 27<sup>th</sup> September, which was ongoing until Thursday 6<sup>th</sup> October. Within this period the Trust declared 10 separate 12 hour trolley waits due to the significant challenges in bed availability and flow out of the UECC.
- The difficulties experienced with flow have been driven by challenges in discharging patients with the number of patients in hospital without a right to reside remaining high and consistently around 60-70 patients. Regular meetings with partners including social care have taken place, to escalate key issues and take action to address the challenges. Related to this, the number of super-stranded patients (21 day+ length of stay) remained high.
- The increased challenges with flow through the organisation led to another difficult two months regarding ambulance handover delays over 60 minutes, particularly in September where we exceeded 300 'black breaches'. A trajectory for improvement in the second half of the year has been submitted to NHS England and the Trust has now agreed to implement a cohorting approach with Yorkshire Ambulance Service (YAS) following the pilot earlier in the year. Given all of these challenges, the proportion of patients waiting over 12 hours in A&E also increased in September.
- These figures demonstrate the intense challenges experienced in the Trust in this month, through the combination of high demand at the front door, the ongoing Covid-19 demand and high levels of staff sickness due to the prevalence of Covid-19 in the community, with sickness rates now statistically out of control for the last several months. With the changes in IPC guidance implemented within the Trust in late April, and the new national Covid-19 sickness reporting in place from September, we had expected to see pressures ease given the reduced need for additional cohorting but in reality, the changes haven't been significant enough to affect these core metrics.

#### Elective Care

- The size of the waiting list again remained relatively stable, although this still

represents growth of over 30% compared to a year ago. Across August and September there were just under 1,200 more patients referred to our services than the same months in 2019 (an 8% increase), which will continue to put further pressure on the waiting list over the next few months. Of particular note, our General Surgery service has seen just under a 30% increase in referrals in the latest two months. Based on historic conversion rates, over 40% of these patients will likely require at least one daycase or inpatient stay, which translates into the need for a further 150 procedures for just this one specialty across this two month period.

- The RTT position has deteriorated significantly over the last 9 months, driven in part by capacity challenges within a few of the larger specialties and the constraints on our elective capacity for a number of weeks due to the closure of the Orthopaedic elective ward across August and the continued pressures on general surgical elective beds.
- With the ongoing capacity constraints and operational pressures noted above, we have seen a further rise in the number of 52+ week waiters, which has increased by 85% in the last 3 months. We have eliminated all 104 week waits for patients as per the national requirement, with 9 patients currently waiting over 78 weeks. The Trust has committed to eliminating all waits of over 78 weeks by the end of the year.

## Cancer

- The number of patients waiting over 62 days has almost doubled in the last 3 months and taken us above our submitted national trajectory. For the most part, this deterioration sits within the Lower GI tumour site, following a perfect storm of capacity constraints and demand increases in the last 4 months, including a gap in our consultant workforce for a 3 month period (from a team of 4), the peak annual leave season and a 28% increase in referrals in the last two months which has stretched the full cancer pathway. A Lower GI pathway review workshop has been set up for 10<sup>th</sup> November, with colleagues from across the Trust due to come together to identify solutions.
- 62-day performance improved in the most recent months, but this is not driven by a sustained change to delivery. We continue to see more patients waiting longer for their treatment due to being unfit, or due to poor engagement in their pathway, as well as high numbers of patients now wanting to wait for their appointments or diagnostics due to holidays in recent weeks.
- The Faster Diagnosis Standard (FDS) was not met for another month, driven by challenges in Lower GI, Upper GI and Skin in particular. The medical workforce in Dermatology has fallen to just one substantive consultant which has led to under-performance in FDS, although a new consultant has now joined the team. 2ww performance relates to this, although the challenges in Lower GI and Skin are expected to resolve in Q3.



## QUALITY SUMMARY

**Mortality**

- The latest Dr Foster data has now been updated to May 2022 for the HSMR and April 2022 for the SHMI. As per the previous position, the HSMR is currently within the 'as expected' category. However, when all Covid-19 activity is excluded from the HSMR, the figure falls to 93.2, well within the 'as expected' category. The in-month HSMR for May 2022 was 104.6, which is statistically within the 'as expected' band. If the regional HSMR values are ranked (lowest to highest) the Trust's HSMR is 5<sup>th</sup> of 21 acute, non-specialist NHS providers.
- For the 12 month period there was one HSMR diagnosis group with a relative risk banded as statistically 'higher than expected' – Congestive Heart Failure, non-hypertensive. There will be a review of a sample of these cases. A business case is being prepared to review the way in which we complete the structured judgement reviews.
- Crude mortality was 3.5% over the 12-month period, compared to 3.3% regional average (acute, non-specialist Trusts) and 3.2% national average (acute, non-specialist Trusts).

**Patient Safety**

- There were 2 incidents deemed to be severe or above in August and 1 in July, and these have all been investigated at Harm Free Care and Serious Incident (SI) panels as appropriate. Staffing levels continue to be affected due to the Covid-19 pandemic and also annual leave, with a significant reduction in the proportion of trained nursing staff compared to plan overnight in August and also within the HCA workforce both during the day and overnight, such that only 83% of the HCA numbers planned were on shift during the days. Despite this, the numbers of falls remained relatively consistent with the prior month, although the number of moderate or above harms more than doubled in September.
- The Trust continued to meet the national Venous Thromboembolism (VTE) assessment target, although for the specialties who are not achieving this performance standard, the Medical Director has raised the issue with the relevant Divisional Directors and Clinical Leads.
- The increased complaint level has been sustained throughout the post Covid period and is representative of similar increases in other organisations. It is being driven by delays to elective recovery work, additional activity resulting in extra beds being utilised and reduced staffing levels. All complaints are

answered within agreed time scales and the learning from complaints is shared through divisional governance meetings. It is hoped that the increased emphasis the Trust has given to Patient Experience will help to reduce the number of complaints received but it is acknowledged that there is not likely to be a significant decrease whilst current pressures on service remain.

- TRFT remains a significant outlier for Care Hours per Patient Day. Whilst it is recognised that some of this is being driven by absence from work due to sickness, training and maternity leave, it should be noted that our funded establishments have been reviewed by the Chief Nurse and are appropriate, and our vacancy position is better than it has been for a number of years. However, a number of initiatives are underway to improve this including active recruitment schemes and a renewed focus on retention of existing staff. This applies to both the registered and non-registered workforce. A Workforce Matron has now been appointed to lead this work and a new Safe Staffing Policy is being finalised to provide greater clarity and ensure we are in line with national guidance and policies. It should be acknowledged that a significant factor in the CHpPD data is the operational pressures the Trust has been operating within as additional, unfunded bed capacity will be having a detrimental impact on the overall figure. Further work will continue to ensure the data quality for CHpPD is improved as at present there is limited assurance around the accuracy of this process due to poor compliance with e-roster policies in some areas.
- Ockenden – An Ockenden visit took place in late May, with a confirm and challenge meeting scheduled for late October. The maternity staff survey results that have been published show TRFT in a very positive comparative light, although the divisional team remain committed to improve staff satisfaction even further.

## WORKFORCE SUMMARY

### Recruitment and Retention

- Overall vacancies for Nursing & Midwifery improved slightly to just under 81 WTE, representing just under a 6% vacancy rate for this group of staff. However, there are still candidates going through the external recruitment process and newly qualified nurses/midwives who are currently awaiting confirmation of registration who have not been included in the above figures.
- 16 Healthcare Support Workers were recruited at the most recent recruitment event, with another recruitment round due to take place in late October. As can be seen from the Safer Staffing data, vacancies within our untrained nursing teams are currently creating the biggest gaps against roster establishments. There has been some positive recruitment to medical workforce vacancies in recent months, with three new UECC consultants starting in September and October.

- 12 month rolling turnover (voluntary leavers only) for the Trust was 12% and a slight reduction from the previous month but remains at the upper end of our tolerance.

### Sickness

- Monthly sickness absence rate (inc COVID-19) increased by 0.5% to 6.7%, with sickness across UECC, Medicine and Surgery the most pronounced. Long-term sickness continues to be a challenge, with a number of colleagues off work for prolonged periods due to stress and anxiety. All colleagues are offered support via the Occupational Health programme which is contracted through Sheffield Teaching Hospitals NHS Foundation Trust, with positive early feedback received on the new provider. The revised national Covid-19 sickness guidance has now come into full effect.

### Appraisals and Mandatory Training

- Overall appraisal rolling 12 month compliance rate for the month of September is 79% which is a 5% increase on August but below the Trust's target of 90%. Only the Division of Surgery achieved the target set for the end of September, with 93% of colleagues receiving their appraisal as required by this date.
- Core MaST compliance has improved to 92% and is 7% above the Trust target (85%). All Divisions are above the Trust target for core training except for Corporate Operations which sits at 84%. Overall, this is a fantastic achievement given the staff sickness challenges and ongoing pressures. Managers continue to receive regular reports on training by staff member, so that appropriate escalation can occur when colleagues fail to complete the required training.
- The first cohort of Quality Service Improvement and Redesign (QSIR) trainees completed their training in August, which is a significant milestone in our Quality Improvement journey. The next training programme will take place in October.

## FINANCE SUMMARY

The Finance summary commentary is included within the separate Finance Report.

<b>Agenda item</b>	P167/22
<b>Report</b>	<b>Winter Plan</b>
<b>Executive Lead</b>	Sally Kilgariff, Chief Operating Officer
<b>Link with the BAF</b>	OP3: robust service configuration across the system will not progress and deliver seamless end to end patient care across the system  D5: we will not deliver safe and excellent performance
<b>How does this paper support Trust Values</b>	We will ensure we have ambitious plans in place to support our patients and staff through the challenges of Winter as a trust and with local partners at Place.
<b>Purpose</b>	<b>For decision</b> <input checked="" type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/> <b>[Check only one box and remove this line when box ticked]</b>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>This document sets out the winter plan for The Rotherham NHS Foundation Trust (TRFT). This plan sits within the wider context of the Rotherham Place Winter plan.</p> <p>The paper will focus on the TRFT plan specifically in that wider context. It will:</p> <ul style="list-style-type: none"> <li>• Outline the Proposed TRFT Winter Plan including learning from winter 21/22 and COVID-19</li> <li>• Outline Risks and Mitigations to our Plan which include additional risks related to COVID-19</li> <li>• Identify new ways of working</li> <li>• Meeting regional and national expectations</li> <li>• Managing finances</li> <li>• Conclusions</li> </ul> <p>Thinking differently for Winter is the focus of the plan and the trust focus will be on admission avoidance and discharge. This will include new ways of working such as the SDEC and frailty model, discharge to assess and a true home first approach. Supporting our population to remain well at home and getting care in the right place at the right time.</p>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at the meeting)	This paper has been approved by the Executive team and the Finance and Performance Committee.

<b>Board powers to make this decision</b>	The principal purpose of the Board is to support the timely delivery of the Trust's strategic objectives / Annual Operational Plan, whilst being assured as to compliance with appropriate statutory and legislative requirements, such as those determined, inter alia, by the Care Quality Commission (CQC).
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	Sally Kilgariff will be the executive lead for ensuring that the winter plan is monitored and implemented.
<b>Recommendations</b>	It is recommended that the board approve the winter plan for The Rotherham Foundation Trust including the financial schemes associated with Winter at a cost of £1,625,000
<b>Appendices</b>	<ol style="list-style-type: none"> <li>1. Full detailed Winter plan for The Rotherham Foundation Trust</li> <li>2. Place plan</li> </ol>

# Winter Plan 2022/2023

**Author: Jodie Roberts**

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DRAFT



## 1. Introduction

This plan describes the resilience arrangements that have been put in place to enable The Rotherham NHS Foundation Trust (TRFT )and the respective PLACE partners

across Rotherham to provide the capacity to maintain quality, flow and patient safety during the pressured winter months. For the purpose of this report winter will be deemed as the months October to March. Winter 2022 has additional challenges which include the COVID-19 pandemic, seasonal respiratory illness such as Flu and RSV in children, a focus on elective recovery and predicted challenges around the cost of living crisis. Winter has a detrimental impact on those in our community who are most vulnerable, they are more likely to experience health deterioration during winter and as such further complications as a result of contracting COVID-19.

Usual winter resilience plans need to take into consideration the impact of a challenging summer across the trust and system allow for the changes in practice during winter months.

This plan will be part of a system wide plan for a place based response to winter 2022/23, it will be over seen by the Urgent and Emergency Care group.

The required outcomes of winter planning are to ensure that:-

- A comprehensive winter plan is in place which recognises that demand on available services is likely to be at its highest level and identifies local areas of risk which need to be mitigated. The 22/23 Winter Plan needs to have COVID 19 and other infection risks identified also.
- The Trusts plan forms part of the overall local place based health and social care plans and feeds in to the wider ICS.
- The provision of high quality services and excellent patient experiences are maintained through periods of pressure.
- The impact of pressures are reduced and national standards and finances are managed efficiently.
- A process is in place to meet the reporting requirements of NHSE/I.
- There are clear escalation plans in place as a system for additional capacity should surge demand be needed.
- Key risks and lessons learnt from previous years and the COVID-19 pandemic have been identified and recognised throughout the report.

## 2. Rotherham PLACE Urgent and Emergency Care group

The Rotherham Urgent and Emergency care group is responsible for approving the Winter Plan and for managing the system level risks specific to winter demand and surge.

## Urgent and Emergency Care Board roles and responsibilities:-

- Approve and sign-off the Winter Plan for 22/23.
- Provide strategic overview and leadership to the surge and escalation process.
- Devolve responsibility for the day to day senior operational management of the Winter Plan to operational group across place.
- Ensure all partners engage with the plan and undertake any actions/requirements in a timely manner

Limited regional and national data has been shared and will need to be considered if this is released.

### System Wide escalation meeting

Each Monday morning there is a system wide pressures call. This meeting is chaired by an NHSE representative and is across the SY ICB. The aims of the meeting are to review weekend activity and ensure that the services are running as planned. The South Yorkshire system is reviewed to ensure that SDEC areas are running, flow is maintained, ambulance handovers times are being maintained and elective recovery work is ongoing.

This group highlights significant pressures that are current and need immediate action/ support from the wider system. All places are represented which includes the acute trusts, Place leads, mental health and the ambulance service.

The membership of the group can be seen below:-

Organisation	Contact	Out of Hours
Acute Trust TRFT	Jodie Roberts	Senior manager on call available via switchboard
Community TRFT	Jodie Roberts	
Mental Health- RDASH	Martha Clark	
PLACE Lead (Adult health and social care commissioning)	Claire Smith	
YAS	Peter Wilkes	ROC Team on 0300 330 0299

This winter plan supports the provision of safe patient care over the winter period but does not supersede other supporting organisational plans, including the following (available on the Hub):-

- COVID 19 recovery strategy
- Whuhan Coronavirus SOP
- Seasonal respiratory Viral infection
- TRFT major incident plan

- TRFT Critical and Business Continuity plan
- TRFT Operational Escalation SOP

### 3. Quality Indicators

The focus on maintaining safe and high quality care continues throughout the winter months with a particular focus on the following flow related indicators, these will be monitored by the newly formed ICBs and will be key to the provision of safe and effective urgent and emergency care:

- 111 call abandonment.
- Mean 999 call answering times.
- Category 2 ambulance response times.
- **Average hours lost to ambulance handover delays per day.**
- **Adult general and acute type 1 bed occupancy (adjusted for void beds).**
- **Percentage of beds occupied by patients who no longer meet the criteria to reside.**

These will be monitored through the Urgent and Emergency care Assurance Framework externally and internally via weekly Acute performance meetings and weekly access meetings.

In addition to these key metrics for elective recovery will focus on having no patients waiting over 78 weeks for care and treatment by March 2023 and improving the 62 day cancer targets.

A joint dashboard will be used throughout the PLACE to monitor capacity and demand across all partners. This will be supported by a Winter capacity manager that will support on behalf of the PLACE.

The Rotherham Place Urgent and Emergency care group and operational groups use the information below to understand if/where pressures are being experienced in the system:-

- Daily Bed State Report.
- OPEL declaration and escalation wheel
- NHS 111 Sitrep.
- RMBC SITREP
- Daily outbreak reports (Infection Prevention Control Team).
- Department of Health weekly cold weather alerts.
- National, regional and local updates in relation to EPRR
- PLACE based dashboard

#### 4. Assessment of Demand

Evidence shows that if there is a sustained cold spell, emergency admissions increase due to the number of incidences of heart attacks, strokes, influenza like illnesses and respiratory conditions. Vulnerable people, particularly those with long term, chronic conditions are particularly susceptible.

It is also known that the Norovirus is most prevalent over the months of November to March, an outbreak of Norovirus can substantially reduce the bed capacity available within the hospital and nursing/residential home sector as no admissions or discharge can be made to these areas. In addition to the normal winter pressure on capacity COVID-19 will impact on how hospitals, social care and community teams will operate. Testing measures have impacted discharge throughout the pandemic and it is envisaged that whilst testing has reduced the same measures for discharge to care facilities will remain in place. Available capacity across the system will be affected by staff absence, carer responsibilities and outbreak management in addition to other staff health and well being concerns that have increased since the start of the pandemic.

The above factors can have a significant impact on capacity over the winter months. The situation is further compounded when taking into account the Christmas and New Year bank holiday periods, annual leave, the closure of primary care services, including GP surgeries and reduced bed capacity in Local Authorities. This period in 22/23 covers a 16 day period from Friday 16<sup>th</sup> December 2022 to Tuesday 3<sup>rd</sup> January 2023. This is inclusive of the full last weekend before Christmas as there is an anticipated increase in demand for our emergency departments due to an increase in alcohol, drug and violence related incidents.

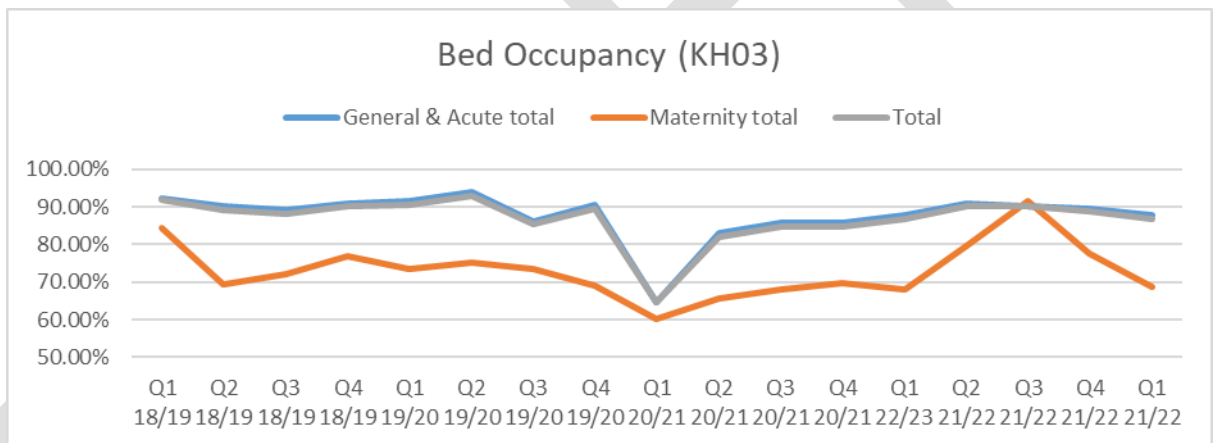
This plan will account for the extended holiday period and the pressure that this will place on the whole system which will in turn put pressure on the acute hospital. During these periods admissions rise and discharges reduce/ and or are delayed.

The national Audit office has suggested that organisations that have a bed occupancy regularly above 85% will experience bed shortages, periodic bed crisis and an increase in hospital acquired infections (NICE guideline 94). High bed occupancy can lead to patients being cared for in the wrong place reducing patient outcomes, experience and reducing discharge rates. There is significant clinical evidence that supports reduced mortality and reduced incidents when bed occupancy remains below 85%. It is also less likely that elective operations are cancelled due to a lack of beds if the Trust remains below 85%. In the graph below it can be seen that the trust has had high bed occupancy over the last 3 years with a reduction in bed occupancy at the start of the COVID 19 pandemic in Q1 of 20/21.

This data demonstrates the level of beds that have been required each year during the winter months. The decline in bed occupancy can be seen throughout the first wave of the covid-19 pandemic. The demand for beds however has remained relatively stable year on year during winter suggesting

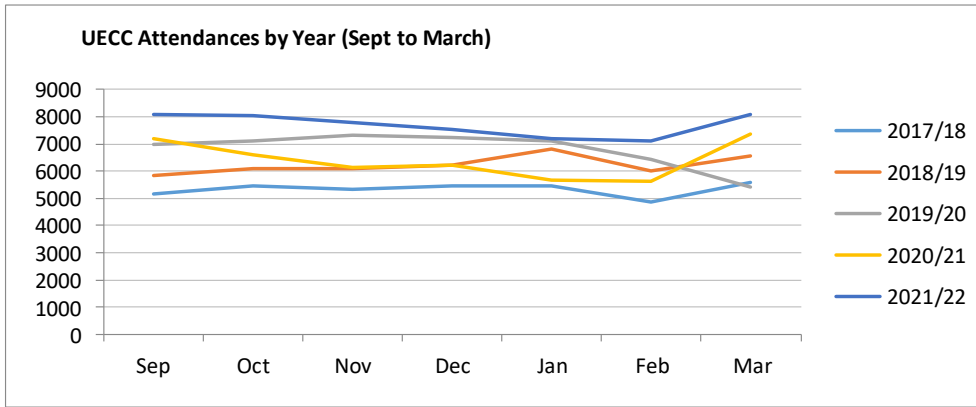
that the bed base in the hospital has not matched demand by remaining above 90% bed occupancy for sustained periods. Bed occupancy alone does not demonstrate system pressure it should be viewed in line with access standards and cancellation of elective work alongside other quality indicators. The bed base has matched demand in the trust with additional measures in place such as opening of additional beds in observation areas and in the cancelling of elective work in January and February as routine in the winter. For the winter period the trust will focus on Day case work and will limit inpatient activity to a maximum of 6 patients per day.

A key success factor in maintaining elective orthopaedic work will be the relocation of services throughout the trust allowing for flexibility with trauma and elective orthopaedic work on one bed base that can flex when needed, maintaining the appropriate environment for elective work to continue. This is reliant upon estates work being completed. The stroke unit will be relocated to a new unit and trauma and orthopaedics will move onto the area that is currently the stroke unit. This will allow the current elective orthopaedic ward to be used differently for Non-elective demand.



### Attendances in the Emergency department 2017-2021

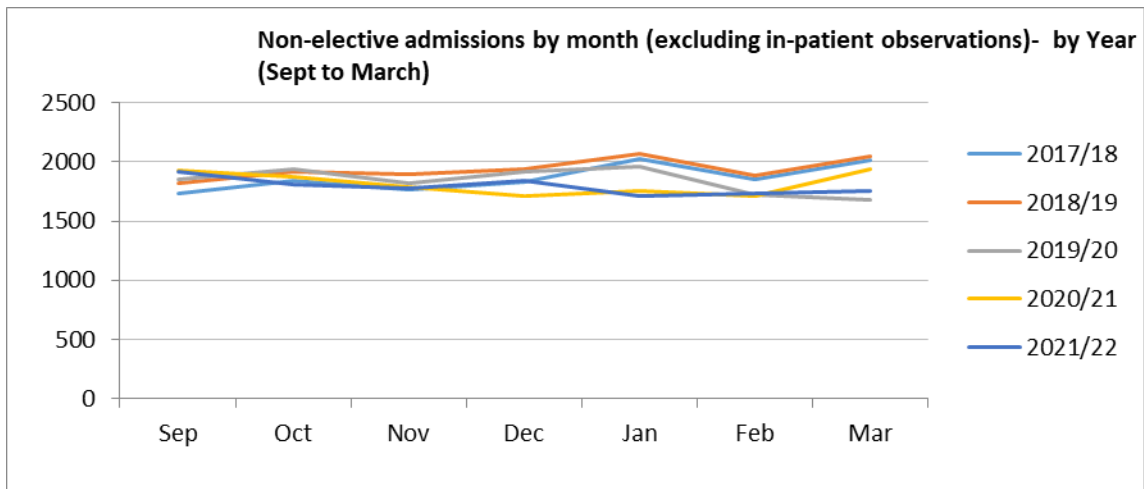
Year	Sep	Oct	Nov	Dec	Jan	Feb	Mar	ANNUAL TOTAL
2017/18	5163	5443	5332	5441	5471	4855	5599	61520
2018/19	5849	6110	6111	6214	6811	6016	6575	72833
2019/20	6977	7123	7303	7225	7112	6452	5413	81470
2020/21	7206	6607	6130	6215	5675	5635	7343	73677
2021/22	8100	8043	7766	7542	7204	7094	8066	95438



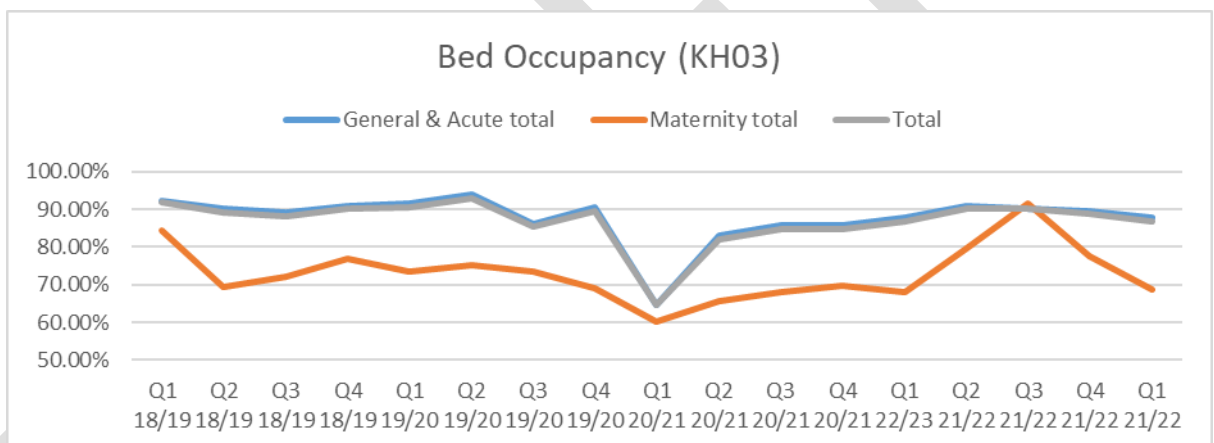
## 5. Capacity

### Bed Analysis – Non Elective Bed Requirement

NEL admissions have remained consistent year on year, with highest admissions in January.



Bed occupancy has remained consistent (although high) year on year. It does not however show what other actions were taken to maintain that level of occupancy.



The trust has 401 General and Acute (G & A) beds with 30 additional escalation beds available for winter (431). This figure does not include children’s bed capacity. The table below demonstrates the levels of bed occupancy that is needed to support patient safety and staff well-being. Trusts should aim for 85% bed occupancy or less at all times of core bed base numbers. Staffing additional beds is a challenge throughout the winter.

	Core G and A capacity 401	All capacity- 431
75% bed occupancy	301 beds	323 beds
80% bed occupancy	320 beds	345 beds
85% bed occupancy	341 beds	366 beds
90% bed occupancy	361 beds	387 beds
95% bed occupancy	381 beds	409 beds

The key to reducing bed occupancy is having proactive discharge pathways into the community, either to a community bed base with the principle of home

first embedded within clinical teams. In addition the community teams are developing a virtual ward which will further support patients at home.

Winter Planning	Number of Beds
Acute bed provision	453 (total core G and A plus escalation beds for adults and children) 14 critical care beds in addition
Community Nursing Beds Green (Athorpe)	6 (blocked) 5 (spot purchase) 24 (Yr round Commissioned Service)
Davies Court (Intermediate Care Residential Beds)	30 (Yr round Commissioned Service)
Lord Hardy Court	15 Surge
Additional Reablement Resource (predicted equivalent to beds)	6
SDEC and Frailty model	Extended opening hours of SDEC Frailty model in place
Rapid Response (predicted equivalent to beds)	9

### Plan to mitigate bed occupancy and demand

Increase admission avoidance pathways both within in the trust and with partners.

Focus on admission avoidance and discharge.

Focus on LLOS and patients that have no 'right to reside'

Operational focus on patients on pathway 0 and 1

Increased utilisation of SDEC facilities with new pathways and models coming into place to support SDEC and avoid admitting inpatients to SDEC beds.

Increased IRR capacity

Use of UECC estate and direct streaming to alternative areas

Minor injuries and primary care capacity

Admission avoidance and changes to pathways – SDEC, frailty, Acute Gynaecology Unit

Implementation of virtual wards – frailty and respiratory

100 day discharge challenge – 10 best practice Interventions

Work with partners – Discharge to Assess pathways and focus on Home First approach

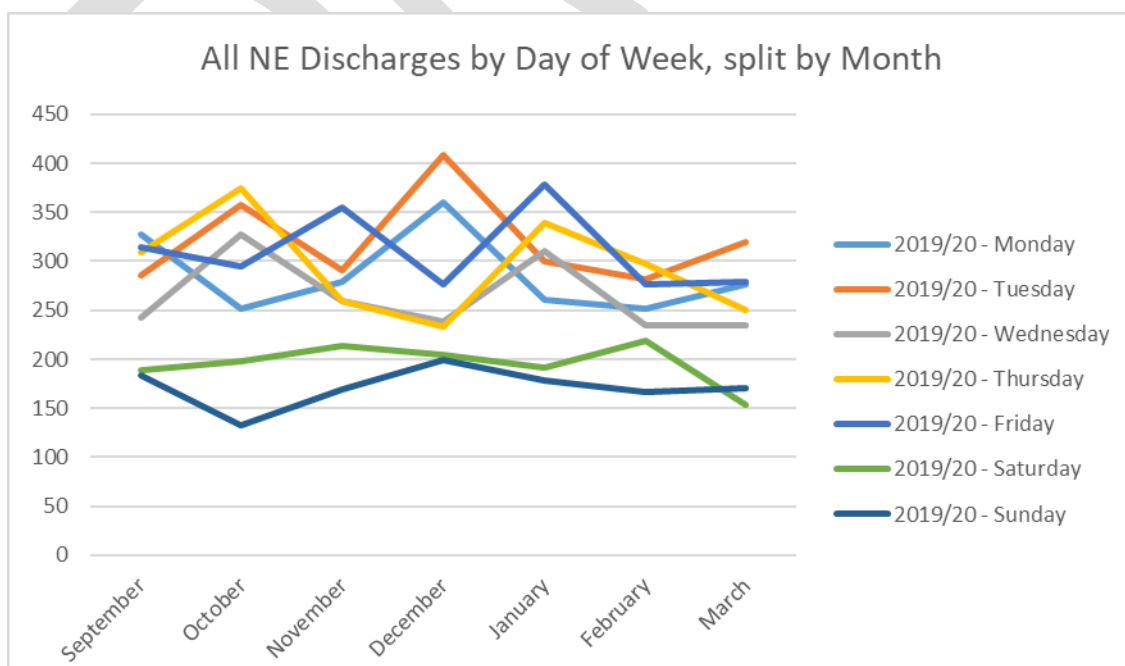
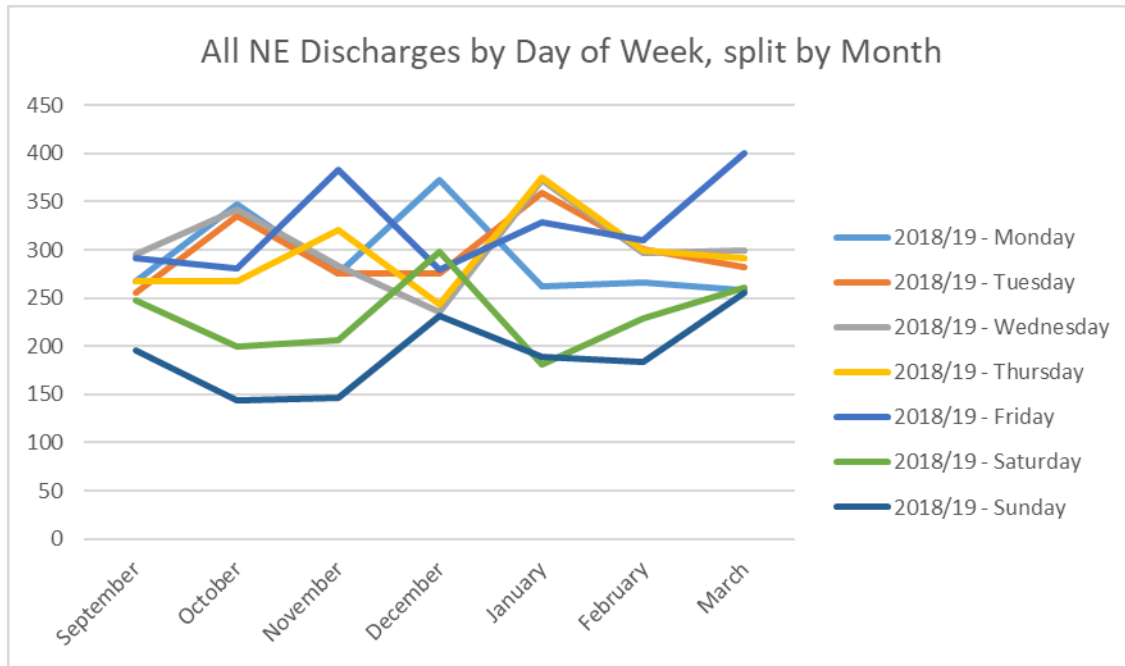
On-call changes – on-site senior manager presence 7 days week

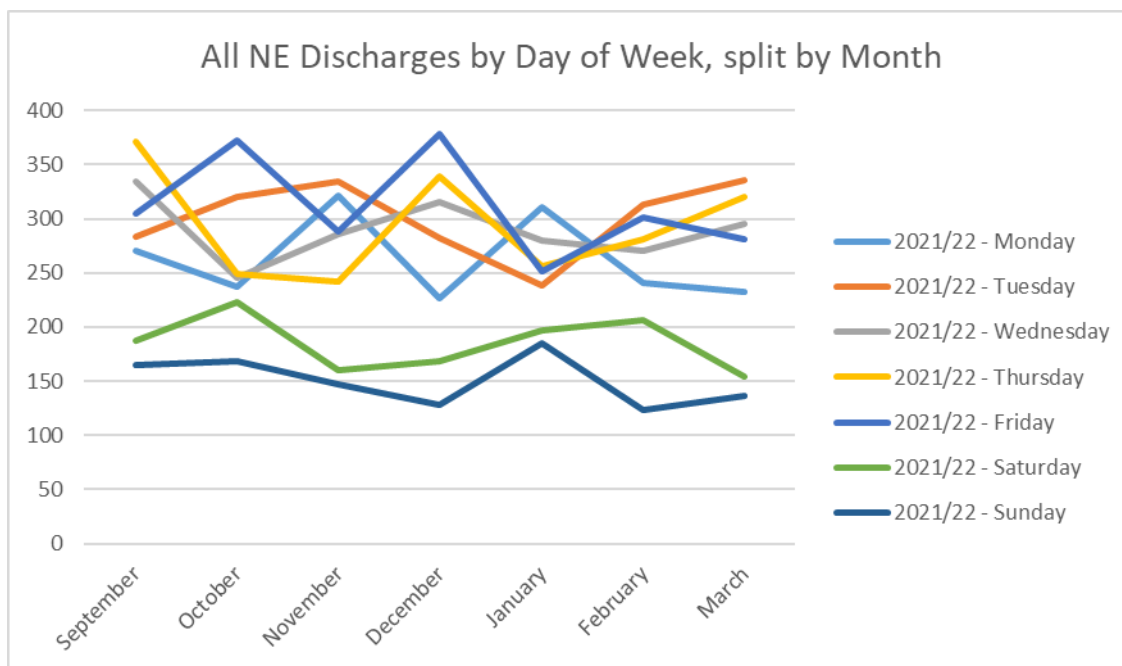
### 5a. Discharge



There is a consistent decline in number of discharges that happen at the weekend. Last year's winter plan included additional sessions of acute medical input to support flow through the organisation. A reduction in discharges at weekends impacts on flow on Mondays and Tuesdays and as such discharge at weekends will be a priority for winter.

Discharges over the last three years for comparison by day.





National the 100 day discharge challenge has been set to support systems to focus on discharge. The 10 key initiatives are described below. There has been Winter workshops and 'Thinking differently for Winter' workshops to identify success and areas for development in the Rotherham Place to support the focus and improve flow through the winter months.

### **100 Day Discharge Challenge.**

10 best practice initiatives have been identified that demonstrably improve flow and should be implemented in every trust and system to improve discharge:

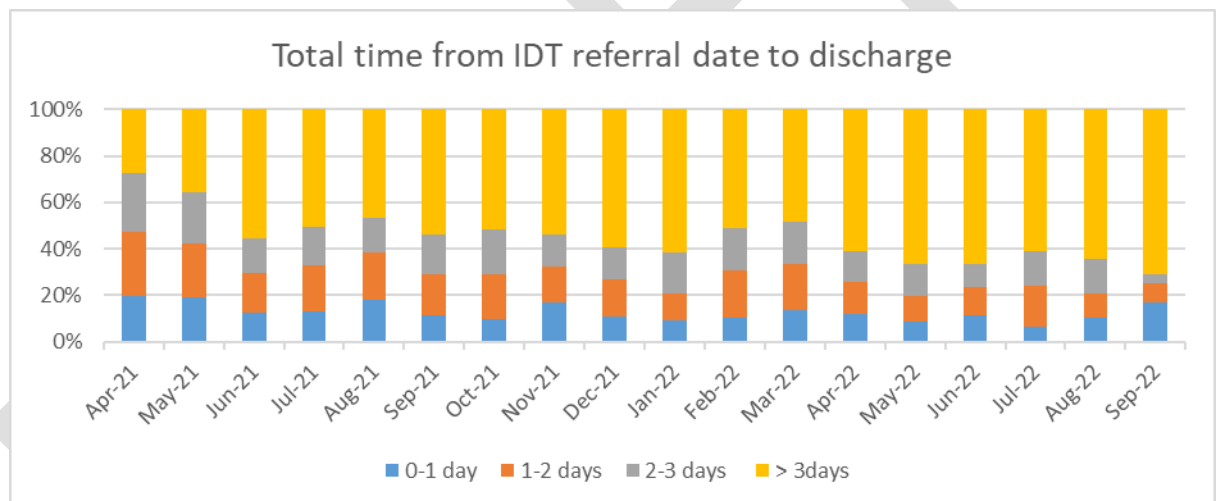
- Identify patients needing complex discharge support early
- Ensure multidisciplinary engagement in early discharge plan
- Set expected date of discharge (EDD), and discharge within 48 hours of admission
- Ensuring consistency of process, personnel and documentation in ward rounds
- Apply seven-day working to enable discharge of patients during weekends
- Treat delayed discharge as a potential harm event
- Streamline operation of transfer of care hubs
- Develop demand/capacity modelling for local and community systems
- Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges
- Revise intermediate care strategies to optimise recovery and rehabilitation.

### **Internal delays and criteria to reside**

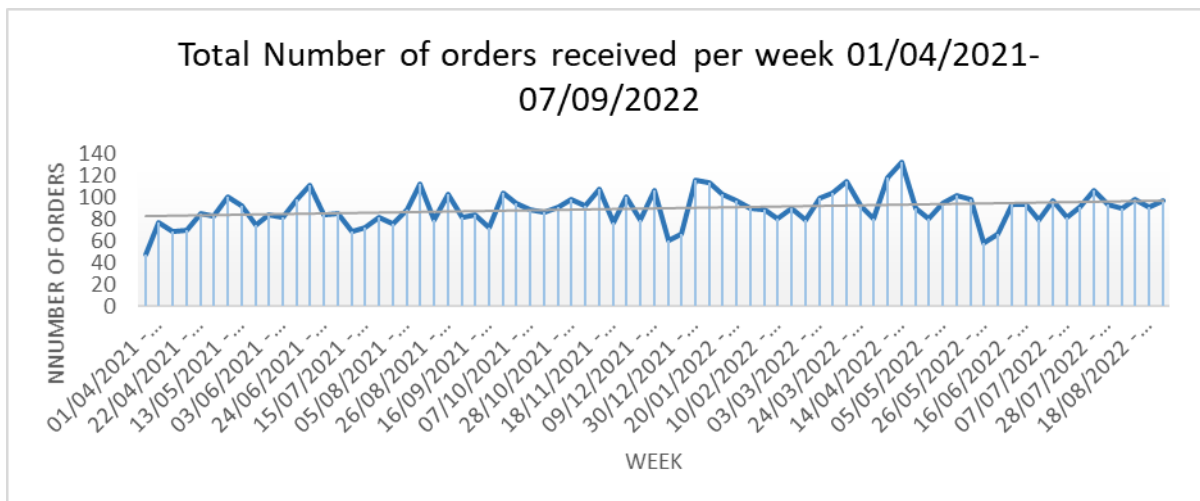
As part of the 'doing things differently for winter' the trust and place focus will be on admission avoidance and home first approach for discharge. New ways of working have been identified to support these areas which include extended opening hours for medical SDEC, frailty model that assesses patients earlier in their journey for early discharge, additional resource in into IRR to support bridging services, additional capacity in social care service to bridge care packages in the home, additional social work support into the Integrated discharge team and a focus on implementing the discharge to assess model where patients are discharged home when they no longer meet the right to reside in an acute trust and will be met at home to be assessed for their ongoing needs.

There will be a focus on whether or not patients meet the criteria to reside following the refresh of the national discharge policy. This will support those patients that are identified for discharge on pathway 0 and 1 and focus on any delays to care that are within the trust such as diagnostic delays or pharmacy requests. The 100 day discharge challenge will support discharge in our wards areas and make discharge an early priority in the care of our patients.

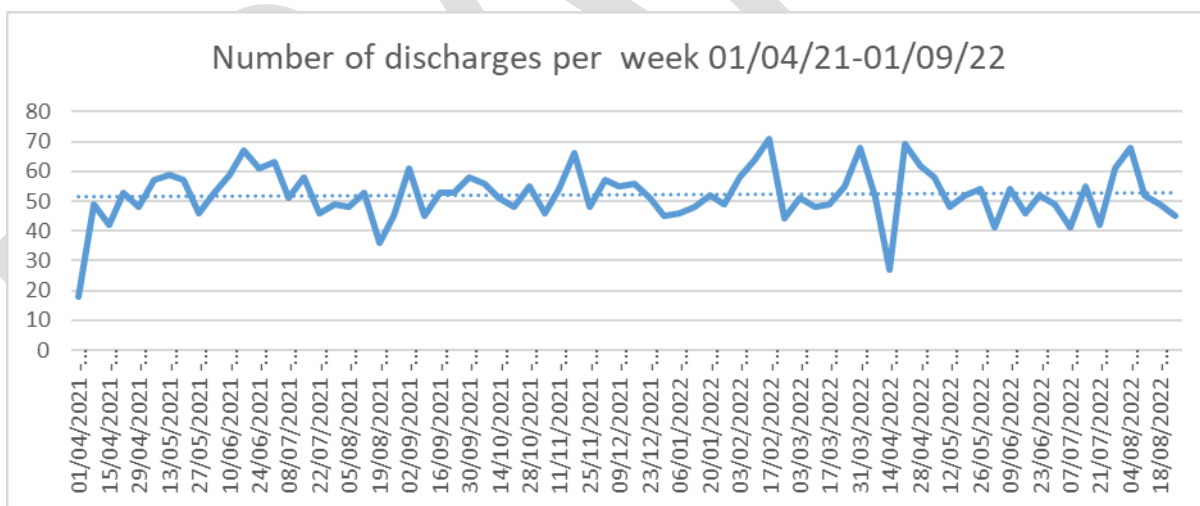
**Integrated discharge team.**



Complex discharges can increase Length of stay and increase the risk to our patients by staying in an environment that is no longer conducive to their needs. The integrated discharge team are responsible for coordinating this group of patients discharges. The length of time that a complex patient remains on the IDT caseload has increased over the last year with over 30% of all patients on that caseload taking longer than 3 days from referral to discharge. Work is ongoing with the IDT to look at systems and processes in the team with a commitment for additional resource over the winter into IDT and into the reablement services who often support patients home earlier in their pathway. The Place is committed to reducing the numbers of patients on the IDT caseload to 30 patients thus having an overall impact on the number of patients in the trust who no longer have the right to reside.



There are clear trends in relation to number of referrals and discharges from the IDT caseload. When demand outstrips capacity there are significant delays and impact on flow through the trust and in the community.



**Super Stranded Patients**

Nationally it has been identified that there is a key link between extended lengths of stay and emergency care performance. This is linked to bed availability and the number of occupied bed days taken up by this group of patients.

Super Stranded patients are those that have been in a hospital bed for more than 21 days. Some of these will be clinically appropriate (critically ill or on rehabilitation pathways) but a number are due to system failings. The

Rotherham Place has been set a target to reduce the number of Super Stranded patients in the acute trust to support winter resilience.

### **Community services.**

In order to manage patients different the community teams have adopted alternative ways of working. They have increased capacity in IRR, have social work input into the CHAT team and reablement have increased their capacity to support hospital discharges.

### **Rotherham reset- home first**

Week commencing 3<sup>rd</sup> January we will conduct a system wide recovery plan. This will include all system partners on site at the trust to enable the system to respond to pressures in a timely manner. The team will comprise of senior decision makers so that blockers can be removed from the system to assist flow and manage system pressures.

### **Cancelling of elective work**

On the day cancellation of elective work is a poor experience for the patient and an inefficient use of resources. The last 2 years have seen spikes in the cancellation of elective work in January following the extended Christmas and New Year breaks. Step down plans will be devised to manage the elective demand in a planned way and reduce on the day cancellations.

Flex arrangements for ward areas will allow more elective work to continue. Ward changes will provide the surgical division with surge and flex arrangements to protect some of their elective beds base.

## **6. Existing Controls**

### **6a. Patient Flow Meetings**

Daily patient flow meetings happen 3 times daily and are now an established routine, playing an essential role in the flow of patients through the 'system'. This operational meeting is chaired by the site team and has representation from key internal stakeholders.

These meetings can be used as a form of escalation for the system and can be offered as a way of managing local surge in activity and boosting communication. Additional input into these meetings can be requested from external stakeholders.

The key aim of the operational meetings is to review the following:

- ED position and levels of activity and acuity.
- Predictions for activity
- Ambulances arrivals and handovers
- Issues with flow- divisional updates and bed pressures.
- Internal delays for discharges
- External delays for discharges
- Item's for escalation
- Staffing

- Other issues
- Actions

A report is emailed to the senior teams across the organisation to give an up to date situation report of the pressure within the trust. This will include available beds, predicted discharges, possible discharges, capacity in Critical Care, snap shot of ED activity and any actions to complete.

**Escalation wheel.**

The escalation wheel is a snapshot view of current pressures in the trust. It gives an early indicator of the challenges that are currently being experienced with flow throughout the trust and across the wider system. The action cards associated with different OPEL levels support proactive decision making and support timely targeted actions.



**6b. Discharge Lounge**

The Discharge Lounge is purpose built area designed for patients being discharged that day and is an important part of patient flow in the hospital allowing wards to free up critical bed space on wards earlier in the day. The lounge provides a comfortable and safe space for patients as they wait to be collected, either by pre-arranged transport or by family and friends.

The lounge is equipped to seat 12 patients and has 2 bay areas for up to 4 patients requiring beds.

To use the Lounge patients need to be 16+, infection free, but can be Covid recovered, and Discharge Checklist should have been completed prior to handover, patients take home medications should be either with the patients or with pharmacy for dispensing.

The facility offers a range of support, staff can complete transport bookings, District Nurse bookings, collect TTOs, coordinate discharge arrangements with families and carers and support patients with personal care. It is staffed by registered nurses and health care assistants to ensure patients needs are met. Staff will administer medication as prescribed and there are facilities to support with medical emergencies.

The lounge has accessible toilet facilities and staff will assist patients when required.

The Discharge Lounge is a vital tool for keeping patients safe, as recovered patients kept on wards longer than necessary are at risk of infection, deterioration and falls. It also frees up space on wards for those who need acute care, as well as increasing patient satisfaction by providing high quality service with no unnecessary delays.

The lounge has its own ambulance and pick up access direct to D Level from Car Park 1, just off Baker Street.

**To contact the Discharge Lounge:**

None Urgent Email: [rg-h-tr.dischargelounge@nhs.net](mailto:rg-h-tr.dischargelounge@nhs.net)

Phone: 6633 or 6634

Location: D Level, Junction 2 (next to the main concourse lifts)

**Opening Hours:**

Monday to Friday 8am – 7pm (extended to 9pm through Winter)

Saturday Closed

Sunday Closed

**6c. Infection Control**

Infection control policies are in place to address the most likely range of infections including norovirus, Clostridium difficile, influenza and MRSA. IPC policies can be found listed in the additional documentation section and are



available on the Hub. The IPC team operate in normal working hours Monday to Friday. Additional cleaning teams have been requested throughout the winter months to support quicker cleaning of patient areas and support flow.

#### **6d. PPE**

The use of PPE increases during winter months due to the IPC measures needed to manage seasonal outbreaks. The use of PPE is expected to increase due to increased regulations and predictions around seasonal outbreaks. The procurement team are responsible for ensuring that there are adequate stocks of PPE in the trust and in the community teams to manage such outbreaks. Mutual aid was shared across SYB in the pandemic and such arrangements are still in place should they be needed.

#### **6e. Immunisation**

For some years, NHS England has set a target for flu vaccination uptake amongst those staff directly involved in front line patient care. This year the target has been set to 100%. We will adopt a peer vaccinator approach and create easy and simple access for our staff. In addition to the flu vaccination all health and social care staff will be offered a COVID booster.

Staff who are vaccinated elsewhere e.g. by their GP service, will be encouraged to report this to Occupational Health to ensure inclusion in healthcare worker vaccination uptake reporting.

Records of vaccination will be retained by Occupational Health. Uptake reporting will be co-ordinated by Occupational Health and reported nationally. Nationally there is an increase in people who are eligible for the flu vaccination this includes those over 50 and pregnant women.

The communications team will work with partners and internal communication systems to encourage our staff and our local population to have their flu vaccinations targeting those vulnerable and at risk groups.

#### **6f. Learning from Last Winter**

The aim of last winter was to reduce DTOCs, improve discharge numbers particularly at weekends, divert activity away from the emergency department and improve flow through the organisation and into the wider system.

Some of the schemes that were adopted last year have been included in the recommended schemes for this year. These include additional consultant in medicine, additional transport, opening of winter beds and additional transfer team.

At present there has been a request for additional funding from the divisions/ departments that amounts to just over £2 million, inclusive of some additional external funding. Full details can be found in the attached in appendix 2.

## **7. Our People**



**7a.** Staff absence throughout the winter months increases and it is recognised that there has not been the usually lower summer activity for staff to prepare for the pressures usually associated with winter. As such the health and well being of our staff is a priority. There will be support provided to ensure that our staff have access to food and that rest rooms are protected and identified for our teams to take their breaks. Incentive payment have been agreed for nursing staff to support the increased work load in line with other trusts in the region.

## **8. Winter Escalation**

On planning to implement any of the following escalation processes full discussion should take place between site team and appropriate general manager/ HONS/ senior manager on call and the Director of Operations.

### **8a. Staffing Arrangements**

Robust staffing arrangements for the escalation areas will play a significant part in ensuring the Trust's resilience to winter pressures.

Each area of escalation requires a different level of resource. These staff, together with staff from NHS Professionals will be used to open further escalation areas as required.

The plan to open an additional ward area will be enacted earlier in the year to enable the team to begin to work together in a more planned way with the expectation that beds on other wards will be shut to support this until the demand has reached high enough levels for all beds to be opened.

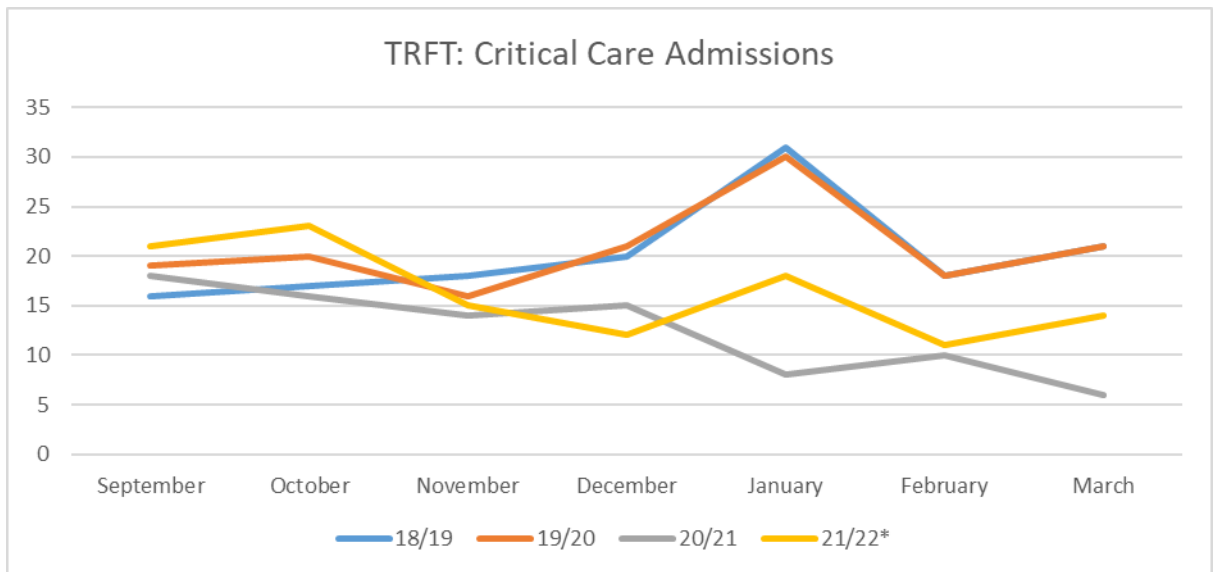
Health and wellbeing of our staff is important throughout the year but should be recognised that there are additional pressures on staff during busier times. Continued communication and team well being events are being planned across the period with planned leave expected to be taken at this time within set parameters.

### **8b. Identification of patients to sleep on a ward not for their speciality**

When opening additional beds and indenting patients to outlie on alternative wards it is imperative that there is a risk assessment completed for those patients that are to be moved during times of pressure. Wards should identify 2 patients each day (via board rounds) that could be "slept out" from their base ward teams. Early movement of patients should happen to prevent any issues with flow later in the day and minimise the impact of meal times and handovers on flow throughout the organisation.

### **8c. Critical Care Escalation**

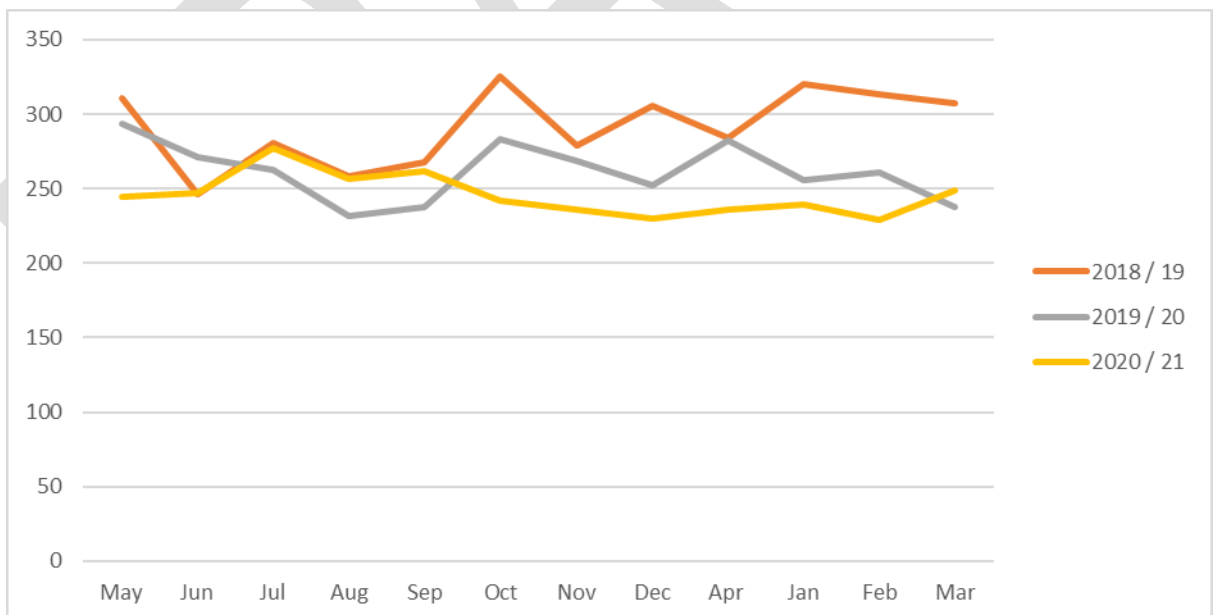
The Trusts has 14 critical care beds, should additional surge capacity be needed for critical care there is identified space on B6. Historical data suggests the peak time of demand for critical care is January and February excluding winter 20/21.



### 8d. Maternity Escalation

Maternity admissions have been relatively stable over the last 3 winters. The maternity escalation policy will be followed if there is a spike in admissions. Looking at projected births there are no immediate concerns over planned births for Rotherham.

### Maternity admissions by year



### 8e. Weekend and Bank Holiday Arrangements

Previous analysis of weekend admission profiles demonstrates that there are fewer admissions, on average, on a weekend and bank holidays than on week days, however, bed occupancy often rises due to the significantly reduced level of discharges.

In the weeks leading up to the Christmas bank holiday weekend the Trust will be looking to maximise discharge in order to reduce bed occupancy to 75% by the 24 December. This will help to mitigate the exacerbated 'weekend and bank holiday effect' of two bank holiday weekends in succession.

### **Friday 16 December to Friday 23 December**

The focus of the trust during this week which includes the final Friday night out before Christmas, will be discharging and reducing bed occupancy throughout the trust. The aim will be to reach 75% bed occupancy by Christmas Eve. Internal delays will be closely monitored and escalated.

### **Christmas weekend**

Christmas day falls on a Sunday this year and there is a proceeding bank holiday on Monday 26<sup>th</sup> and Tuesday 27<sup>th</sup> December. This is a 4 day weekend additional cover will be sought to reduce the weekend effect. Focus on discharge and SDEC to create flow and bed capacity.

### **28 December to 2 January (inclusive of a bank holiday)**

The focus during this period will be on acute activity to maximise discharge and lower bed occupancy. Elective activity may be reduced and will focus on cancer / urgent patients. To ensure theatres are still well utilised Day Case activity will be prioritised during this period.

### **Tuesday 3 January to 8 January**

In order to recover from the extended holiday period the Rotherham will run a Rotherham reset week. This will be a system approach to recovery. A command structure similar to that employed during the COVID pandemic will be utilised. At this time however senior decision makers from partner organisations will be on site together to unblock issues with discharge. The senior team will include the acute trust who will lead the week, community services, place, the local authority and the voluntary sector.

The principles of a major incident will be followed so that quick decision can be made based on the current situation. The operational (bronze meetings) will be used to manage the week with additional escalation meetings with partners planned throughout each day. The aim of the week is to recover from the predicted surge in activity and increase in bed occupancy.

The figure below demonstrates the proposed approach to the Christmas and New Year period 22/23

## **9. Thinking differently for winter**

### **Managing Demand – Actions to reduce attendances & admissions**

#### **9a. Same day emergency care (SDEC- medicine, frailty, surgery and Gynaecology)**

Year on year admissions to the SDEC have significantly risen, this provides alternative to care being delivered in the emergency department and has a direct referral pathway for GPs. The medical same day emergency care unit is currently based alongside AMU, surgical alongside ASU and Gynaecology on B11.

##### **Acute Gynaecology unit (AGU)**

Ring fenced bed spaces that will have trolleys in to see patients on the ward that can be seen and treated that day or return to the appropriate outpatient/ day setting. This area will not have beds in and patients who need admission will need to transfer to the ward.

##### **Acute Surgical Unit (ASU)**

10 trolleys that support patients on a surgical pathway that require same day emergency care.

##### **Medical SDEC**

15 trolleys that support same day emergency care with extended opening hours and additional consultant support. This is supported by external funding.

##### **Acute frailty**

A new model was implemented in September 2022 to identify frail patients via their Clinical Frailty Score (CFS) in the emergency department. The patients are then identified on the acute medical unit and are seen by the Acute frailty team where they receive a Comprehensive Geriatric assessment (CGA) on day 0 of their stay. They are assessed by a full frailty Multi-disciplinary team ensuring that they receive the level of care they need in the right place at the right time.

#### **9b. Emergency Department**

Staffing levels and shift patterns have been reviewed to manage demand but also to support staff well being.

Stock levels within the department are always maintained with sufficient amounts to manage a major incident and flexes stock according to likely demand i.e. additional casting material to be ordered.

The department has increased capacity for rapid assessment to support handover from the ambulance service (YAS). In addition the department have identified areas for co horting patients from ambulances should there be a surge in demand to enable the ambulance service to handover in a timely fashion and ensure that there is sufficient resource available to the Rotherham community. In addition an new deflect policy has been introduced across South Yorkshire, this empowers the ambulance service to deflect

ambulances to neighbouring trusts if there are pressures on handovers times at one trust. This is an informal divert and its aim is to prevent more formal divers being required, to act as an immediate response to significant pressure in one part of the system.

A key focus for the department is streaming to appropriate alternatives to the emergency department. Cohesive working with all of the SDECs and the GP services is key in addition to working with community colleagues to support admission avoidance and seek alternative pathways to hospital admission.

In addition to support hospital admission the Community Home Assessment Team (CHAT) team will change their working hours to support the demand in the department later in the day, they will also have additional social work input to support admission avoidance.

To support overcrowding in the ED there are plans in place to relocate the Minor injuries stream and the GP stream to an alternative location. This will support the demands in the department but will also support the messaging about appropriate services and not all being collocated in the ED.

### **9c. Senior support across the trust**

As part of the resilience and planning for winter the trust has put additional measures in place to have more senior manager support across the trust. There is now a robust bronze (24 hour site team), silver (senior manager on call) and gold (Director on call) command structure in place that meets all EPRR requirements. In addition there will be an additional senior manager on site between the hours of 1-9pm for additional support to the site team and a senior nurse that will manage the staffing for the day. This will provide resilience during significant pressures and will support the well being of our staff in managing their working commitments during times of pressure.

### **9d. Managing flow out of hospital**

The Rotherham place has been working on a discharge strategy to reduce any delays for patients waiting to leave hospital and reduce the number of patients that have been in hospital over 21 days. The integrated Discharge team are working with community partners ensure that there are effective systems in place that will support weekend discharges, care home discharges and access to community service which include the bed base that is available locally.

A risk that will continue going into the winter months will be the challenge of discharging patients early and with a negative COVID test. Delays in discharge have often seen patient develop COVID due to delays in discharge. A focus across the place will be on the Home first approach and the development of a discharge to assess pathway where patients medically stable can have all assessments by therapy and social work completed in their own homes. This approach ensures that patients are accurately assessed in a familiar environment and outcome of ongoing care needs are at the level that is needed for the patient.

The community teams have developed a virtual ward which will support respiratory patients and frailty patients in their own homes, in addition the community Integrated Rapid Response team have increased capacity to support more patients whilst they await care packages in their own homes. Additional transport has been secured to support discharges later in the day.

### **9e. Finances**

The trust is currently on a block contract. The trust has some money within this contract to manage the additional pressures that are experienced in winter. A decision was taken in Winter 2021/22 to use some of the winter funding recurrently and fund additional beds and recruit substantively to a transfer team throughout the year due to increase in demand for inpatient beds and challenges with patient transfers. This has therefore reduced the additional funding available for winter pressures. With this in mind it has been imperative to think of how we can work differently rather than funding additional schemes.

Additional funding has however been sought externally with £320k made available to support the development of the SDEC services we offer in the trust and £92K made available via the Better Care fund to supporting increase in staffing to the Integrated Rapid Response team (IRR) to supporting patients leaving hospital where there are delays in care packages starting.

The requested schemes by the divisions amount to just over £2.4 million pounds (inclusive of SDEC and IRR funding) with an additional request for £50k in capital. Detail can be found in appendix 2.

Number	Division	Scheme Title	Plan				23-24 £	Status (requested/approved)	Totals 22-23 based on update	
			Scheme detail	Period requested	Requested Amount 22-23				Likely spend 2022/23	Notes
					wte	£'s				
1	Medicine	Twilight Medical Cover	Additional doctor cover - scheme in place 21-22	Oct-May 23	1.75	171,000	57,000		145,350	
2	Medicine	Middle Grade Cover	Provides additional middle grade cover at weekends	Oct-May 23	0.43	57,000	19,000		51,300	
3	Medicine	Junior Cover	Provides additional middle grade cover at weekends	Oct-May 23	0.60	55,900	18,633		50,310	
4	Medicine	Extension of weekend consultant cover	Currently 2 consultants end their shift at 14.00, this would extended the cover for both until 16.00	Oct-May 23	0.20	27,400	9,133		24,660	

5	Medicine	Opening Sitwell to a flu/COVID ward	Band 5/6's to be redeployed from reduced beds 1 bay equivalent in Surgery, 2 Medicine, additional costs - 1 x Band 7, uplift for 7.20 wte Band 6, housekeeper 7/7 and discharge coordinator 5/7	Nov-May 23		147,094	58,838		147,094	
6	Medicine	Open additional seasonal beds Jan-Mar	Pre planned opening	Jan-May 23		85,800	57,200		85,800	full amount as based on actual spend
7	Medicine	Extending opening hours for SDEC until midnight	Reduces need to admit overnight	Oct-May 23	6.77	174,900	58,300		174,900	
8	Medicine	Additional ACP	Supports discharges and clinical decisions to increase throughput	Jan-May 23	2.00	31,400	20,933		31,400	
9	Medicine	Locum AMU Consultant x 1	Supports discharges and clinical decisions to increase throughput	Nov-May 23	1.00	125,000	62,500		125,000	



10	UECC	Support opening of for fracture clinic	Support with HCA/Reception 8.00-22.00	Nov-May 23	6.20	80,675	32,270		56,473	
11	UECC	Additional Domestic	Additional domestics for the late shift for cleaning of rooms in particular on the late shift		1.69	18,463	7,385		14,771	
12	UECC	Middle Grade Overnight Support	Patients to be seen by a senior decision maker as close to their arrival time as possible. Improve patients safety and reduce the length of time to be seen by a clinician over night.	Nov-May 23	1.75	172,400	68,960		57,750	
13	UECC	Paediatric doctor to cover the additional capacity for paediatrics over winter		Nov-May 23		138,600	55,440		69,300	
14	Surgery	Additional HCA Cover	To monitor waiting room 12 hours a day 7 days a week	Nov-May 23	2.60	32,944	13,178		22,073	

15	Corporate	Additional support for wards and to cover outliers	3 wte	Nov-May 23		35,200	14,080		28,160	may have to use bank
16	Corporate	Extended opening hours Mon-Fri		Oct-May 23		10,291	3,430		8,233	
17	Corporate	Vaccination Track system to assist Covid and Flu delivery	10K plus vat for system and approx. 1,200 plus vat for SMS			13,440			13,440	
18	Corporate	Additional Night Porter Facilitate Patient Flow	Increase the number of porters engaged in patient movement between the hours of 10pm & 6am to 3 rather than 2. The additional pressure on the portering team of transferring patients to create capacity is particularly difficult during the 'winter period'	Nov-May 23	1.69 4	35,100	14,040		31,590	later recruitment - not all shifts covered

19	Corporate	Additional AMU / UECC Porter	Increase the number of porters engaged in patient movement between UECC & AMU between the hours of 6am & 12 noon. The early movement of patients from UECC & AMU through diagnostics provides early flow & increases the possibility of early discharge.	Nov-May 23	1.35 5	19,200	7,680		17,280	later recruitment - not all shifts covered
20	Corporate	Additional Isolation Team	Increased the availability/capacity to deploy UVC (THOR) disinfecting asset to turnaround infected beds quickly		1.31	17,800	7,120		16,020	

21	Corporate	Additional Night Domestic Facilitate Patient Flow	Increase the number of domestics engaged in terminal cleaning across the site between the hours of 10pm & 6am to 3 rather than 2. The additional pressure on the domestic team during the winter period to clean bed spaces & therefore enable flow is inhibiting. Whilst moving patients out of & through departments is important the bed spaces cleaning must be turned around expeditiously to realise flow & capacity benefits.	Nov-May 23	1.69	23,200	9,280		20,880	later recruitment - not all shifts covered
22	Corporate	Increase Band 3 cover by 7 hours	Increase JK hours 7 hours per week. Corporate ops support weekday cover.	Nov-March 23	0.19	2,230	0		2,230	

23	Corporate		6 month Secondment – Service Support Manager (PLACE).	Oct-May 23	1.00	23,510	7,837		23,510	This did not come out of the winter pot - ? Funded recurrently
24	Corporate		Additional support for IDT team	Oct-May 23	2.20	48,900	16,300		40,750	assuming not in post until 1.11.22
25	Corporate	POCT - Flu testing	Additional costs for testing			15,000			15,000	
26	Family Health		B6 RSCN 12 hour shift 7 days a week	Nov-May 23	2.6	57,428	22,971		45,942	
27	Dietetics, Therapies and Community	Additional re-enablers	To extend re-enablers cover to increase access, to help facilitate quicker discharge and keeping the patient safer in their place of residence, and recognise the increase complexity of patients medically fit for discharge	Oct-May 23	8.00	111,400	37,133		102,117	Currently 6.5 in post

28	Dietetics, Therapies and Community	Rapid response support team	5 wte (on top of the therapist mentioned above) support IRR for fast response to expedite patient discharge.	Oct-May 23	5.00	76,025	25,342		60,820	
29	Dietetics, Therapies and Community					93,000			93,000	
30	Dietetics, Therapies and Community	Additional Trusted assessor	Aids admission avoidance	Nov-May 23	1.00	28,500	11,400		22,800	
31	CSS	Extension of weekend opening times	Additional 2 hours Sat/Sun	Oct-May 23		20,995	6,998		16,796	
32	CSS	Phlebotomy	1.00 wte additional "float" - will also cover Sitwell	Oct-May 23	1.21	15,700	5,233		10,467	

						1,965,495	727,615		1,625,214	
Capital Requests										
	Medicine	Additional trolleys	SDEC request 5 additional trolleys which would be more suitable for the patient group and aid flow.			50,000			50,000	Requested from slippage from the capital programme

£1,200,00 reserves  
£332,000 external funding SDEC  
£93,000 external funding for IRR

**Total 1,625,000**

Potential risk of additional £280k needed for reopening of closed beds on wards. Additional funding identified that can support from external funding (£300K).

### **9f. Patient Discharge Transport**

In winter 21/22 additional transport was used throughout the winter period. This was beneficial as a take home service for the Emergency Department and later crews that supported discharges. It is proposed that additional transport is one of the priorities for the organisation to support flow in winter. The additional crews have been used throughout the summer months to support operational pressures and will continue throughout the winter months.

#### **7 day cover for pharmacy until 5pm**

The pharmacy team will extend the hours of coverage so that a true 7 day service is provided to support discharges later in the day at weekends.

### **9g. Therapy Services**

The continuation of patient rehabilitation programmes is essential to achieve medical optimisation and reduce the effects of deconditioning. Ongoing rehabilitation can decrease length of stay in hospital and support flow though the organisation is vital in achieving speedy recovery and early discharge. Rehabilitation should be provided in the most appropriate setting including peoples own homes. A home first approach will be relaunched throughout winter to ensure that patients are receiving the care they need in the place they need it.

### **Community Equipment Service**

Community equipment services are provided by Medequip- 0114 553 6449  
Authorised personnel are able to order equipment for patients to have at home.  
Local stores of basic equipment is held on site and in community locations.

## **10. Communications**

System-wide communications will be led by the ICB at Place, working with partner organisations as appropriate to manage messages and communicate effectively. Any TRFT -specific issues (most likely these will be directly operational) will be picked up by the Trust. There will be regular meetings between the trust communications teams and systems partners around the



comms messages that are shared throughout the winter period. Lessons learnt from the COVID pandemic is that a clear message from all parties is imperative and that the use of social media has a significant reach into our community. The communications manager will be responsible for liaising and monitoring communication along with communication managers from system partners.

The communication campaign will this year focus on flu vaccinations, COVID boosters, using the health services most appropriate to need, prevention, and promoting people attending their scheduled outpatient and elective procedures.

### **10a. SITREP Reporting**

The Trust currently participates in the national SITREP reporting arrangements via 'Unify' with the data collation and submission undertaken by the Information Services department. The Trust submits a daily SitRep by 11am Monday to Friday. The data covering the previous day includes:-

- Number of Emergency Admissions
- Number of Emergency Department Attendances
- Number of last minute cancelled operations
- Number of 12 hour trolley waits in the ED

The SITREP is completed by the information team during the week and by the site team at weekends.

The daily 'bed state' is used as a tool during the Patient Flow meetings to determine activity levels and pressure points. It is emailed out to all Directors and Senior Managers to ensure a wide understanding and up to date position of any operational problems affecting the Trust.

The escalation wheel and the power BI app can be accessed 24 hours a day to senior operational leaders to understand the pressures across the trust. Exception reporting is required throughout the winter and will be the responsibility of the senior manager on call.

### **10b. GP Alerts**

Will be provided by the ICB at place level and any items to escalate to GPs will be via the ICB at Place.

### **10c. Severe Weather Plan**

In the event of severe adverse weather conditions, such as heavy snow fall, a Hospital Incident team will be established as required with representatives from across all affected services.

Standing agenda items will include:-

- Situation report from services and localities
- Weather Picture – Met office weather alerts- these will also be shared by the EPRR Officer regularly

Vulnerable Patients  
 Transport Issues – Access to 4x4 vehicles  
 Communications  
 HR Issues  
 Bed plan  
 Catering  
 Facilities and estates

Refer to the Severe Weather Plan available on the Hub.

The trust has designated staff to grit the trusts sites. The Trust has worked with the local authorities across local areas to ensure access to the main trust sites are cleared in times of severe weather.

Trust meals are provided on site by ISS. In the event of adverse weather impacting on deliveries then ISS business continuity plans will be used and can be accessed by the Senior Manager on Call.

If weather conditions are so severe that staff are stranded, the Trust is committed to provide overnight accommodation either on or off site and access 4x4 vehicles to support crucial staff to get to work.

## 11.Risks

Mitigation manages the risk
Some mitigation but some risk remains
Limited mitigation and high levels of risk

Risk	Description	Mitigation
<b>COVID -19</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> <li>➤ Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>➤ Resurgence in hospital admissions</li> <li>➤ Community prevalence increases and affects elective pathways</li> <li>➤ Staff absence due to COVID or carer responsibilities</li> <li>➤ Local lockdowns</li> </ul>	<ul style="list-style-type: none"> <li>➤ Step down plans in place</li> <li>➤ Redeployment plans</li> <li>➤ Learning from first wave</li> <li>➤ SURG and escalation plans in place</li> <li>➤ Equipment availability has improved</li> <li>➤ PPE availability has improved</li> </ul>

	<ul style="list-style-type: none"> <li>➤ ITU capacity</li> <li>➤ Bed capacity</li> </ul>	
<b>Staff absence</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> <li>➤ Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase in staff absence due to COVID and/or other winter related illnesses</li> <li>➤ Carer responsibilities due to potential school closures</li> </ul>	<ul style="list-style-type: none"> <li>➤ Swabbing available on site for staff and family members</li> <li>➤ Redeployment if services become critical</li> <li>➤ Bank and agency usage will increase</li> </ul>
<b>Severe weather</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Winter weather causing disruption to services and staff</li> <li>➤ Disruption to the supply chain</li> </ul>	<ul style="list-style-type: none"> <li>➤ Business continuity plans in place</li> </ul>
<b>Finance</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Winter costing significant amount</li> <li>➤ COVID resurgence and no additional funds</li> </ul>	<ul style="list-style-type: none"> <li>➤ Risk to elective work being achieved through winter pressures on inpatient beds</li> <li>➤ Identified schemes to support winter</li> </ul>
<b>Ambulance handover times</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase in ambulance handover times due to volume and pathways in ED</li> </ul>	<ul style="list-style-type: none"> <li>➤ Departmental environment works with assist with the different streams</li> </ul>
<b>Ambulance arrivals</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> <li>➤ Responsiveness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Batching of ambulances affecting turnaround times and flow through ED</li> <li>➤ Deflect policy increasing pressure on ambulance</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ongoing discussions with YAS around batching of ambulances</li> <li>➤ Cohorting areas identified to support pressures</li> <li>➤ Focus on handovers and reducing</li> </ul>

	handover times	delayed handover times in the departemnt
<b>Reliance on emergency department for care</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> <li>➤ Responsivene ss</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase in attendances</li> </ul>	<ul style="list-style-type: none"> <li>➤ Communication strategy by the system/place to alert the public to alternative services that are available</li> <li>➤ Increase in streaming</li> <li>➤ SDEC</li> <li>➤ Separate areas to the ED</li> </ul>
<b>Bed availability</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Reduced bed availability due to seasonal pressures and infection risks</li> </ul>	<ul style="list-style-type: none"> <li>➤ Work with partners on discharge pathways</li> <li>➤ Increase out of hospital bed base</li> <li>➤ Home first model</li> <li>➤ Increase SDEC pathways</li> <li>➤ Frailty model</li> </ul>
<b>Discharge</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> <li>➤ Responsivene ss</li> </ul>	<ul style="list-style-type: none"> <li>➤ Impact on outbreaks in care homes and community services impacting on discharge</li> <li>➤ Transport issues</li> </ul>	<ul style="list-style-type: none"> <li>➤ Work with partners on discharge pathways</li> <li>➤ Early escalation of transport issues</li> <li>➤ Admission avoidance</li> <li>➤ D2A pathways in place</li> </ul>
<b>High risk groups of staff and patients</b> <ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> <li>➤ Responsivene ss</li> </ul>	<ul style="list-style-type: none"> <li>➤ Shielding guidance reissued</li> <li>➤ Changes to elective pathways which increase the risks for non-covid patients and covid patients</li> </ul>	<ul style="list-style-type: none"> <li>➤ Home working and the technology needed is much more easily accessible</li> <li>➤ Risk stratification for all patients that are on a waiting list</li> </ul>
<b>Cancellation of elective and outpatient work</b>	<ul style="list-style-type: none"> <li>➤ Due to normal winter pressures and bed</li> </ul>	<ul style="list-style-type: none"> <li>➤ Protection of elective beds</li> <li>➤ Increase in</li> </ul>

<ul style="list-style-type: none"> <li>➤ Safety</li> <li>➤ Quality</li> <li>➤ Effectiveness</li> <li>➤ Responsiveness</li> </ul>	<p>availability elective work may need to be cancelled</p> <ul style="list-style-type: none"> <li>➤ Critical care capacity</li> <li>➤ Staff availability for outpatient work</li> </ul>	<p>ambulatory pathways and primary care availability to support out of hospital care</p>
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## 12. Conclusion

Winter is a challenging time for all health and social care providers and challenges throughout the summer of 2022 have been ongoing, leaving little opportunity to review and significantly change services in preparation for winter. Ongoing and sustained pressures across the health and care systems have led to ever increasing challenging with staffing levels and capacity. The trust is also trying to recover the back log of waiting patients as a result of the COVID 19 pandemic. Clear plans from partner organisations that look at available bed base, community services and primary care capacity will be the key to managing the population of Rotherham safely this winter, with a clear focus across partners on admission avoidance and discharge.

## 13. Associated Documentation

Supporting guidance plan for adverse weather conditions  
 Seasonal influenza plan  
 Seasonal respiratory viral infection plan  
 Business continuity plans  
 Ambulance divert policy  
 Major incident plan  
 Outbreak management  
 Discharge policy  
 Expected date of discharge and clinical criteria for discharge  
 Flexible working

## Appendices

### Appendix 1- Bed base



Copy of Core Bed  
base and Winter pla

### Appendix 2- Cost of additional schemes with detail



Winter Plan 22-23  
v4.xlsx

### Appendix 3

[Links to plans.](#)

#### **Trust Major Incident plan**

<https://intranet.xrothgen.nhs.uk/DocumentCentre/PoliciesandProcedures/Major%20incident%20plan.docx>

#### **Operational escalation**

<https://intranet.xrothgen.nhs.uk/DocumentCentre/PoliciesandProcedures/643%20Operational%20escalation%20SOP.docx>

<https://intranet.xrothgen.nhs.uk/DocumentCentre/PoliciesandProcedures/Escalation%20to%20executive%20directors%20matrix.docx>

#### **TRFT Trust Critical And Business Continuity Plan**

<https://intranet.xrothgen.nhs.uk/DocumentCentre/PoliciesandProcedures/Trust%20business%20continuity%20and%20critical%20incident%20plan.docx>



201023 - COVID-19 15122021 COVID-19 Wuhan coronavirus Seasonal respiratory  
paper - July- Oct v2.d& Recovery Strategy SOP version 3.docx viral infection plan 20

#### Appendix 4- PLACE winter plan



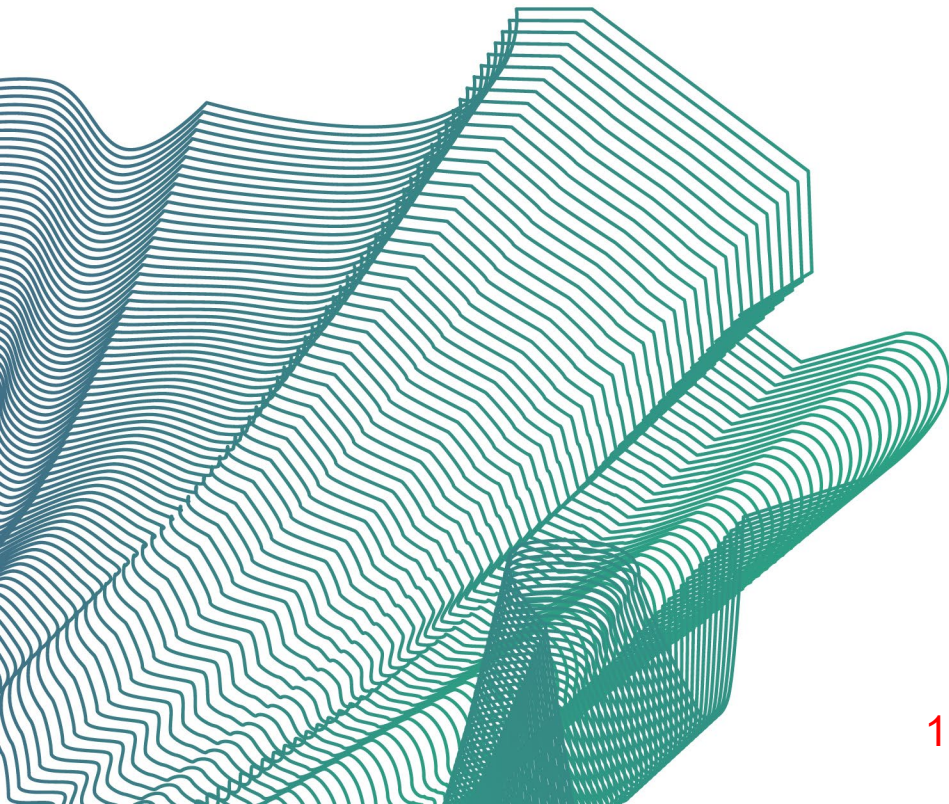
Enc 7 Rotherham  
UEC 14 09 22 Winter



## Board Assurance Committee

### Spotlight – Winter Planning

October 2022



**South Yorkshire**  
Integrated Care Board

**Rotherham, Doncaster  
and South Humber**  
NHS Foundation Trust

**The Rotherham**  
NHS Foundation Trust

**Rotherham**  
Metropolitan  
Borough Council



 **CONNECT  
HEALTHCARE**  
ROTHERHAM CIC



# Introduction

- Developed in collaboration with all Place partners
- Based on learning from previous years including Thinking Differently for Winter workshop
- Agreed through Urgent Emergency Care Board
- Will talk through;
  - What will be different this year
  - challenges

# Planning; What's different in brief 2022-23

## Acute

- Admission avoidance in UECC extending social work function and expanding to include Voluntary Sector
- Transport provision to be extended based on capacity/demand planning **by 31<sup>st</sup> October 22.**
- Continued increased utilisation of Same Day Emergency Care (SDEC) facilities with extended opening hours and additional consultant resource through winter **by 31<sup>st</sup> October 22.**
- Increased opening hours of discharge lounge. Additional capacity/orthopaedic footprint will allow continuation of electives when under operational pressure **by 30<sup>th</sup> November 22.**

## Community

- Implementation of Discharge to Assess (D2A) at home pathway including additional resource (nursing/therapy) and a shift of resource from Acute to Community **by 30<sup>th</sup> November 22**
- Home care capacity - increase Bridging service to support D2A pathway **by 30<sup>th</sup> November 22**
- Additional community short stay beds in care homes will support effective flow **by 31<sup>st</sup> October 22**

## Primary Care

- Primary care will run at full core capacity, with Enhanced Access and same day care provided by PCNs **from 1<sup>st</sup> October 2022**
- PCN offer of Enhanced Access delivery - additional clinical backfill to enable longer appointment times and discharge from hospital reviews
- Flu and Covid Vaccinations for patients delivered as a system using PCN/place footprint for delivery

## Children and Young People

- Self help support and wider public health information will be promoted
- CYPs Crisis & Intensive Community Support Team will engage to provide risk assessment/care/treatment to avoid re-presentation at UECC
- The Me in Mind Teams will work intensely with schools to support resilience and provide early intervention where children and young people are showing the early sign of emotional distress.

# Planning; What's Different in Place

## Mental Health

- Delivery of mental Health communications plan
- Development of safe space crisis drop in as an alternative to crisis team providing emotional and practical support to people in need.
- RDASH patient flow team expanded to ensure effective flow through system and reduce risk of OOA placements
- Crisis accommodation commissioned until March 23

## System

- Agreed approach to Winter and System Exceptionality meetings re Covid Outbreaks in Care Homes in place.
- Communications plan across Place including refresh of 'Home First' principles.

# What's working well

- Place winter plan developed in collaboration with all partners, aligned to UEC priorities
- Strong relationships with agreed escalation to executive level for assurance
- Elements of plan already delivered across Place – lbcf c.£500K identified to support discharge and flow;
  - Additional transport 1xcrew daily
  - Extension of social work into UECC
  - Additional community beds (including covid if needed)
  - Discharge to Assess pathway – resource into nursing and therapy
  - Additional home care bridging service
- Virtual wards – pathways agreed and recruitment underway
- Urgent Response 2hr implemented - 9 clinical conditions met, meeting 70% national threshold with growing trajectory

# What are the key challenges

- System challenges – leads to fire fighting not transformation
- Demand, complexity of patients and delayed discharges impacting on performance at times of pressure
- Maintaining an elective programme
- Risk of further bed reductions in acute - Due to cohorting flu and covid19
- Pressures on social care provision – home care market
- Workforce challenges :- Sickness, morale, and mental health. Risk of recruiting to winter resource



## Board of Directors' Meeting 04 November 2022

<b>Agenda item</b>	P168/22
<b>Report</b>	<b>Finance Report</b>
<b>Executive Lead</b>	Steve Hackett, Director of Finance
<b>Link with the BAF</b>	D6: We will not be able to deliver our services because we have not delivered on our Financial Plans for 2022/23 in line with national and system requirements leading to financial instability and the need to seek additional support.
<b>How does this paper support Trust Values</b>	<p>This report supports the Trust's vision to always ACT the right way and be PROUD to provide exceptional healthcare to the communities of Rotherham by adhering to the core values – (A)mbitious, (C)aring and (T)ogether and focussing on our strategic ambitions:</p> <ul style="list-style-type: none"> <li>(a) (P)atients - We will be proud that the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them;</li> <li>(b) (R)otherham - We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve;</li> <li>(c) (O)ur partners - We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care;</li> <li>(d) (U)s - We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work;</li> <li>(e) (D)elivery - We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation.</li> </ul> <p>Exercising strong financial management, control and governance is a key component element in the Trust achieving these ambitions.</p>
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>This detailed report provides the Board of Directors with an update on:</p> <ul style="list-style-type: none"> <li>• Section 1 – Financial Summary for April to September 2022:</li> </ul>

- A summary of the key performance metrics linked to income and expenditure (including cost improvement performance), capital expenditure and cash management.
- Section 2.1 – Income & Expenditure Account for April to September 2022:
  - Financial results for the first six months of the financial year 2022/23.
    - A surplus to plan of £112K in month and £46K year to date;
    - A similar surplus to the (external) control total in month and year to date. The control total is what the Trust's performance is measured against with NHSE/I, having normally adjusted for depreciation on donated assets. The figures are significantly different this year (year to date) due to non-cash income for the take-on of donated finance leases under IFRS 16 (£685K) as at 1<sup>st</sup> April 2022 and a contribution to capital expenditure (£1,137K) for the Public Sector Decarbonisation scheme.
- Section 2.2 – Income and Expenditure Account Forecast Out-Turn
  - An initial forecast out-turn up to 31<sup>st</sup> March 2023 of £2,839K deficit to plan and equally the control total: an in-month improvement of £420K.
  - At this point the Trust will be reporting externally to the ICB and NHSE/I that it will be delivering to plan, rather than the current forecast above.
  - All services must strive to deliver a significant improvement against the Efficiency Programme (CIP) - both in year and full year effect - as this is pivotal to ensuring achievement of the plan and to ensure a robust financial baseline for the 2023/24 financial year.
- Section 3 – Capital Expenditure 2022/23
  - Results for the first six months of the financial year 2022/23 show expenditure of £2,567K year to date compared to a budget of £3,617K: an under-spend of £1,050K (29%).
  - The forecast out-turn for the full financial year is indicating expenditure in line with the Trust's CDEL value i.e. £12,733K.
- Section 4 – Cash Flow 2022/23
  - A cash flow graph showing actual and forecast cash movements between April 2021 and March 2023. This includes:







	<ul style="list-style-type: none"> <li>- Actual month-end values for April 2021 to September 2022, with a closing cash position of £27,653K as at 30<sup>th</sup> September 2022 - £6,398K better than plan;</li> <li>- Planned month-end values for October 2022 to March 2023; and</li> <li>- Forecast month-end values for the same period with a forecast closing cash position as at 31<sup>st</sup> March 2023 of £17,141K, which is £2,375K lower than plan.</li> </ul>
<p><b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)</p>	<p>This report to the Board of Directors has been prepared directly from information contained in the Trust's ledgers and is consistent with information reported externally to NHSE/I.</p> <ul style="list-style-type: none"> <li>o The overall financial position for I&amp;E has been reviewed collectively by and agreed with the senior Finance Team together with the Director of Finance.</li> <li>o CIP performance has been discussed with the CIP (Efficiency) Board chaired by the Deputy Chief Executive.</li> <li>o The capital expenditure position has been discussed and reviewed by the Capital Planning &amp; Monitoring Group, chaired by the Director of Finance.</li> <li>o More comprehensive and detailed reports of the financial results have been presented to Finance &amp; Performance Committee and the Executive Team.</li> </ul>
<p><b>Board powers to make this decision</b></p>	<p>Within Section 4.5 of Standing Financial Instructions – Budgetary Control and Reporting – paragraph 4.5.1 states that <i>“The Director of Finance will devise and maintain systems of budgetary control. These will include:</i></p> <p>(a) <i>Financial reports to the Board, in a form approved by Finance &amp; Performance Committee on behalf of the Board.”</i></p>
<p><b>Who, What and When</b> (What action is required, who is the lead and when should it be completed?)</p>	<p>Further action, as discussed at the monthly performance meetings and with Finance and Performance Committee is noted, as per Section 2.4 of the report and will be reported verbally to the Board at the meeting.</p>
<p><b>Recommendations</b></p>	<p>It is recommended that the Board of Directors note the content of the report.</p>
<p><b>Appendices</b></p>	<p>None.</p>

## 1. Key Financial Headlines

1.1 The key financial metrics for the Trust are shown in the table below. These are:

- Performance against the monthly income and expenditure plan;
- Capital expenditure;
- Cash management.

Key Headlines	Month			YTD			Forecast	Prior Month
	P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	V £000s	FV £000s
 I&E Performance (Actual)	(240)	(128)	112	127	173	46	(2,839)	(3,259)
 I&E Performance (Control Total)	(383)	(271)	112	(1,419)	(1,373)	46	(2,839)	(3,259)
 Capital Expenditure	793	638	155	3,617	2,567	1,050	0	0
 Cash Balance	(2,688)	(1,466)	1,222	21,254	27,653	6,398	(2,375)	(2,326)

- 1.2 The Trust has under-spent against its I&E plan in September 2022, leading to a marginal under-spend of £46K year to date. The control total is what the Trust's performance is measured against with NHSE/I, having normally adjusted for depreciation on donated assets. The figures are significantly different this year due to non-cash income for the take-on of donated finance leases under IFRS 16 (£685K) as at 1<sup>st</sup> April 2022 and a contribution to capital expenditure (£1,137K) for the Public Sector Decarbonisation scheme included in the year to date values.
- 1.3 The forecast out-turn is showing a deficit of £2,839K to plan, which is an improvement of £420K on last month's forecast. The Trust will be reporting delivery of the plan externally, given that it is only Month 6. All services must strive to deliver a significant improvement against the Efficiency Programme (CIP) - both in year and full year effect - as this is pivotal to ensuring achievement of the plan and to ensure a robust financial baseline for the 2023/24 financial year.
- 1.5 Capital expenditure is below plan at present by £1,050K, despite a significant improvement in month. There has been slippage on investment in most schemes so far this year. This will need to be closely monitored going forward by the Capital Planning & Monitoring Group chaired by the Director of Finance.
- 1.6 The cash position at the end of September 2022 is still very strong, being further above plan in month. This strong position is expected to be maintained throughout the financial year despite forecasting to be below plan at 31<sup>st</sup> March 2023, which assumes Reserves will be used to cover the forecast out-turn deficit on I&E in order to deliver in line with plan.

## 2. Income & Expenditure Account

### 2.1 In Month and Year to Date Performance for Month 6 (September 2022)

- 2.1.1 Appendix 1 shows the financial results both in month and year to date. The Trust has delivered a surplus to plan in September 2022 of £112K, giving a year to date surplus to plan of £46K.

Summary Income & Expenditure Position	AP £000s	Month			YTD			2022/2023
		P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	Monthly Trend / Variance
Clinical Income	308,916	28,233	28,245	12	154,967	155,189	222	
Other Operating Income	25,664	2,218	2,255	37	13,564	13,712	148	
Pay	(224,559)	(22,522)	(22,598)	(76)	(112,774)	(113,359)	(585)	
Non Pay	(89,663)	(8,409)	(8,406)	3	(44,735)	(45,440)	(705)	
Non Operating Costs	(4,684)	(390)	(355)	35	(2,342)	(2,244)	98	
Reserves	(15,952)	631	731	100	(8,552)	(7,684)	867	
<b>Retained Surplus/(Deficit)</b>	<b>(278)</b>	<b>(240)</b>	<b>(128)</b>	<b>112</b>	<b>127</b>	<b>173</b>	<b>46</b>	
Adjustments	(2,407)	(143)	(143)	(0)	(1,546)	(1,546)	(0)	
<b>Control Total Surplus/(Deficit)</b>	<b>(2,685)</b>	<b>(383)</b>	<b>(271)</b>	<b>112</b>	<b>(1,419)</b>	<b>(1,373)</b>	<b>46</b>	

2.1.2 Clinical Income has remained consistent with plan in month and remains ahead of plan year to date, relating to additional income for direct and specialised commissioning (£156K), additional out of area treatments (£26K) and patient charges regarding insurance claims (£27K). The Trust has received additional income in month of £2,502K (Full year effect £5,005K) to fund the additional impact of national pay awards for 2002/23, which have been paid in month.

2.1.3 Other Operating Income has similarly remained stable against budget in month and marginally ahead of plan year to date. The latter is a reflection of increased income from research, education & training (£119K), staff recharges (£173K) and non-clinical services recharges (£145K) across various services. Some of these will be a direct offset to additional expenditure incurred. This is being offset by reduced income from car parking charges from patients and visitors (£183K), which is currently well below pre-covid levels.

2.1.4 Pay costs are over-spending marginally in month and to date. Under-spends on substantive staff across most services is being offset by over-spends on bank and agency staffing. However, the Trust also has an outstanding CIP target of £1,228K year to date, which is clearly a significant contributory factor to the cumulative position.

2.1.5 Non-Pay costs are in line with budget in month and over-spending year to date. This is linked to increased expenditure on non-clinical costs – general supplies and services (£208K); establishment costs (£192K); transport (£217K) and premises (£275K) offset by an under-spend on depreciation charges of £199K.

2.1.6 Non-Operating Costs reflect continuing increases on interest receivable on cash balances held with Government banking services.

2.1.7 £100K and £867K has now been released from Reserves in month and year to date to reflect the level of over-delivery on CIPs that is not credited against divisional targets, to maintain consistency with the previous months' reported and forecast positions. Cost containment and CIP delivery will need to be managed proactively across all services if the Trust is to deliver against its overall plan successfully.

## 2.2 Forecast Out-Turn Performance to 31<sup>st</sup> March 2023

2.2.1 Appendix 3 shows the forecast out-turn for the financial year 2022/23. The Trust is forecasting to deliver a £2,886K deficit to plan during the remainder of the financial year

resulting in a forecast out-turn deficit of £5,524K or £2,839K adverse variance to plan. This represents a £420K improvement upon last month's forecast.

Summary Income & Expenditure Position	AP £000s	FO (Full Year) £000s	AV (YTD) £000s	FV £000s	TV £000s	2022/2023 Monthly Trend / Variance
Clinical Income	308,916	309,325	222	186	408	
Other Operating Income	25,664	26,333	148	521	669	
Pay	(224,559)	(228,493)	(585)	(3,349)	(3,934)	
Non Pay	(89,663)	(91,311)	(705)	(943)	(1,647)	
Non Operating Costs	(4,684)	(4,490)	98	97	195	
Reserves	(15,952)	(14,482)	867	602	1,470	
<b>Retained Surplus/ (Deficit)</b>	<b>(278)</b>	<b>(3,118)</b>	<b>46</b>	<b>(2,886)</b>	<b>(2,839)</b>	
Adjustments	(2,407)	(2,407)	(0)	0	(0)	
<b>Control Total Surplus/ (Deficit)</b>	<b>(2,685)</b>	<b>(5,524)</b>	<b>46</b>	<b>(2,886)</b>	<b>(2,839)</b>	

- 2.2.2 Clinical Income is forecast to increase above plan from further specific additional income expected from commissioners.
- 2.2.3 Other Operating Income is forecasting significant increases in income from education & training (£224K), staff recharges (£253K) and both SLA and non-SLA non-clinical income recharges (£206K), which is being offset by still further reductions in car parking income being below plan (-£189K) for patients and visitors. A lot of this additional income will equally be offset by further increases in pay and non-pay expenditure.
- 2.2.4 Pay is showing a very significant deterioration in performance but this does include, as yet, unidentified CIP budget reductions of £3,076K.
- 2.2.5 Non-Pay costs are similarly showing a significant deterioration in performance, primarily linked to unidentified CIP budget reductions of £492K, but also continued increasing costs in the current areas of over-spend i.e. general supplies & services, establishment, transport and premises.
- 2.2.6 Non-Operating Costs reflect increased income from interest receivable on money deposited with Government banking services that continues to increase due to continued buoyant cash balances and now increased interest rates.
- 2.2.7 Performance on Reserves improves significantly reflecting the full year effect of the over-delivery on CIPs that are not credited against divisional targets.
- 2.2.8 The Trust will not be submitting a forecast adverse variance to plan to the ICB or NHSE/I, but assumes appropriate management action and the use of Reserves will enable the Trust to deliver its overall plan as a minimum by 31st March 2023 i.e. a year end deficit of £2,685K.
- 2.2.9 Cost containment and CIP delivery will need to be managed proactively across all services, with clear action plans being developed over the coming weeks and months, if the Trust is to deliver against its overall plan and successfully transferring into the next financial year.

### 3. Capital Programme

#### 3.1 In Month and Year to Date Performance for Month 6 (September 2022)

3.1.1 During July 2022 the Trust incurred capital expenditure of £638K against a budget of £793K representing an under-spend of £155K and a year to date under-spend of £1,050K as shown in the table below.

Scheme Categories	AP	Month 6			YTD		
		P	A	V	P	A	V
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Estates Strategy	5,847	125	468	(343)	1,626	1,659	(33)
Estates Maintenance	1,720	88	56	32	366	332	34
Information Technology	1,691	417	69	348	924	405	519
Medical & Other Equipment	3,475	163	(6)	169	701	326	375
Contingency	0	0	51	(51)	0	(156)	156
<b>Surplus/(Deficit)</b>	<b>12,733</b>	<b>793</b>	<b>638</b>	<b>155</b>	<b>3,617</b>	<b>2,566</b>	<b>1,050</b>
<b>IFRS16 Adjustment</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,760</b>	<b>(17,760)</b>

3.1.2 Within these reported figures there are credits relating to accruals that have dropped out where expenditure was lower than the accrual raised at year end and VAT adjustments. After adjusting for agreed revenue to capital transfers have were actioned last month this leaves a balance showing against Contingency of £156K.

3.1.3 Any works or goods accrued at year end where invoices have now been received have been matched off up to Month 6; where the invoice has not yet been received the accrual has been carried forward and will be released against receipt of the invoice, which could see the balance on the Contingency fluctuate upwards or downwards as a consequence.

3.1.4 From the 1<sup>st</sup> April 2022, the Trust has adopted IFRS16, in line with other NHS organisations. This is a technical accounting standard requiring any assets acquired by the Trust via leasing arrangements to be brought onto the balance sheet (if not already). The figures have increased in month by £1,592K as a consequence of lease periods being clarified (extended) and actual property rent increase being applied from 1<sup>st</sup> April 2022. These assets, totaling £17,760K will need to be accounted for in the capital expenditure position, but will not impact on the Trust's initial overall CDEL position – effectively being managed centrally at a national level.

#### 3.2 Forecast Out-Turn Performance to 31<sup>st</sup> March 2023

3.2.1 The table below shows the capital expenditure forecast out-turn for 2022/23 with the Trust forecasting to use all its CDEL capacity and spend in line with budget on its capital programme, totalling £12,733K.

Scheme Categories	AP	A	F	FOT	V
	£000s	M1 - M6 £000s	M7- M12 £000s	£000s	£000s
Estates Strategy	5,847	1,659	4,188	5,847	0
Estates Maintenance	1,720	332	1,388	1,720	0
Information Technology	1,691	405	1,286	1,691	0
Medical & Other Equipment	3,475	326	3,351	3,677	(202)
Contingency	0	(156)	(46)	(202)	202
<b>Surplus/(Deficit)</b>	<b>12,733</b>	<b>2,566</b>	<b>10,167</b>	<b>12,733</b>	<b>0</b>



3.2.2 The position shows that further credits of £46K are required (above the £156K shown against the Contingency in Paragraph 3.1.2 above) in order to ensure that expenditure remains within budget; this figure is expected to fluctuate over the next few months as accruals drop out, and the position relating to credits could either increase or decrease. This relates to a timing issue with the MRI Scanner which effectively under-spent last financial year, but is forecast to over-spend this financial year, although expenditure overall is within the total budget allocated.

3.7 A bid has been submitted for £1.9 million of Frontline Digitalisation funding, which has been made available nationally. The criteria for funding has changed since the initial submission and it is believed that the schemes put forward will potentially not be approved as they do not fully meet the new criteria.

3.8 However, the Trust has received confirmation that it has been successful in bidding for the following schemes, which will be funded through additional PDC:

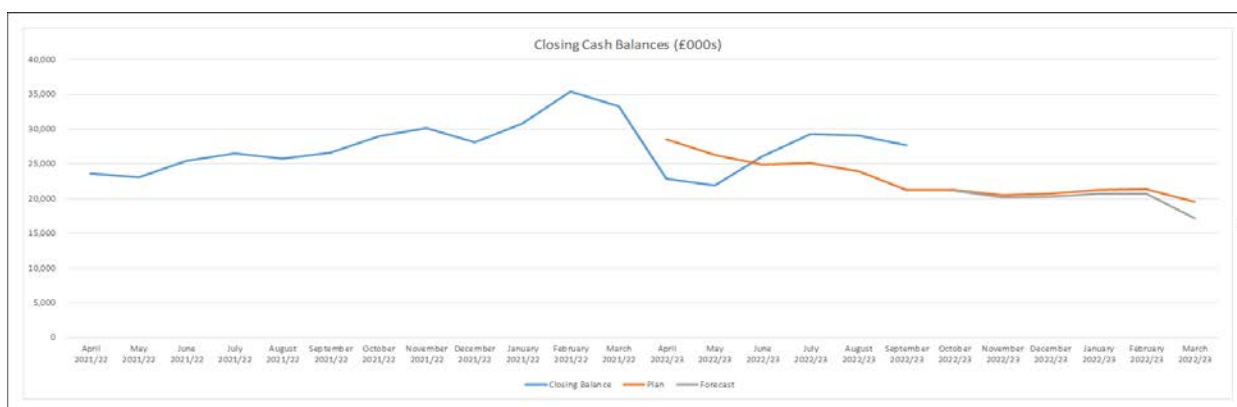
- (a) Community Diagnostic Centre - £930K
- (b) Upgrade to the MRI Scanner - £28K
- (c) Homeworking stations - £23K

The Trust is waiting for the memoranda of understanding (MOUs) to confirm funding, before reflecting these values in the plan.

3.9 Capital Planning & Monitoring Group, chaired by the Director of Finance is responsible for overseeing the capital programme and is already considering what actions that could be taken in future months if in year slippage continues or indeed increases towards year-end.

#### 4. Cash Management

4.1 Cash remains buoyant as at 30<sup>th</sup> September 2022 (£27,653K), which is £6,398K better than plan. This is primarily due to significant non-committal of Reserves linked to elective recovery costs and associated loss of income. The latter will not now occur, as nationally it has been confirmed that there will no clawback of income for under-performance in the second half of the financial year. Confirmation of the same had previously been confirmed by NHSE/I for the first of the financial year.



4.2 The forecast suggests a further reduction in cash throughout the year with an overall reduction compared to plan of £2,375K due to reduced depreciation charges and increased stock values, with a forecast closing balance at 31<sup>st</sup> March 2023 of £17,141K.

- 4.3 Cash will be boosted further if the Trust is required and can deliver a break-even position, but this will be subject to further discussions with the ICB, which may or may not happen in the coming months.
- 4.4 The Board will need to closely monitor cash balances throughout the year in light of these risks and opportunities and any subsequent requirement to improve against its current plan.

**Steve Hackett**  
**Director of Finance**  
**14<sup>th</sup> October 2022**

**Board of Directors Meeting  
04 November 2022**

<b>Agenda item</b>	P170/22
<b>Report</b>	<b>Maternity Safety including Ockenden Update</b>
<b>Executive Lead</b>	Helen Dobson
<b>Link with the BAF</b>	P1: There is a risk that we will not embed quality care within the 5-year plan because of lack of resource, capacity and capability leading to poor clinical outcomes and patient experience for our patients.
<b>How does this paper support Trust Values</b>	High Standards for the services we deliver, aim to be outstanding, delivering excellent and safe healthcare
<b>Purpose</b>	<b>For decision</b> <input type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<ul style="list-style-type: none"> <li>• It is a national requirement for the Board of Directors to receive a monthly update on Maternity Safety and progress against the actions arising from the Ockenden Reports.</li> <li>• An update on the East Kent Report has been included in the paper.</li> <li>• The Ockenden 4 pillars are used to provide an update on Maternity Safety.</li> <li>• The Division continue to work on the evidence and assurance to achieve the 10 Safety actions for The Maternity Incentive Scheme (MIS) Year 4.</li> <li>• The monthly feedback from Maternity and Neonatal Safety Champions is shared.</li> </ul>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation to the meeting)	This paper has been prepared by the Head of Midwifery and shared through Quality Committee, Maternity and Family Health Divisional Governance and the Maternity and Neonatal Safety Champions.
<b>Powers to make this decision</b>	The Board of Directors are required to have oversight on the maternity safety work streams. This paper will also feed through to the monthly Trust board.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	Helen Dobson, Chief Nurse, is the Board Executive Lead and The Head of Midwifery attends Trust Board monthly to discuss the Maternity Safety agenda.
<b>Recommendations</b>	It is recommended that The Board of Directors are assured by the progress and compliance to date with the Maternity Safety Work streams.



**Appendices**

1. Letter from NHS England
2. Acuity Data for September for Labour ward
3. Infographic for East Kent
4. Letter from NHS E: Report following the Independent Investigation into East Kent Maternity and Neonatal Services 20<sup>th</sup> October 2022

## 1. Introduction

- 1.1 A confirm and challenge meeting was undertaken on the 25<sup>th</sup> October 2022 by the LMNS for the 15 Immediate and Essential actions from the Ockenden Final report to review any themes and trends for the System. Verbal feedback on the day was positive and a formal report will be sent through to share with Trust Board.
- 1.2 The independent review *Reading The Signals*, investigating the Maternity and Neonatal Services in East Kent has been published on 19<sup>th</sup> October 2022. The report is an Independent Report by Dr Bill Kirkup, who led on the Morecambe Bay investigation in 2015. In the report, Dr Bill Kirkup refers to the number of investigations into Maternity Services and the significant amount of policy change however, there continues to be service failings. Therefore, the recommendations are not based on changes in policy or practice. *Reading the Signals* identifies four key areas for action that The NHS could be better at:
- Identifying poorly performing units
  - Giving care with compassion and kindness
  - Teamworking with a common purpose
  - Responding to challenge with honesty
- 1.3 Dr Kirkup recommends a broader based approach by a wide range of experienced experts to tackle these long standing deeply embedded issues in the NHS. An Infographic has been produced by the Division to highlight the four key actions and the six themes that the Report identifies (Appendix 3).
- 1.4 All Trust received a letter on 20<sup>th</sup> October 2022, (Appendix 4) recommending:

***Every Trust and ICB to review the findings of this report at its next public board meeting, and for boards to be clear about the action they will take, and how effective assurance mechanisms are at “reading the signals”.***

## 2. Safe Staffing

- 2.1 The on-going challenge of workforce gaps due to maternity leave, long-term and short-term sickness continues. The table below represents the current midwifery workforce gaps from September 2022; these have changed from last month's board report. The table now shows some vacancy in maternity services due to leavers and movement from clinical to management roles. Further roll out of Continuity of Carer teams is paused. Following the letter from NHS England in September 2022, (Appendix 1) removing the national target for continuity of carer, the service has been continuing to build on a more sustainable workforce model. A Maternity team brief on the 6<sup>th</sup> October 2022 shared the proposed new model and the teams unanimously agreed this workforce transformation. The next steps involve sharing the model with the local maternity system and regional teams.

## 2.2

Trajectory	2022-23		
	Aug	Sep	Oct
Contracted Vacancies	-0.09	0.94	0.94
Maternity leave	5.92	5.12	4.48
Long term sickness	6.08	6.08	4.12
Upcoming Leavers	0.80	0.25	0.25
New Starters	-0.62	0.00	0.00
New Starters - students/NQM's	0.00	0.00	0.00
Other - see detail	2.52	2.52	2.52
<b>Total Gaps (not vacancies)</b>	<b>14.61</b>	<b>14.91</b>	<b>12.31</b>
<b>Trajectory - for planning</b>	<b>14.61</b>	<b>14.91</b>	<b>12.31</b>
<b>% Workforce Gaps</b>	<b>14.9%</b>	<b>15.2%</b>	<b>12.6%</b>

- 2.3 The Maternity Service continues to recruit to achieve the 10.00 WTE over recruitment agreed to support the ongoing maternity leave as well as the additional vacancies added in September. 5.52 WTE Early Career Midwives were successfully recruited to TRFT and have started in post from 3<sup>rd</sup> October 2022.
- 2.4 Appendix 2 provides the acuity data for Labour Ward demonstrating that the midwifery staffing met the acuity for 82% of the 4 week period covered in September, with the data demonstrating improved compliance on data entry at 81.5%. There were no Occasions reported where there were 2 or more midwives short and there were 234 births in September.
- 2.5 There were no occasions reported when the labour ward coordinator was no supernumerary. The Maternity Incentive scheme guidance has been updated to reflect that the role of the Co-ordinator is to provide support to other midwives and oversight of the labour ward.
- 2.6 Medical staffing: No Datix reports were submitted in September 2022 to escalate any concerns regarding compliance with mandatory Obstetric escalation, there were no Red Flags reported to escalate the non-compliance with the mandatory twice-daily consultant ward rounds. The Consultant obstetricians provide on call support on site for x3 trainee Doctors at ST3/4 who have not achieved their competencies, this is referred to as entrust ability.

### 3. Workforce Data September 2022

Maternity unit closures	0	Datix / Birth rate plus
Utilisation of on call midwife to staff labour ward	0	Birth-Rate Plus data
1-1 care in labour	100%	Data from Birth-Rate Plus acuity tool reflects
Continuity team midwife present for continuity birth	77%	Data from Birth-Rate Plus acuity tool
Supernumerary labour ward co-ordinator	100%	Data from Birth-Rate Plus acuity tool
Staff absence	6.69%	HR data, short and long term sickness
Obstetric compliance at mandatory consultant escalation	100%	No Datix incidents reported
Compliance with twice daily face to face ward round	100%	Birth rate plus data, no red flags reported

3.1 Obstetric cover gaps: The table below illustrates the locum breakdown:

Grade	No of Shifts	Reason	Internal / External
ST1/2	19	1 x sickness 18 x vacancy	2 x internal 17 x external
ST3/7	25	3 x sickness 21 x vacancy 1 x special leave	16 x internal 9 x external
Consultant	35	14 x vacancy 8 x annual/study leave 12 x additional ANC 1 x compassionate leave	35 x internal

#### 4. A Well-Trained Workforce:

4.1 Maternity Services have a local training plan in place to meet the core competency framework as outlined in MIS year 4. Training compliance has been a challenge due to the on-going sickness and absence gaps maintaining safe staffing. The revised Maternity Incentive scheme guidance has been published in October revising the period for the training period from **90% during the 18 months in order to declare compliance acknowledging Covid-19 pressure ( May 2022) to any 12-month consecutive months within the period from 1<sup>st</sup> August 2021- 5th Dec 2022.** The team are currently reviewing the training period to see if this can be achieved for all staff groups in view of the ongoing challenges that have been reported.

4.2. August Training Data MDT Prompt

Obstetric Consultants	90%	<b>92%</b>
Obstetric Registrars	90%	<b>100%</b>
Obstetric Trainees	90%	<b>92%</b>
Midwives	90%	<b>91%</b>
Clinical Support staff	90%	<b>86%</b>
Anaesthetists	90%	<b>80%</b>

#### 5. Learning from Incidents:

5.1 During September 2022, there were 103 incidents reported on Datix for Obstetrics, of which 101 were incidents affecting patients. Of the incidents, 79 were of no harm, 21 low harm and 1 was a moderate harm.

The Maternity service promotes an open and honest reporting structure, and the maternity specific trigger list provides guidance on the incidents in Maternity that require reporting. The Maternity service facilitates a multi-disciplinary weekly incident review meeting providing the forum for discussion and further investigation into moderate harm incidents and monitoring themes and trends in incidents, which are discussed and escalated through the Maternity and Divisional governance meetings. Moderate harm incidents are escalated to the Trust Harm Free meetings where the cases are shared, assessing whether the incident requires further investigation or whether a declaration of a serious incident was required. In September there were no serious incidents declared.

5.2 The distribution of the total reported incidents across the types of incidents are illustrated in the tables below:

Location	Number of Incidents
Labour Ward (Delivery Suite)	48
Wharnccliffe Ward	23
Patients Home	13
Antenatal Clinic	7
Greenoaks	3
Obstetric Theatre	3
Not Applicable	3
Day Surgery Theatre 1	1

5.3 The Five top incidents reported in September included:

Detail	Number of Incidents
Admission	17
Laboratory investigations	14
Administration of assessment	10
Post-partum haemorrhage > 1,000ml	10
Events that affect staffing levels	9

5.4 Stillbirths

5.5 In September there was one stillbirth reported at 26 +4 gestation, which met the criteria for the Perinatal Mortality Review Tool. The table (5.6) below represents the current stillbirth rate for TRFT.

5.6

Number of stillbirths	1	Dashboard data
Stillbirth rate per 1000 births Rolling 12 months	2.32	Dashboard data

## 6. Listening to Women

6.1 In September, there were x1 formal complaint for labour ward following a birth injury because of a shoulder dystocia. A meeting has been arranged to listen to the family and go through the events of the birth. Complaints in the division are triangulated with outcome data and incidents to monitor themes and trends. Learning is shared with teams through learning points and MAST training on the clinical supervision session. The Maternity service have worked with the Maternity Voice Partnership on co-producing patient information and the invitation for partners to stay overnight on Wharnccliffe ward.

## 7. Maternity Incentive Scheme

7.1 The Scheme relaunched on the 6<sup>th</sup> May 2022, there has been a further update to the guidance, which was circulated on the 13<sup>th</sup> October 2022.

7.2 The Trust Board declaration form is required to be submitted to Trust Board with an accompanying presentation detailing position and progress with the maternity safety actions. This is to confirm that the Trust Board can be satisfied with the evidence provided, giving their permission for the Trust's Chief Executive (CEO) to sign the Board declaration form prior to submission to NHS Resolution. In addition, the CEO of the Trust will ensure that the Accountable Officer (AO) for the Integrated Care System is appraised of the MIS safety actions' evidence and declaration form. It was announced last week that the Submission date for CNST has been deferred until 2<sup>nd</sup> February 2022.

7.3 The main areas of challenge / improvement include:

**Safety Action 2: Maternity Service Datasets:**

Teams have been working collaboratively to meet the required standard of at least 9 out of the 11 Clinical Quality Improvement Metrics (CQUIMS) for the July data submission, which will be published in October.

The indicative data so far demonstrates that the Maternity service at TRFT achieved 10 out of the 11 CQUIMS.

7.4 Safety Action 6 Saving Babies lives care bundle: Achieving the 80% standard for four consecutive months in the reporting period for the smoking data has been a challenge due to the service using x3 different data sources therefore a manual audit has been implemented to support achieving this standard. The update for this standard now states that if the provider is unable to record this data on their MIS an audit of 60 consecutive cases would be acceptable to demonstrate the > 80% compliance. This audit has been achieved in May and June 2022.

7.5

Month	Carbon Monoxide Testing undertaken at booking	Carbon Monoxide Testing undertaken at 36 weeks gestation
May 22	82.5%	90.5%
June 22	92.1%	90.5%

7.6 Safety Action 8 Multidisciplinary Training: Training compliance as reported in 4.2 this is a challenge due to the change in the timeframe in the guidance and the teams are currently working to see if a consecutive 12 month period can be achieved.

**8. Maternity and Neonatal Safety Champions**

8.1 There was a walk around Labour ward in September and the Non-Executive and Executive Safety Champion discussed the current climate with teams and the proposal for the workforce transformation in maternity.

- To:
- Trust chief nurses
  - Trust directors of midwifery
  - Trust COO
  - Trust CEO
  - Trust medical directors
  - Trust clinical directors for obstetrics

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

**21 September 2022**

- cc.
- Regional directors
  - Regional chief nurses
  - Regional medical directors
  - Regional chief midwives
  - ICB chief nurses
  - LMNS Chairs

Dear colleagues

## **Midwifery Continuity of Carer**

We are writing to you to set out essential and immediate changes to the national maternity programme in the light of the continued workforce challenges that maternity services face. There will no longer be a target date for services to deliver Midwifery Continuity of Carer (MCoC) and local services will instead be supported to develop local plans that work for them.

Over the past two years staff have had to work in ways that they never imagined, in difficult circumstances and we know that maternity services are experiencing stress and strain. The top priority for maternity and neonatal services must continue to be ensuring that the right workforce is in place to serve women and babies across England.

At the heart of the MCoC model is the vision that women should have consistent, safe and personalised maternity care, before, during and after the birth. It is a model of care provision that is evidence-based. It can improve the outcomes for most women and babies and especially women of Black, Asian and mixed ethnicity and those living in the most deprived neighbourhoods. This model of care requires appropriate staffing levels to be implemented safely.

There is no longer a national target for MCoC. Local midwifery and obstetric leaders should focus on retention and growth of the workforce, and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. We hope this will enable your services to improve in line with the evidence, at a pace that is right.

We know trusts have submitted their MCoC plans and will have considered safe staffing levels in submitting their plans. Thank you for your work on these and your efforts to implement MCoC to date

We expect you to continue to review your staffing in the context of Donna Ockenden's final report. Your local LMNS, regional and national colleagues are here to support you with this including how to focus MCoC on those women from vulnerable groups who will benefit the most from this care.

As we have said previously:

1. Trusts that can demonstrate staffing meets safe minimum requirements can continue existing MCoC provision and continue to roll out, subject to ongoing minimum staffing requirements being met for any expansion of MCoC provision.
2. Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC, but can meet the safe minimum staffing requirements for existing MCoC provision, should cease further roll out and continue to support at the current level of provision or only provide services to existing women on MCoC pathways and suspend new women being booked into MCoC provision.
3. Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC and for existing MCoC provision, should immediately suspend existing MCoC provision and ensure women are safely transferred to alternative maternity pathways of care, taking into consideration their individual needs; and any midwives in MCoC teams should be safely supported into other areas of maternity provision.

**Trusts are not expected to deliver against a target level of MCoC, and this will remain in place until maternity services in England can demonstrate sufficient staffing levels to do so.**

Approved educational institutions (AEI's) educating pre-registration midwifery students will continue the implementation of the future midwifery standards of the NMC. It is



expected that midwifery students will be taught the MCoC model, alongside other approaches to safe, high-quality care for women. The NMC has written to education providers to confirm that this remains a requirement of registration and to suggest how this can be achieved when students are placed in those organisations that are not able to fully implement MCoC at this time. Where this is the case, students will still benefit from practice supervisors and assessors being able to explain and discuss the concept and we would ask for your support to encourage this to happen.

With the advice of the independent working group established after the final Ockenden report, we will publish a national delivery plan for maternity services this winter which will bring together actions for maternity services, including next steps for improving continuity across all professional groups.

Yours sincerely,



**Dame Ruth May**  
Chief Nursing Officer,  
England



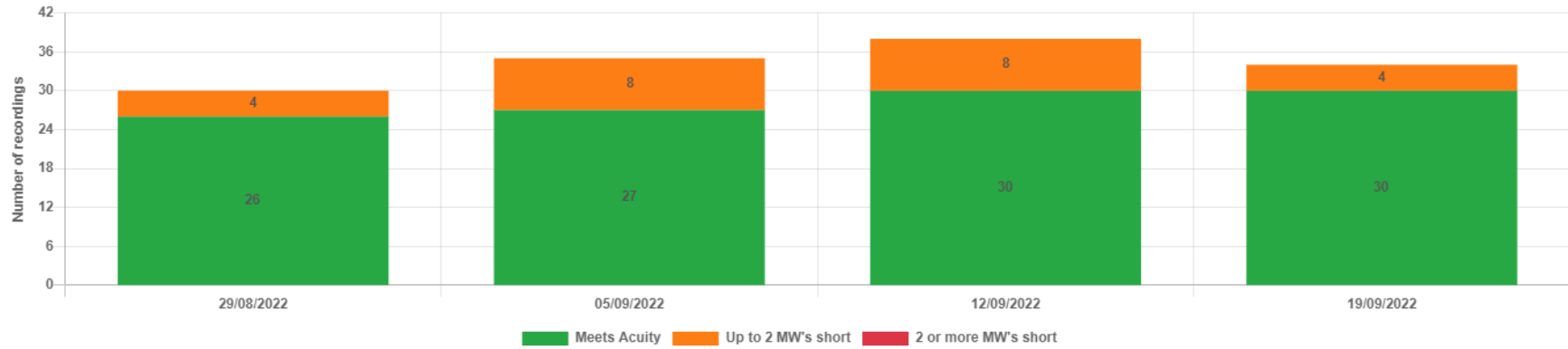
**Prof Jacqueline Dunkley-Bent OBE**  
Chief Midwifery Officer  
National Maternity Safety  
Champion  
NHS England



**Dr Matthew Jolly**  
National Clinical Director for  
Maternity and Women's  
Health  
National Maternity Safety  
Champion  
NHS England

## Rotherham NHS Foundation Trust - Delivery Suite

No. of occasions per week: staffing met acuity (green) / was less than acuity (amber/red) plotted against the actual number of times scheduled data was recorded



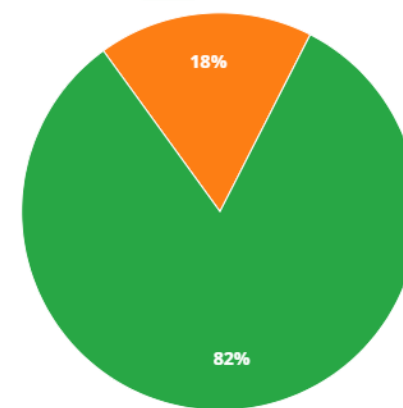
Overall during the data period for weeks commencing 29/08/2022

Data collected for the period covered by this summary provides

81.5% compliance

RAG Total Compliance

2 or more MW's short (Red) | Up to 2 MW's short (Orange) | Meets Acuity (Green)

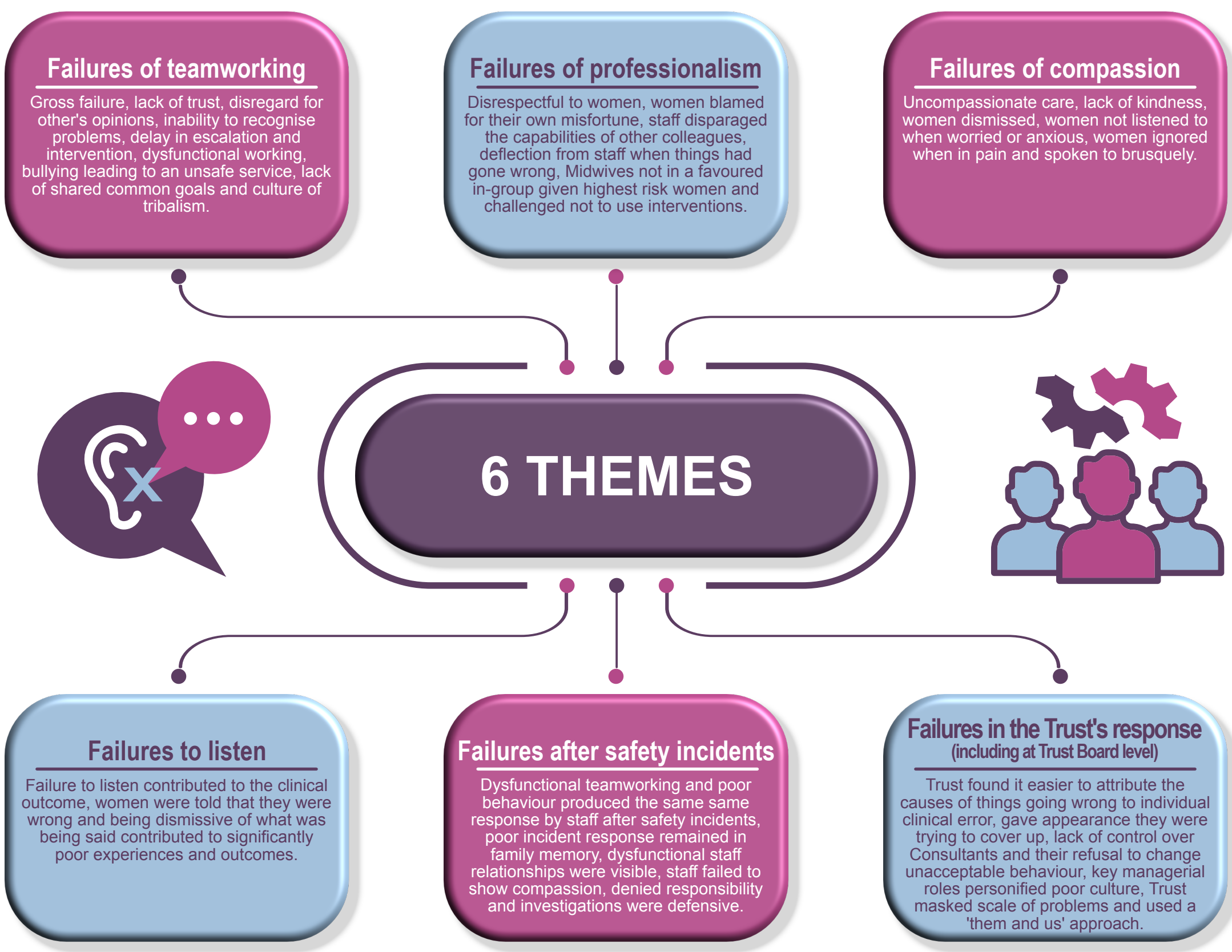


# KIRKUP REPORT

The Kirkup Report was published in October 2022 and contained 4 key actions and 6 themes from an examination into East Kent's Maternity Services between 2009-2020.

## 4 KEY ACTIONS

<p><b>Monitoring safe performance</b></p> <p>*Task forces should be established to drive the introduction of valid Maternity and Neonatal outcome measures capable of differentiating signals amongst the noise to display significant trends and outliers, for mandatory national use.</p>	<p><b>Standards of clinical behaviour</b></p> <p>*Clinical educators to report on how compassionate care can be embedded into practice and sustained through lifelong learning.                  *Relevant bodies be commissioned to report on how the oversight and direction of clinicians can be improved, with nationally agreed standards of professional behaviours and appropriate sanctions for non-compliance.</p>	<p><b>Flawed teamworking</b></p> <p>*Relevant bodies be charged with reporting on how teamworking in Maternity and Neonatal care can be improved, with reference to establishing common purpose, objectives and training from the outset.                  *Relevant bodies be commissioned to report on the employment and training of junior doctors to improve support, teamworking and development.</p>	<p><b>Organisational behaviour</b></p> <p>*The Government to reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information.                  *Trusts be required to review their approach to reputation management and ensure their is Maternity representation on their boards.                  *NHSE reconsider its a approach to poorly performing Trusts with particular reference to leadership.</p>
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- THEMES ARISING FROM FAMILY LISTENING SESSIONS**
- 1 Not being listened to or consulted with
  - 2 Encountering a lack of kindness and compassion
  - 3 Being conscious of unprofessional conduct or poor working relationships compromising their 223
  - 4 Feeling excluded during and immediately after a serious event
  - 5 Feeling ignored, marginalised or disparaged after a serious event
  - 6 Being forced to live with an incomplete or inaccurate narrative

- To:
- Trust Chief Executives
  - Trust Chairs
  - ICB Chief Executives
  - LMNS Chairs

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

- cc.
- Regional Directors
  - Regional Chief Nurses
  - Regional Medical Directors
  - Regional Chief Midwives
  - Regional Obstetricians

**20 October 2022**

Dear colleagues

## **Report following the Independent Investigation into East Kent Maternity and Neonatal Services**

Yesterday saw the publication [Reading the Signals](#); Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation.

The report sets out the devastating consequences of failings and the unimaginable loss and harm suffered by families for which we are deeply sorry.

This report reconfirms the requirement for your board to remain focused on delivering personalised and safe maternity and neonatal care. You must ensure that the experience of women, babies and families who use your services are listened to, understood and responded to with respect, compassion and kindness.

The experiences bravely shared by families with the investigation team must be a catalyst for change. Every board member must examine the culture within their organisation and how they listen and respond to staff. You must take steps to assure yourselves, and the communities you serve, that the leadership and culture across your organisation(s) positively supports the care and experience you provide.

We expect every Trust and ICB to review the findings of this report at its next public board meeting, and for boards to be clear about the action they will take, and how effective assurance mechanisms are at 'reading the signals'.

The report outlines four areas for action:

- To get better at identifying poorly performing units

- Giving care with compassion and kindness
- Teamworking with a common purpose
- Responding to challenge with honesty.

NHS England will be working with the Department of Health and Social Care and partner organisations to review the recommendations and implications for maternity and neonatal services and the wider NHS.

In 2023 we will publish a single delivery plan for maternity and neonatal care which will bring together action required following this report, the report into maternity services at Shrewsbury and Telford NHS Foundation Trust, and NHS Long-Term Plan and Maternity Transformation Programme deliverables.

The publication of the delivery plan should not delay your acting in response to this report and the actions you are taking in response to the report of the independent investigation at [Shrewsbury and Telford NHS Foundation Trust](#). Immediate and sustainable action will save lives and improve the care and experience for women, babies and their families.

Yours sincerely,



**Sir David Sloman**  
Chief Operating Officer  
NHS England



**Dame Ruth May**  
Chief Nursing Officer  
NHS England



**Professor Stephen Powis**  
National Medical Director  
NHS England

<b>Subject:</b>	<b>Finance &amp; Performance Committee CHAIR'S ASSURANCE LOG</b> <b>Quorate: Yes</b>	Ref:P170/22i	<b>Board of Directors</b> <b>04/11/2022</b>
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### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> Finance & Performance Committee	<b>Date:</b> 28 September 2022 and 26 October 2022	<b>Chair:</b> Nicola Bancroft
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Operational Plan Priorities Update	<p>The Committee reviewed two of the eight priorities in detail, patient discharge effectiveness and service delivery patient level costing, which were presenting a significant risk to overall delivery and had been escalated to the Executive Team.</p> <p>Teams are working very hard on progressing all priorities given the operational challenges and this will need to be sustained over the winter period to deliver the required KPIs. It was agreed that the Trust is in a better position on priorities in comparison to previous years.</p>	Board of Directors	Assured
2	Operational Performance Update	<p>The Committee welcomed the new report and the transparency on the trajectories on the key metrics to inform on/off track performance over the remainder of the financial year.</p> <p>The Committee noted the regular meetings with partners to escalate key discharge issues. The Deputy Chief Executive confirmed that there was positive progress on discharge with partners being held to account. The Committee requested clarity on delays, whether internal or external, in future reports.</p>	Board of Directors	<p>Limited assurance – current performance</p> <p>Assured - plans in place to deliver on the agreed trajectories</p>

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		Recovery continued through the month, with additional schemes to insource activity and utilise the independent sector being implemented.		
3	Winter Plan 2022/23	<p>The Committee has reviewed the final winter plan for the Trust and also the Rotherham Place plan outlining the resilience arrangements being put in place across Rotherham to provide the capacity to maintain quality, flow and patient safety during the pressured winter months. The committee received an update on how the integrated better care fund was being utilised to support discharge and flow in the system over winter.</p> <p>The Committee supported approval of the plan by the Board with £1.6m funding to support the operational pressures.</p>	Board of Directors	Assured
4	Divisional Performance Escalation Summary	Divisional performance meetings have been held and assurance given that all escalated operational issues are being addressed. 4 out of the 6 divisions provided limited assurance at this stage on their current ability to achieve their financial control target.	Board of Directors	Limited assurance
5	Integrated Financial Performance Report	<p>Positive financial position reported with a surplus to plan in month and year to date. The cash position is better than plan and capital expenditure is below budget. The agreed full year financial plan remains achievable at this stage.</p> <p>A half year in depth balance sheet review has been undertaken with no issues highlighted.</p> <p>The Committee requested an early consideration of the draft financial and performance plans for 2023/24 to understand the key choices for consideration by the Board.</p>	Board of Directors	Assured

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
6	Cost Improvement Programme (CIP) Update Report	<p>Despite improvements month on month, it was reiterated that all divisions and corporate areas must strive to deliver a significant improvement in their CIP forecasts, both in year and full year effect, as this was pivotal to ensuring a robust financial baseline for the 2023/24 financial year.</p> <p>A Divisional General Manager workshop is planned to share learning and assess further opportunities to improve the current position.</p>	Board of Directors	Limited assurance
7	Cyber Security Update Report	The Committee reviewed the key deliverables since the last update in May 2022. It was reported that external Penetration testing took place in July 2022 with no significant issues being identified.	Board of Directors	Assured
8	Board Assurance Framework	A new BAF risk has been added to reflect the potential risks of operational and financial delivery in 2023/24. Further work is required to assess the risk target and associated controls/actions for review at the November Committee meeting.	Board of Directors	Work in progress



<b>Subject:</b>	<b>Quality Committee CHAIR'S ASSURANCE LOG</b> <b>Quorate: Yes</b>	Ref:P170/22ii	<b>Board of Directors</b> <b>04/11/22</b>
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### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> Quality Committee	<b>Date:</b> 26 October 2022	<b>Chair:</b> Dr Rumit Shah
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Divisional Reporting: Medicine	The Committee acknowledge the hard work being carried out within the Division, the information presented was too wide and lacked focus on the delivery of quality metrics.	Board of Directors	Limited Assurance
2	Chief Nurse and Medical Directors highlight Report	On 5th 2022 October a small team from NHS England to the Trust undertook an invited review of Safeguarding services, the final report has not been received but early high level feedback was given showing very positive findings for both Children's and Maternity pathways.	Board of Directors	Noted
3	Operational Plan: Quality Improvement – Bi monthly Report	Reported that the plan was ahead of target, the post for Head of Quality Improvement had been recruited to and all 5 key milestones and metrics had been delivered on.	Board of Directors	Assured
4	Patient Safety Committee	Two main areas of concern were raised and discussed: 1. Clear digital identification of clinically unwell patients to drive quality improvements:	Board of Directors	Assured

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<ul style="list-style-type: none"> <li>• There is currently a lack of IT capacity to support aspects of digital data e.g. there is insufficient capacity to support Quality improvement work such as creating an Acute Kidney Injury dashboard but a business case has been approved for further recruitment in IT</li> <li>• There has been poor attendance by Divisional teams at the Deteriorating patient and sepsis meetings, this remains an issue.</li> <li>• There have been poor completion rates for the Acute Kidney Injury and Sepsis 6 documents by Clinical teams.</li> </ul> <p>Further support will be in place during November 2022 and a summary position report is to be taken to the next Quality Committee.</p> <p>2. Ensuring digitally requested investigations are reviewed and responded to appropriately:</p> <ul style="list-style-type: none"> <li>• The NEWS2 Power BI dashboard has been created and can be accessed by ward teams</li> <li>• The Sepsis Power Bi dashboard is available to teams to review</li> <li>• The Quality Improvement work has demonstrated an improvement in the number of observations completed on time.</li> </ul>		
5	Medication Safety Committee	The matter of controlled drugs (CDs) in UECC had previously been raised by the CQC, Pharmacy have been successfully working with UECC in order to improve the storage and recording of use of CDs, and this work is to be replicated in AMU in future months.	Board of Directors	Assured

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<p>For TRFT historically the medicine reconciliation rates have been around the 55% mark, last month this had improved to 73% medicines reconciliation rate. The national benchmark level is currently 67%.</p>		
6	Ockenden Report	<p>There are ongoing workforce challenges with gaps due to maternity leave, long term sickness and short term sickness; although there have also been a number of new starters within the service.</p> <p>With regards to the Maternity Incentive Scheme there has been a further update to the guidance, this was circulated on the 13th October 2022. Although this is midway through the financial year the indicative data so far demonstrates that the Maternity service at TRFT has achieved 10 out of the 11 Clinical Quality Improvement Metrics (CQUIMS).</p> <p>It was reported that the still birth rate has decreased year on year from 4.2 per 1000 births to 2.32 per 1000 births.</p>	Board of Directors	Assured

<b>Subject:</b>	<b>Audit Committee 28 October 2022 CHAIR'S ASSURANCE LOG – PART 1 AGENDA</b> Quorate: Yes	Ref: P170/22iii	<b>BoD: 04/11/2022</b>
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### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> Audit Committee	<b>Date:</b> 28 October 2022	<b>Chair:</b> Kamran Malik
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Risk Management	<p>The Committee received an update in relation to progress made against the risk Management Improvement Plan noting that the majority of the actions had been completed but that some actions remained.</p> <p>The Committee further noted the positive direction in terms of maturity of the systems with confidence that all actions will be completed by May 2023.</p> <p>The Committee discussed the Risk Appetite Statement as agreed at the Strategic Board Session in October and welcomed the plan to disseminate throughout the organisation with the intention this will enable discussion around risk appetite to be part of the decision making processes within the Trust.</p>	Board of Directors	Assured
2	Legal Report	The Committee noted the significant progress made in relation to reporting of legal matters with a recognition that a plan is in place to embed learning from litigation.	Board of Directors	Assured
3	Auditors Annual Report & Audit Completion Certificate	The Committee received and noted receipt of the Audit Completion Certificate with positive assurance noted for 2021-22.	Board of Directors	Noted the progress

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body								
4	Standing Financial Instructions	<p>The Committee noted that the annual review of the Standing Financial Instructions (SFI's) had been undertaken.</p> <p>Although the review had not highlighted any specific amendments, the Committee considered a further report proposing standardisation of quotation and tender financial limits across all providers within the South Yorkshire Integrated Care System.</p> <p>The Committee has approved the following changes to the Trust's SFI's.</p> <table border="1" data-bbox="752 644 1601 1303"> <thead> <tr> <th data-bbox="752 644 981 730">Limit (Total Contract Value)<sup>1</sup></th> <th data-bbox="981 644 1601 730">Procedure</th> </tr> </thead> <tbody> <tr> <td data-bbox="752 730 981 831">&lt;£5K</td> <td data-bbox="981 730 1601 831">           No quotation process:           <ul style="list-style-type: none"> <li>Obtain best value</li> </ul> </td> </tr> <tr> <td data-bbox="752 831 981 1070">&gt;£5K-£25K</td> <td data-bbox="981 831 1601 1070">           Informal quotes:           <ul style="list-style-type: none"> <li>Minimum of 3 informal quotes</li> <li>Price only or cost/quality/social value evaluation</li> <li>E-tendering portal not mandatory but can be used</li> <li>All quotes must be submitted with the requisition</li> <li>Most advantageous quote will be successful</li> </ul> </td> </tr> <tr> <td data-bbox="752 1070 981 1303">£25K – Find a tender (was OJEU<sup>2</sup>)</td> <td data-bbox="981 1070 1601 1303">           Formal quotes:           <ul style="list-style-type: none"> <li>Minimum of 3 formal quotes</li> <li>One local quote where possible<sup>3</sup></li> <li>Cost/quality/social value evaluation</li> <li>E-tendering portal mandatory; advertising optional</li> <li>Most advantageous quote will be successful</li> </ul> </td> </tr> </tbody> </table>	Limit (Total Contract Value) <sup>1</sup>	Procedure	<£5K	No quotation process: <ul style="list-style-type: none"> <li>Obtain best value</li> </ul>	>£5K-£25K	Informal quotes: <ul style="list-style-type: none"> <li>Minimum of 3 informal quotes</li> <li>Price only or cost/quality/social value evaluation</li> <li>E-tendering portal not mandatory but can be used</li> <li>All quotes must be submitted with the requisition</li> <li>Most advantageous quote will be successful</li> </ul>	£25K – Find a tender (was OJEU <sup>2</sup> )	Formal quotes: <ul style="list-style-type: none"> <li>Minimum of 3 formal quotes</li> <li>One local quote where possible<sup>3</sup></li> <li>Cost/quality/social value evaluation</li> <li>E-tendering portal mandatory; advertising optional</li> <li>Most advantageous quote will be successful</li> </ul>	Board of Directors	Amendments approved.
Limit (Total Contract Value) <sup>1</sup>	Procedure											
<£5K	No quotation process: <ul style="list-style-type: none"> <li>Obtain best value</li> </ul>											
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Ref	Agenda Item	Issue and Lead Officer		Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		Find a tender (was OJEU <sup>2</sup> )	<ul style="list-style-type: none"> <li>• E-tendering portal mandatory</li> <li>• Advertise on relevant portals</li> <li>• Cost/quality/social value evaluation</li> <li>• Most advantageous tender will be successful</li> </ul>		
		<p>Notes:</p> <ol style="list-style-type: none"> <li>1. Excluding VAT.</li> <li>2. Currently £115.633K.</li> <li>3. Local to be defined as a base within South Yorkshire &amp; Bassetlaw or with a "S/DN" post code.</li> </ol> <p>The Committee will receive for its January meeting proposed strengthened wording in relation to tender waivers.</p>			
5	Write off of Historic Overseas Debts	<p>The Committee received a report describing the history of debt accumulation for overseas visitor charges:</p> <ol style="list-style-type: none"> <li>a. £151,297.64 over 69 invoices, spanning a time-period of debt having been incurred from May 2014 to October 2021;</li> <li>b. £12,413.50 over 1 invoice.</li> </ol> <p>A new procedure for writing-off uncollectable overseas debts from the Aged Debt report, had been introduced, while still holding a permanent record of these debts in a separate section of the Trust's general ledger for Border Control purposes.</p> <p>There are increased numbers of debts from 2019 onwards as the Trust has made significant improvements in the process to identify overseas visitors at the time of treatment. Therefore, more invoices were raised for treatment from 2019 onwards than had been raised previously.</p>		Board of Directors	Approved.

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<p>The Audit Committee approved the write off of the 69 invoices, as they were within their delegated limit in accordance with the Standing Financial Instructions. The one invoice over £10,000 would require approval by the Board of Directors.</p>		

<b>Subject:</b>	<b>People Committee: 21 October 2022 CHAIR'S ASSURANCE LOG – PART 1 AGENDA</b> <b>Quorate: Yes</b>	Ref P170/22iv	<b>BoD: 04/11/2022</b>
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### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> People Committee	<b>Date:</b> 21 October 2022	<b>Chair:</b> Jo Bibby
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	People Committee Workshop Feedback	<p>The Committee discussed the outcomes from the workshop held on 17 August 2022. The workshop focused on the Trust's People Strategy and the NHS People Plan.</p> <p>The Committee agreed that agenda items moving forward will require more structure and clearer strategic intent. The Committee will use the BELL framework (Build, Engage, Lead and Learn) to structure the agenda and develop the annual work plan.</p>	Board of Directors	To note
2	Workforce Report	<p>The Committee received and noted the Workforce report highlighting the following:</p> <ul style="list-style-type: none"> <li>• Sickness absence for September increased to 6.67% remaining above target.</li> <li>• The appraisal season closed with only one Division achieving the target of 90%.</li> <li>• Core MAST training is currently 7% above target at 92%</li> </ul>	Board of Directors	Assured



Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
3	WRES and WDES Annual Reports	<p>Further work had been carried out on both reports to highlight the priority areas for action. The Committee noted that the next steps as articulated within the action plans would continue to be developed during the course of the year.</p> <p>The Chair of the Committee, Trust Chairman and Director of Workforce will meet for final sign off prior to publication on the Trust's public website.</p>	Board of Directors	Assured
4	Risk Register and Board Assurance Framework (BAF)	<p>The Committee discussed the risk register and BAF aligned to it and noted an emerging risk relating to medical staffing.</p> <p>The Committee was assured on the process and noted the progress made in relation to action planning.</p>	Board of Directors	Assured

# Board of Directors Meeting

## 04 November 2022

<b>Agenda item</b>	P171/22(i)
<b>Report</b>	<b>Risk Appetite Statement</b>
<b>Executive Lead</b>	Angela Wendzicha, Director of Corporate Affairs
<b>Link with the BAF</b>	Links with all BAF Risks
<b>How does this paper support Trust Values</b>	The paper supports all Trust values
<b>Purpose</b>	For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	The Board carried out the annual review of its Risk Appetite during the Strategic Board Session on 07 October 2022. The following paper crystallises the decisions made at the aforementioned Strategic Session and was further discussed at the Audit and Risk Committee on 28 October 2022. The Audit and Risk Committee recommended the revised Risk Appetite Statement be formally approved at the November Public Board meeting.
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at the meeting)	The paper has been generated following discussions at the October Strategic Board Session and further discussed at the Audit and Risk Committee on 28 October 2022.
<b>Board powers to make this decision</b>	The Board has the power to make this decision in accordance with matters reserved to the Board.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	Following approval, a programme of training will commence within the Trust to ensure staff are aware of the agreed risk appetite and the need to have regard to this when making any business decisions and assessing risk.
<b>Recommendations</b>	It is recommended that the Board approve the revised Risk Appetite.
<b>Appendices</b>	Risk Appetite Report

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**Risk Appetite Statement**

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**Angela Wendzicha**  
**Director of Corporate Affairs**  
**October 2022**

## 1. Introduction

1.1 The purpose of an organisational risk appetite is to articulate clearly what risks the Trust Board is willing, or indeed unwilling to take in order to achieve the Strategic Ambitions as described in the Trust's new 5 Year Strategy. It is the amount and type of risk that the Trust is prepared to pursue, retain or take in carrying out the aforementioned Strategic Ambitions. In accordance with recent guidance from the Good Governance Institute <sup>1</sup> it is important that Boards understand and apply the agreed Risk Appetite because:

- If the Board does not know what the organisation's collective risk appetite for risk and the reason for it, it may lead to erratic or inopportune risk taking this exposing the organisation to risk it cannot tolerate or an overly cautious approach may stifle growth and development;
- If the Board does not know the level of risks that are legitimate for them to take, then service improvements may be compromised.

1.2 In addition to the above, it is important that the Trust develops and agrees its Risk Appetite as this assists the organisation to establish thresholds of risk that the Board is willing and able to absorb in pursuit of organisational ambitions, which may or may not be limited to financial loss.

1.3 The concept of calculated risk and acceptable loss is often challenging to reconcile with the nature of healthcare, however, if properly applied and maintained, an understanding of our Risk Appetite should result in improved organisational health allowing resources to be prioritised and allocated where most needed to support the management of risks to achieving our Strategic Ambitions whilst maintaining and demonstrating value for money.

1.4 In summary, the benefits of adopting a Risk Appetite include supporting informed decision making; reducing uncertainty; improving consistency across governance mechanisms and decision-making; supporting performance improvement; focusing on priority areas within the Trust and informing spending review and resource prioritisation processes.

1.5 The Audit and Risk Committee reviewed this report at its meeting on Friday 28 October 2022 and recommended that Board approve the final position.

## 2. Risk Appetite 2021-22

2.1 The Trust Board reviewed the Risk Appetite and Risk Tolerance scores at a Strategic Board session on 06 August 2021 and agreed the following:

Category	Risk Appetite	Risk Tolerance Score
Clinical Innovation	Moderate (with the caveat that if affects outcome it will be lower)	12-15

<sup>1</sup> Good Governance Institute: Board Guidance on Risk Appetite (May 2020)

Commercial	Moderate	12-15
Compliance/Regulatory	Very Low	6-10
Financial/ Value for Money (VFM)	Low	6-10
Partnerships	Moderate	12-15
Reputation	Low	6-10
Quality – Patient Experience	Low	6-10
Quality – Patient Safety	Very Low	1-5
Quality – Clinical Effectiveness	Very Low	1-5
Workforce	Moderate	12-15
Environment	Low	6-10
Estates	Very Low	1-5
Information Governance	Low	6-10
IT Cyber	Low	6-10
Fire Safety/General Security	Very low	1-5
Business/Service Interruption	Low	6-10

### 3. Review of the Trust Risk Appetite 2022-23

3.1 The Trust Board reviewed the current Risk Appetite at the Strategic Board Session on 07 October 2022. Following debate and discussion, some changes were agreed as described below. For ease of reference the changes are highlighted in red.

Very Low (1-5)	Low (6-10)	Moderate (12-15)
Compliance/Regulatory Including Information Governance and Cyber Security	Reputation	Clinical Innovation
Quality – Patient safety Including Clinical Effectiveness and Patient Experience (including equality)	Financial and Value for Money	Commercial
Business Continuity (includes Digital, Cyber Security)	Estates (including fire safety)	Partnerships
		Workforce

3.2 In order to facilitate wider organisational learning around risk appetite and what that means in practice when staff are reviewing risks, the following Risk Appetite Matrix has been developed and aligned to the categories within the 5 Year Strategy as a result of the above changes to the Risk Appetite:

Category	Risk Appetite	Risk Tolerance Score
<b>Patients:</b> Quality	<b>Very low:</b> The Trust has no appetite for decisions/risks that compromise patient safety, adversely affect the experience of our service users or compromise any improvement in outcomes.	1-5
<b>Our Partners, Rotherham:</b> Partnerships	<b>Moderate:</b> The Trust has an open risk appetite for partnerships which may support and benefit the communities we serve.	12-15
<b>Our Partners, Rotherham:</b> Reputation	<b>Low:</b> The Trust is prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fall out.	6-10
<b>Us:</b> Workforce	<b>Moderate:</b> We are prepared to accept the possibility of some workforce risk as a direct result from innovation as long as there is the potential for improved recruitment and retention and development opportunities for staff.	12-15
<b>Delivery:</b> Regulatory Compliance	<b>Very low:</b> The Trust will avoid decisions that may compromise the Trust's compliance with its Statutory duties and Regulatory requirements.	1-5
<b>Delivery:</b> Financial and Value for Money	<b>Very low:</b> The Trust will only accept the possibility of limited financial risk but will support investment that helps grow the organisation subject to Value for Money being a primary concern.	1-5

<b>Delivery:</b> Business Continuity	<b>Very low:</b> The Trust has no appetite for risks that have the potential to compromise business continuity.	1-5
<b>Delivery:</b> Commercial and Innovation	<b>Moderate:</b> The Trust has a greater appetite to take considered risks to pursue partnerships, commercial gain and clinical innovation where positive gains can be anticipated within the constraints of the regulatory environment.	12-15

- 3.3 In addition to the above, the Audit Committee may be minded to recommend that the Board adopt an overarching Risk Appetite Statement based on good practice within the NHS and industry as follows:

*“The Rotherham NHS Foundation Trust recognises that its long term sustainability depends upon the delivery of Strategic Ambitions in addition to the ongoing relationships with service users, staff, public, regulatory and strategic partners. As such, The Rotherham NHS Foundation Trust will not accept risks that materially provide a negative impact on quality and patient safety.*

*In contrast, The Rotherham NHS Foundation Trust has a greater appetite to take considered risks in terms of their impact on organisational issues. The Trust has a greater appetite to pursue partnerships, commercial gain and clinical innovation in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.”*

#### 4. Recommendations and Next Steps

- 4.1 The Trust Board is asked to note and further discuss the Risk Appetite Statement as set out in Section 3.3 above.
- 4.2 The Trust Board is asked to discuss and agree the Risk Appetite and Risk Tolerance scores set out in Section 3.2 above.
- 4.3 Following any decisions at the Trust Board, the outcome will be communicated throughout the Trust and training provided on how staff can reference risk appetite in future decision making.

**Board of Directors Meeting  
04 November 2022**

<b>Agenda item</b>	P171/22(ii)
<b>Report</b>	<b>Board Assurance Framework</b>
<b>Executive Lead</b>	Angela Wendzicha, Director of Corporate Affairs
<b>Link with the BAF</b>	The paper links with the entire Board Assurance Framework.
<b>How does this paper support Trust Values</b>	The Board Assurance Framework is a key element that provides evidence of good governance and therefore supports all three core values Ambitious, Caring and Together.
<b>Purpose</b>	<b>For decision</b> <input checked="" type="checkbox"/> <b>For assurance</b> <input checked="" type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>The development of the new Board Assurance Framework has continued during Quarter 2. The People Committee, Quality Committee and Finance and Performance Committee have each reviewed the Strategic Board Assurance Risks aligned to them as follows:</p> <p><b>People Committee:</b> Discussed and approved the position in relation to Strategic Risk U4.</p> <p><b>Finance and Performance Committee:</b> Discussed and approved the position in relation Strategic Risk D5 and D6 and the new BAF Risk D7 relating to future financial risk.</p> <p><b>Quality Committee:</b> Discussed and approved the position in relation to Strategic Risk P1.</p> <p>The Board will continue to review and approve the recommended scores for Strategic Risks R2 and OP3.</p>
<b>Due Diligence</b>	The Board Assurance Framework position has been discussed at the relevant Board Committees prior to further scrutiny at the Audit and Risk Committee on 28 October 2022.
<b>Board powers to make this decision</b>	In accordance with the approved Matters Reserved to the Board, Internal Controls – the Board is required to ensure the maintenance of a sound system of internal control and risk management, including: <i>“Approval of the Board Assurance Framework”</i>
<b>Who, What and When</b>	The Director of Corporate Affairs will work with Executive colleagues in order to review and update the Board Assurance Framework on a monthly basis.



<b>Recommendations</b>	The Board is asked to : <ul style="list-style-type: none"><li>• Discuss and agree the position in relation to the Board Assurance Framework</li></ul>
<b>Appendices</b>	Board Assurance Framework

## 1. Introduction

- 1.1 The development of the new Board Assurance Framework (BAF) to align with the new 5 Year Strategy was commenced during Quarter 1. During this period, the Board approved a total of six Strategic Board Assurance Risks that will be monitored via the relevant Board Assurance Committees on the monthly basis with final approval by Trust Board on a quarterly basis. As discussion around the BAF strengthened, a new BAF risk D7 was developed in recognition of the future risk to the Trust's financial position.
- 1.2 The following report illustrates the discussion and decisions taken by the relevant Board Assurance Committees during Quarter 2.
- 1.3 The attached Board Assurance Framework was discussed at that Audit and Risk Committee on Friday 28 October concluding that the Committee was assured around the development and evidence of discussions around the BAF which was supported by colleagues from Internal Audit.

## 2. Outcome of the Reviews carried out in Quarter 2.

**P1: There is a risk we will not embed quality care within the 5 year plan because of lack of resources, capacity and capability leading to poor clinical outcomes and patient experience.**

### Risk aligned to the Quality Committee

- 2.1 The Chief Nurse and the Medical Director are the Executive Director leads for Strategic Risk P1. As part of the deep dive review process, the Chief Nurse met with the Director of Corporate Affairs and the Quality, Compliance and Risk Manager throughout Quarter 2 resulting in the following updates to the BAF Risk.

### Updates to the Controls and Mitigations

- 2.2 **C1:** Additional assurance of monthly reporting to the CQC on matters relating to UECC with submission of evidence against the recent conditions submitted on 12 September 2022.
- 2.3 **C2:** Outcomes from the Tendible Audits now included as part of the Quarterly reports to Quality Committee from the Patient Experience Committee presented at the August Quality Committee; the next report is due in November 2022.
- 2.4 **C7:** The revised Quality Improvement and Quality Assurance Report (incorporating CQC) was presented at the October Quality Committee.
- 2.5 **C7** – An additional control and assurance level has been added relating to the inclusion of a Quality Improvement and Quality Governance Assurance Priority within the Operational Plan.
- 2.6 **C8** – The scoping exercise relating to the Serious Incident Investigation process has been completed and therefore moved into a control.

## Updates to the Gaps in Controls and Mitigations

- 2.7 **G1:** Recruitment for the Head of Quality Improvement was noting to be progressing in September.
- 2.8 **G3:** In relation to the revised Serious Incident Investigation process, a paper will be submitted to the Executive Team Meeting on 6 October 2022 relating to the revised process.
- 2.9 **G5** – An additional action to recruit, on a temporary basis, additional Clinical Education posts from the existing CPD funding has been added as an action to support closing the gap around lack of oversight and training and education for nurses and midwives.
- 2.10 **G5:** The work to restructure existing teams has been completed and nursing input has now been established in relation to the distribution of funds. The development of a Trust wide Education Plan for Nurses, Midwives, Allied Health Professionals and Non-Registered workforce has commenced but the timescale for completion has been extended from September to December 2022.
- 2.11 **G6** – A new gap (G6) has been added in relation to the lack of a central quality governance department, including actions to mitigate with an overall end date for completion of October 2022.
- 2.12 **G6:** The task and finish group established to identify the structure required for the Quality Governance Department has now completed the work and the last meeting of the group took place on 14 September 2022. The business case to support recruitment to key posts in the central Quality Governance Team was presented to the Executive Team Meeting on 15 September 2022.
- 2.13 **G7** – An additional gap in control was identified at the Quality Committee in July 2022 relating to lack of clarity around resuscitation mandatory training. The Committee requested a deep dive review with the outcome of the aforementioned review to be discussed at the August Committee.
- 2.14 **G8:** Safeguarding: The Annual Self-Assessment relating to Safeguarding has been completed and submitted to RMBC in August 2022. A confirm and challenge meeting took place on 12 September 2022 and the Trust is awaiting the final written report. In addition the Trust has commissioned an External Review of Safeguarding policies and procedures with the report due 3 October 2022. A further review of the Gap G8 will be carried out once the aforementioned reports have been received.
- 2.15 **G9:** Lack of evidence of outputs relating to clinical audits and the monitoring of the same was a new gap in control identified in September.
- 2.16 **G10:** Backlog of reviews against NICE Guidance was identified as a new gap in September.

## 3. Review of the Risk Score relating to P1

- 3.1 The initial score agreed for Quarter 1 was a score of 16 whereby the consequence was graded as a 4 ( Major), defined in accordance with the 2008 Risk Matrix for Risk Managers as

'noncompliance with national standards with significant risk to patients if unresolved, low performance rating, critical report'. It is proposed the consequence score remains the same at 4 (Major).

- 3.2 The initial likelihood score agreed for Quarter 1 was 4 (Likely) defined in accordance with the aforementioned matrix as 'will probably happen/recur but is not a persisting issue. It is proposed that likelihood score remains the same at 4 (Likely).

Taking the above into consideration, it is recommended the risk score remains at 16.

**R2: There is a risk we will not establish ourselves as leaders in improving the lives of the population we serve because of insufficient influence at PLACE leading to increased health inequalities.**

#### **Risk aligned to the Board**

4. It is recommended that the score remains at 12.

**OP3: There is a risk that robust service configuration across the system will not progress and deliver seamless end to end patient care across the system because of lack of appetite for developing strong working relationships and mature governance processes leading to poor patient outcomes.**

#### **Risk aligned to the Board**

5. It is recommended that the score remains at 12.

**U4: There is a risk that we will not develop and maintain a positive culture because of insufficient resources and the lack of compassionate leadership leading to an inability to recruit, retain and motivate staff.**

#### **Risk aligned to People Committee**

6. The Director of Workforce is the Executive Director lead for the current BAF Risk U4. As part of the review process, the Director of Corporate Affairs and the Quality, Compliance and Risk Manager met with the Director of Workforce throughout Quarter 2 (noting the People Committee did not sit in August and used the time for a development session) resulting in the following amendments:

- a) The initial gap in control (G1) relating to the completion of the funding application for NHS Charities Together for psychological support has been completed and there has been moved to a control and mitigation level (C8).
- b) Additional controls and mitigations have been added to the Risk as follows:
  - i) C7 – An amendment from 'ESR' to E-roster has been made in the descriptor and the outcome of the Internal Audit Report has been added to the assurance level.
  - ii) C9 – Reciprocal Mentoring has been added as a control.
  - iii) C10 – The joint compassionate leadership session facilitated by Professor Michael West has been added. In addition, the Trust has 10 places on the Leadership Academy Compassionate Leadership 'train the trainer' course.

- iv) C11 – The Executive Team have recently approved funding for protected time for trade unions and this has been added as an additional control and mitigation.
- v) C1 - Reports on progress against the People Strategy will now include elements of the BELL Framework.
- vi) C3 – The adoption of the Behavioural Framework within the Trust is now an agenda item on the Executive Team weekly meetings. It has also been included within the upcoming Appraisal Season review; this is to be completed late 2022.
- vii) C4 - All Divisions attended the Joint Partnership Forum to detail current action plans on the 21st July 2022.
- viii) C8 – The Trust is now part of the national programme ‘Flex for the Future’ encouraging staff engagement.
- ix) C9 – The Workforce Enabling Group was held 8th September 2022, second cohort to include external stakeholders from Rotherham PLACE (Integrated Health & Social Care Plan).

7. The BAF Risk U4 was initially graded with a consequence of 4, which in accordance with the aforementioned risk matrix relates to uncertain delivery of key objectives/service due to lack of staff, unsafe staffing levels or competence (>5 days), very low staff morale and no staff attending mandatory/key training. The likelihood was deemed to be a score of 3 which is ‘possible, might happen or recur occasionally.’
8. Consideration has been given to the consequences of the Strategic Risk U4 which will be low morale, lack of staff retention and remains at a score of 4. Given the additional controls and mitigations in place, the likelihood of the risk materialising has been reduce to a score of 2 which is ‘unlikely, do not expect it to happen/recur but it is possible it may do so.’
9. As a result of the recent review, the recommended score for BAF Risk U4 has been reduced from a 12 to 8 and it is recommended that this remains at **8**.

**D5: There is a risk that we will not deliver safe and excellent performance because of insufficient resource (financial and human resource) leading to an increase in our patient waiting times and potential for patient deterioration and inability to deliver our Operational Plan.**

#### **Risk aligned to Finance and Performance Committee**

10. The Director of Finance and the Chief Operating Officer are the Executive Director leads for Strategic Risk D5. As part of the deep dive review process, the Director of Corporate Affairs and the Quality, Compliance and Risk Manager met with the Director of Finance and Chief Operating Officer in early July 2022 resulting in the following amendments highlighted in red on the attached Board Assurance Risk report.
11. The following changes were noted to BAF Risk D5:
  - a) C1- Weekly performance reports are presented to the Executive Team Meeting which has recently seen a significant increase in the time patients are waiting within Urgent and Emergency Care in addition to increased waiting times for patients to see a clinician.

- b) Clarity has been provided to Control C3 in that weekly length of stay reviews take place and a new Discharge Group has been established chaired jointly by the Director of Operations and the Deputy Chief Nurse has been established
  - c) An additional control had been added (C7) relating to the new weekly Acute Performance Meeting chaired by the Interim Chief Executive provides greater weekly oversight of performance.
  - d) Two additional gaps in controls or assurance have been identified and added as follows:
    - i) G4: Insufficient oversight of our waiting lists has been added as a gap. The identified mitigation is the establishment of a Patient Tracking List (PTL) Group in order to ensure the Trust maintains a robust targeted waiting list.
    - ii) G5: National guidance has not, as yet been received in relation to Urgent Care Metrics and as such, the Trust continues to operate as a Field Test Site.
12. The initial score agreed for Quarter 1 was a score of 9 whereby the consequence was graded as a 3 (Moderate) defined, in accordance with the 2008 Risk Matrix for Risk Managers as 'late delivery of key objectives/service due to lack of staff, unsafe staffing levels or competence (>1day); low staff morale; poor staff attendance for mandatory/key training. It is proposed that the consequence remains at 3(Moderate).
13. The initial likelihood score of 3 (Possible) defined as 'might happen or recur occasionally was agreed during Quarter 1. In light of the increased waiting times within UECC and the gap relating to a robust PTL Group, the likelihood score has been increased to 4 (Likely) in that it will probably happen/recur, but it is not a persisting issue/circumstances.
14. As a result the revised score for Strategic Risk D5 has remained at the increased score of 12.

**D6: There is a risk that we will not be able to deliver our services because we have not delivered on our Financial Plans for 2022-23 in line with national and system requirements.**

**Risk aligned to Finance and Performance Committee**

15. The Director of Finance is the Executive Director Lead for Strategic Risk D6 and the outcome of the recent review is set out below as follows:
- a) C8 – A new control and assurance level has been added given that financial forecasts have been completed for Divisional and Corporate areas which will be monitored via the Finance Reports to Finance and Performance Committee.
  - b) C9 – The Divisional Budgets have now been signed off and therefore this has moved from a gap in controls and assurance (G3) to a new control and assurance (C9).
  - c) C10 - The final CIP plan has been signed off and therefore this has moved from a gap in controls and assurance (G2) to a new control and assurance level (C10)
  - d) G4 - A new gap has been identified and added linked to the Divisional and Corporate financial forecasts insofar as whilst they have been agreed, they have not, as yet come to fruition and will be monitored via the monthly check and challenge meetings with the relevant Divisional and Corporate areas.
16. The initial score agreed for Quarter 1 was a score of 9 with a consequence score of 3 (Moderate). The initial likelihood score was 3 (Possible).

17. Taking the additional gaps in controls and assurance and given that additional monitoring of the progress against the agreed CIP programme and Divisional and Corporate budget monitoring is required it is recommended the risk score remains at **9**.

**D7: There is a risk that we will not be able to sustain services in line with national and system requirements because of a potential deficit in 2023-24 leading to further financial instability.**

18. BAF Risk D7 is a new risk identified during Quarter 2 that looks ahead to the potential future financial situation for the Trust. A number of gaps in controls have been identified and the risk continues to be under review as the financial picture changes.
19. Given the current position, the risk has been graded initially at **15** and will be further discussed at the Finance and Performance Committee in October 2022.

## **Recommendations**

The Board is asked to:

- Discuss and note the progress made in the development of the Board Assurance Framework;
- Note the recommendations from the Assurance Committees in relation to the risk scores for Quarter 2.

**Angela Wendzicha**  
**Director of Corporate Affairs**  
28 October 2022

Board Assurance Framework Overview for Quarter 3

Ambition	Strategic Risk			Original Score LxC	Score Q1	Score Q2	Score Q3	Target Risk Score	Movement	Risk Appetite/ Risk Tolerance
	There is a Risk that....	Because.....	Leading to.....							
<b>Patients: We will be proud that the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them.</b>	<b>P1: we will not embed quality care within the 5 year plan</b>	<b>..of lack of resource, capacity and capability</b>	<b>..poor clinical outcomes and patient experience</b>	4(L)x 4(C)=16	16	16	16	3(L)x4(C) =12		Minimal (1-5)
<b>Rotherham: We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve.</b>	<b>R2:we will not establish ourselves as leaders in improving the lives of the population we serve</b>	<b>..of insufficient influence at PLACE</b>	<b>..increased ill health and increased health inequalities</b>	3(L)x4(C) =12	12	12	12	2(L)x4(C) =8		Open (12-15)
<b>Our Partners: We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care.</b>	<b>OP3: robust service configuration across the system will not progress and deliver seamless end to end patient care across the system</b>	<b>..of lack of appetite for developing strong working relationships and mature governance processes</b>	<b>..poor patient outcomes</b>	3(L)x4(C) =12	12	12	12	2(L)x4(C) =8		Cautious (6-10)
<b>Us: We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work.</b>	<b>U4: we do not develop and maintain a positive culture</b>	<b>..of insufficient resources and the lack of compassionate leadership</b>	<b>..an inability to recruit, retain and motivate staff.</b>	2(L)x4(C) =12	12	8	8	2(L)x4(C) =8		Open (12-15)
<b>Delivery: We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation</b>	<b>D5: we will not deliver safe and excellent performance</b>	<b>..of insufficient resource (financial and human resource)</b>	<b>..an increase in our patient waiting times and potential for patient deterioration and inability to deliver our Operational Plan.</b>	4 (L)x3(C) = 12	9	12	12	2(L)x2(C) =4		Minimal (1-5)
	<b>D6: we will not be able to deliver our services</b>	<b>..we have not delivered on our Financial Plans for 2022-23 in line with national and system requirements</b>	<b>..financial instability and the need to seek additional support to deliver our services.</b>	3(L)x3(C) = 9	9	9	9	2(L)x2(C) =4		Minimal (1-5)
	<b>D7:we will not be able to sustain services in line with national and system requirements</b>	<b>...of a potential deficit in 2023-24</b>	<b>...to further financial instability</b>	3(L)x5(C) = 15	-	15	15	3(L)x5(C) = 15		Minimal (1-5)



Strategic Theme: Patients		Risk Scores				Risk Movement				Board Assurance 2022-23			
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance					Current	Q1	Q2	Q3	
<b>Strategic Ambition:</b> Patients: <i>We will be proud that the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them</i>  <b>Link to Operational Plan:</b> P1: <i>Empower out teams to deliver improvements in care</i>	P1	4(L)x4(C)=16	16	3(L)x4(C)=12	Moderate (12-15)  Low (1-5)					16	16	16	16
						<b>BAF Risk Description</b>  P1: There is a risk that we will not embed quality care within the 5 year plan because of lack of resource, capacity and capability leading to poor clinical outcomes and patient experience for our patients.				<b>Linked Risks on the Risk Register &amp; BAF Risks</b>  Risk 5485; Risk 6614; Risk 6545; Risk 6623; Risk 5950; Risk 6075; Risk 6591; Risk 6668; Risk 4897; Risk 6142; Risk 6638; Risk 5238; Risk 5761; Risk 6569.			
<b>Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)</b>		<b>Assurance Received (what evidence have we received to support the control)</b>		<b>Date Assurance Received</b>	<b>Confirmed By:</b>	<b>Assurance Level</b> Level 1 = Operational Level 2 = Internal Level 3 - Independent							
C1	CQC Delivery Group in place with oversight of 'must do and should do' actions from the 2021 CQC Report	Receipt of monthly assurance reports relating to progress against actions  Monthly reporting to CQC in relation to Conditions on Registration.		July 2022 9 Aug 2022	Deputy CEO	Level 1							
C2	Established Tendable Audit Programme	Outcome reports received by Quality Committee  Audit reporting programme now established, now included in Patient Experience Committee report to Quality Committee – next report due November 2022		July 2022 August 2022	Chief Nurse	Level 1							
C3	Agreed Quality Priorities in place	Progress reports received by Quality Committee quarterly		May 2022	Chief Nurse	Level 1							
C4	Implementation of actions following Patient Surveys	Progress reports received by Patient Experience Committee and monitored via Quality Committee		Aug 2022		Level 1							
C5	Coordinated approach for learning from deaths	360 Assure Report with Limited Assurance		July 2022	Medical Director	Level 3 (negative)							
C6	Partnership working with Barnsley NHSFT	Quarterly peer reviews carried out re Quality Assurance (Q1 – Surgery)		TBC	Chief Nurse/Medical Director	Level 3 – Awaiting final outcome report							
C7	Quality Improvement & Quality Governance Assurance Priority within Operational Plan	Bi-monthly updates to Quality Committee		Due Oct 2022	Chief Nurse	Revised Quality Improvement and Quality Assurance Report due in October 2022 will incorporate the CQC assurance report.							
C8	Serious Incident Investigation Scoping exercise completed.				Chief Nurse								

Gaps in Controls or Assurance Quarter 1 2022-23		Actions Required	Action Owner	Date Action Commenced	Date Action Due	Progress Update
G1	Lack of suitable Quality Improvement methodology linked to the Operational Plan	Complete business case for Quality Improvement Faculty	Chief Nurse	June 2022		Business Case Brief discussed at the Executive Team meeting June 2022 Partial Business Case approved at Executive Team Meeting June 2022 for recruitment of Head of Quality Improvement and MD (2 PA's) for Quality Improvement – Job descriptions to be completed. <b>Recruitment for Head of Quality Improvement – interviews 14/10/2022</b>
		Complete Job Descriptions for Head of Quality Improvement and MD for Quality Improvement (2 PA's)	Chief Nurse & Medical Director	July 2022	September 2022	
		Review next stage Business Case	Chief Nurse & Medical Director	August 2022	September 2022	
G2	Lack of Quality Service Implementation and Redesign (QSIR)	QSIR methodology agreed	Chief Nurse & Medical Director	June 2022	June 2023	Cohort 1 completed the training. Cohort 2 to commence in October 2022 and Cohort 3 in March 2023. <b>Update presentation to Board undertaken. Cohort 2 starts 19/10/2022</b>
G3	Embed strengthened Serious Incident Investigation Process	Complete review of the Serious Incident Investigation Process	Chief Nurse & Medical Director	June 2022	July 2022	Scoping exercise has been completed by external team supporting Quality Improvement work
		Embed approved SI Process	Chief Nurse & Medical Director		October 2022	<b>A paper will be submitted to the Executive Team Meeting on 20 October 2022.</b>
G4	Lack of thematic reviews following Structured Judgement Reviews	Implement actions from 360 Assure Learning from Deaths report	Medical Director		July 2022	<b>Positive thematic reviews received for Surgery and Paediatrics. Business case to ETM by end of October 2022, draft received at Mortality meeting w/c 03/10/2022.</b>
G5	Lack of oversight of education and training for nurses, midwives, Allied Health Professionals and Non-registered workforce	Consultation to restructure existing teams	Deputy Chief Nurse	July 2022	September 2022	<b>Completed – additional adverts out 10/10/2022.</b>
		Establish nursing input in distribution of funds	Deputy Chief Nurse	July 2022	September 2022	
		Development of Trust wide Education Plan for Nurses, Midwives, Allied Health Professionals, and Non-Registered workforce linked to Training Needs Analysis	Deputy Chief Nurse	July 2022	September 2022	
		Additional Clinical Education posts from CPD funding on a temporary basis.	Deputy Chief Nurse	July 2022	November 2022	<b>Completed</b>
G6	Lack of central Quality Governance Department	Task and Finish Group established to identify the structure required.	Chief Nurse	June 2022	August 2022	<b>Completed</b>
		Review of reporting structure for Divisional Governance Leads	Chief Nurse	July 2022	September 2022	
		Recruit into key posts to support the central Governance Team	Chief Nurse	August 2022	October 2022	<b>Business case approved Executive Team Meeting 15 September 2022, follow up paper to identify governance structure to ETM 20/10/2022.</b>
G7	Lack of clarity on mandatory training compliance relating to resuscitation training	Quality Committee to receive a deep dive report at the next Committee in August 2022.  Recruitment in progress for a second Resus trainer.	Interim Medical Director	July 2022	October 2022	On the August Committee Agenda –

							Second Resus Officer appointed, to start November 2022	
<b>G8</b>	Safeguarding: Evidence required on adherence to relevant policies and procedures	Annual Self-Assessment submitted to RMBC.  Confirm and Challenge Meeting  External Review Commissioned by the Trust of Safeguarding	Chief Nurse  RMBC & Chief Nurse  Chief Nurse	August 2022  12 September 2022  September 2022		Report due in October 2022	Completed – positive written feedback received  Completed  External review took place 05/10/2022, positive preliminary feedback received for Maternity and Paediatrics. Opportunities identified for improvements in Adults	
<b>G9</b>	Lack of evidence of outputs from Clinical Audits	Review and monitor via the new Clinical Effectiveness Committee	Interim Medical Director	September 2022	TBC following Clinical Effectiveness Committee		<b>First meeting in September 2022</b>	
<b>G10</b>	Backlog of review of NICE Guidance	Plan to be established for compliance and monitored via Clinical Effectiveness Committee	Interim Medical Director	September 2022	TBC following Clinical Effectiveness Committee in September 2022.		Initial Report to be sent to Quality Committee	
<b>G11</b>	Potential industrial action	Gap in lack of agreed plan at local and national level	Director of Workforce	Planned ballots underway				
<b>G12</b>	Increased CQC scrutiny	5 non urgent conditions on UECC Weekly reporting required for AMU	Chief Nurse	Weekly and monthly	October 2022			
<b>G13</b>	Extended period of working at Escalation Level 4	Completing pre-set requirements for escalation levels including Strategic and Tactical Meetings, and Business Continuity arrangements	Chief Operating Officer					

Strategic Theme: Patients Risk Scores										
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement	Board Assurance 2022-23				
<b>Strategic Ambition:</b> Rotherham: <i>We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve.</i>  <b>Link to Operational Plan:</b> R2: <i>Ensure equal access to services</i>	R2	3(L)x4(C)=12	12	2(L)x4(C) =8	Open (12-15)		Current	Q1	Q2	Q3
							12	12	12	12
<b>BAF Risk Description</b>						<b>Assurance Committee</b>				
R2: There is a risk that we will not establish ourselves as leaders in improving the lives of the population we serve because of insufficient influence at PLACE leading to increased ill health and increased health inequalities						<b>Trust Board Deputy Chief Executive</b>				
<b>Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)</b>		<b>Assurance Received (what evidence have we received to support the control)</b>		<b>Date Assurance Received</b>	<b>Confirmed By:</b>	<b>Assurance Level</b> Level 1 = Operational Level 2 = Internal Level 3 - Independent				
C1	Trust is a current member at PLACE Board	Trust Board receives reports from PLACE Board		September	Board minutes	Level 1				
C2	Trust is a member of Prevention and Health Inequalities Group	Feedback to be inserted in the next Board update		September	Board minutes	Level 1				
C3	Trust is a member of the Health and Wellbeing Board	Update to be inserted in Board report		September	Board minutes	Level 1				
C4	Deputy Chief Executive attends the Health Select Commission	Feedback to ETM		September	ETM minutes					
C5	PLACE Leadership meeting	Weekly attendance								
C6	Meetings three times per week with PLACE re discharges, social care pressures									
C7										
<b>Gaps in Controls or Assurance Quarter 1 2022-23</b>		<b>Actions Required</b>		<b>Action Owner</b>		<b>Date Action Commenced</b>	<b>Date Action Due</b>	<b>Progress Update</b>		
G1	Trust to be a member of the PLACE Committee of the ICB once established.			Deputy Chief Executive		Ongoing		Awaiting final confirmation from external source		
G2	Unknown entity around the ICB governance which is continuing to evolve and mature.			Deputy Chief Executive		Ongoing		Paper expected for the September Board		
G3	Incomplete data driven identification of Health Inequalities across elective and non-elective pathways.	Increase understanding of date around health inequalities.		Deputy Chief Executive			End Quarter 1	Increased clarity around waiting times, now reviewing DNA rates.		



Strategic Theme: Patients Risk Scores													
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement				Board Assurance 2022-23				
<b>Strategic Ambition:</b> Our Partners: We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care.  <b>Link to Operational Plan:</b> P3: Our Partners: Work together to succeed for our communities.	O3	3(L)x4(C)=12	12	2(L)x4(C) =8	Cautious (6-10)					Current	Q1	Q2	Q3
						12	12	12	12				
<b>BAF Risk Description</b>					<b>Linked Risks on the Risk Register &amp; BAF Risks</b>				<b>Assurance Committee</b>				
O3: There is a risk that robust service configuration across the system will not progress and deliver seamless end to end patient care across the system because of lack of appetite for developing strong working relationships and mature governance processes leading to poor patient outcomes.					Risk				Audit Committee and Trust Board Interim Chief Executive & Deputy Chief Executive				
<b>Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)</b>		<b>Assurance Received (what evidence have we received to support the control)</b>		<b>Date Assurance Received</b>	<b>Confirmed By:</b>	<b>Assurance Level</b> Level 1 = Operational Level 2 = Internal Level 3 - Independent							
C1	The Trust is a member of the South Yorkshire & Bassetlaw Acute Federation and Chaired by the Trust Chair	Monthly Reports received by the Trust Board		September		Level 1							
C2	Shared Chief Executive function between the Trust and Barnsley NHSFT	Completed		01 September 2022 substantive		Level 1							
C3	Existing collaboration with Barnsley on some clinical services					Level 1							
C4	Existing collaboration with Barnsley around Procurement function					Level 1							
C5	Joint Strategic Partnership developed	Quarterly meetings established from October and reports to Confidential Board											
C6	Exec to Exec time out arranged for November 2022												
<b>Gaps in Controls or Assurance Quarter 1 2022-23</b>		<b>Actions Required</b>		<b>Action Owner</b>		<b>Date Action Commenced</b>		<b>Date Action Due</b>		<b>Progress Update</b>			

<b>G1</b>	ICB becomes a legal entity on 01 July 2022	Confirmation required of emerging governance arrangements	Deputy CEO		September 2022		Paper to September Board.	<b>Completed</b>
<b>G2</b>								



Board Assurance Framework People Committee: Quarter 3

BAF Risk U4

Strategic Theme: Us		Risk Scores				Risk Movement		Board Assurance 2022-23			
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement		Current	Q1	Q2	Q3	
<p><b>Strategic Ambition:</b> Us: We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work.</p> <p><b>Link to Operational Plan:</b> P4: Commit to a focus on workplace wellbeing and compassionate leadership</p>	U4	3(L)x4(C)=12	2(L) x 4(C) =8	2(L)x4(C) =8	Open (12-15)			12	8	8	
<b>BAF Risk Description</b>						<b>Linked Risks on the Risk Register &amp; BAF Risks</b>		<b>Assurance Committee</b>			
U4: There is a risk that we do not develop and maintain a positive culture because of insufficient resources and the lack of compassionate leadership leading to an inability to recruit, retain and motivate staff.						Risk 6723, 6668, 6638, 6474		People Committee Director of Workforce			
<b>Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)</b>	<b>Assurance Received (what evidence have we received to support the control)</b>	<b>Date Assurance Received</b>	<b>Confirmed By:</b>	<b>Assurance Level</b> Level 1 = Operational Level 2 = Internal Level 3 - Independent							
C1 Board Approved People Strategy (2020)	Reports on progress against the People Strategy inclusion of BELL Framework			Level 1							
C2 Operational Workforce Group in place meeting monthly to support Divisions	Divisional presentations to People Committee on rotation to provide assurance on staff engagement and workforce metrics	September 2022	Report to People Committee	Level 1							
C3 Behavioural Framework in place within the Trust	Executive Directors weekly walk rounds Agenda item on Executive Team weekly meetings Included within Appraisal Season review to be evaluated late 2022	October 2022	Report to Execs	Level 1							
C4 Staff Survey Action Plans including: WDES, and WRES action plans	Progress against action plans monitored via Operational Workforce Group and People Committee All Divisions attended Joint Partnership Forum to detail action plans	21 July 2022	Reports to People Committee	Level 1							
C5 Trust has in place staff Inclusion networks (BAME, LGBT, Disability)	Various meetings take place on regular basis, reporting into Operational Workforce Group which in turn reports into People Committee	July 2022	Reports to People Committee	Level 1							
C6 Establishment Control Panel for recruitment of staff.	Meets on a weekly basis and reports into the Operational Workforce Group	October 2022	Ongoing activity	Level 1							



<b>C7</b>	Internal Audit Review of E-Roster	Report from 360 Assurance with Significant Assurance	<b>July 2022</b>	Final report received.	Level 3			
<b>C8</b>	Additional staff engagement sessions	Funding secured and sessions confirmed led by Head of Engagement reporting to the Operational Workforce Group  TRFT part of the national 'Flex for the Future'	<b>July 2022</b>		Level 1			
<b>C9</b>	Reciprocal Mentoring Programme in place	Progress reports to People Committee  Workforce Enabling Group  Second cohort to include external stakeholders from PLACE	8 Sept 2022	Ongoing	Level 1			
<b>C10</b>	Compassionate Leadership Joint session with Barnsley FT led by Professor Michael West.	Report to People Committee in July 2022	July 2022	Report received	Level 1			
<b>C11</b>	Executive Team approved funding for protected time for Trade Unions and staff side Chairs	Report to Executive Team	July 2022	Action completed	Level 1			
<b>Gaps in Controls or Assurance Quarter 1 2022-23</b>								
<b>G1</b>	Additional staff engagement sessions	Funding application for NHS Charities Together for psychological support Psychologist job now out for advert	Head of Engagement	June 2022	July 2022			Action completed and moved to an Assurance Level in July 2022 (C8)
<b>G2</b>	Leadership Programme in place	Identify suitable leadership development programme provider.	Deputy Chief Executive	TBC	TBC			Awaiting final sign off by Deputy CEO.

Strategic Theme: Delivery Risk Scores												
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement			Board Assurance 2022-23				
<p><b>Strategic Ambition:</b>  <i>Delivery: We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation</i></p> <p><b>Link to Operational Plan:</b>  <i>D5: Implement sustainable change to deliver high quality, timely and affordable care</i></p>	D5	3 (L)x3(C)=9	4 (L)x3=12	2x2=4	Minimal (1-5)		Current	Q1	Q2	Q3		
<b>BAF Risk Description</b>					<b>Linked Risks on the Risk Register &amp; BAF Risks</b>			12	9	12	12	
D5: There is a risk we will not deliver safe and excellent performance because of insufficient resource (financial and human resource) leading to an increase in our patient waiting times and potential for patient deterioration and inability to deliver our Operational Plan.					Risk 4897; Risk 6469; Risk 5761 and Risk 6569				Assurance Committee & Lead Executive Director			
<b>Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)</b>					<b>Assurance Received (what evidence have we received to support the control)</b>		<b>Date Assurance Received</b>		<b>Confirmed By:</b>		<b>Assurance Level</b> Level 1 = Operational Level 2 = Internal Level 3 - Independent	
C1	Monitoring waiting times of patients in UECC	Metric included in the Integrated Performance Report Weekly report to ETM	August 2022	Minutes of F&P	Level 1							
C2	Divisional Performance meetings chaired by the Deputy CEO.	Monthly reports within IPR to Finance and Performance Committee and Board Divisional Performance meetings with each CSU	July 2022	Chair's Log	Level 1							
C3	Monitoring right to reside and Length of Stay data	Monthly reports to Finance and Performance Committee and Board Weekly Length of Stay reviews Discharge Group chaired by Director of Operations & Deputy Chief Nurse	August 2022	Minutes of F&P	Level 1							
C4	Dental and medical workforce vacancy panel chaired by the Medical Director	Additional sessions for dental and medical workforce Additional sessions to address where there is greater need Report through to People Committee	July 2022	Notes of the panel	Level 1							
C5	Admission avoidance work remains ongoing	New Rotherham Urgent and Emergency Care Group established from September 2022, this replaced A&E Delivery Board and Urgent and Community Transformation Group. It is chaired by the Deputy Pace Director and deputy chair COO, part	July 2022		Level 1							A&E Delivery Board

		2 focuses on transformation and is led by TRFT Deputy CEO and Director of Adult Social for RMBC.						
C6	Executive Team oversight	Weekly receipt of Performance Report and Recovery Report	August 2022	ETM minutes	Level 1			
C7	New weekly Acute Performance Meeting chaired by CEO	Weekly oversight	August 2022		Level 1			
C8	Delays on patient discharge increasing length of stay in hospital and therefore the number of patients with no right to reside due to delays by external partners	Escalation meetings with external partners.  Oversight through the new Rotherham Place Urgent and Emergency Care Group (Previously the A&E Delivery Board)	COO	Ongoing				Regular meetings established to ensure oversight of actions required in response to current pressures, also to fast track changes to discharge to assess pathways for winter
<b>Gaps in Controls or Assurance Quarter 1 2022-23</b>								
	<b>Gaps in Controls or Assurance</b>	<b>Actions Required</b>	<b>Action Owner</b>	<b>Date Action Commenced</b>	<b>Date Action Due</b>		<b>Progress Update</b>	
G1	Insufficient acute inpatient beds	Finalise Business Cases and service model for SDEC (Completed and approved by FPC in September 2022) and AGU	COO	Q1	Q2		No need for business case for AGU; Implementation Plan required for the service model	
G2	National programme around Right to Reside under review	Receipt of National Guidance Clarity now received through guidance on 6 key metrics for winter, measured through assurance framework	COO					
G3	Ring-fence interim frailty assessment beds	ICS SDEC pathways confirmed.	COO				Frailty model and delivery plan commenced with weekly engagement meetings	
G4	Insufficient oversight of waiting lists	Establish PTL Group to develop robust patient targeted list	COO & Director of Operations	Q2	End Q2		Weekly access meeting commencing w/c 10/10/2022	
G5	Absence of movement nationally to urgent care metrics	Trust continuing to operate as a Field Test site.	COO	Ongoing	TBC nationally		Lack of clarity given new Health Minister announcement regards remaining with 4 hour standard	

Strategic Theme: Delivery		Risk Scores				Risk Movement	Board Assurance 2022-23			
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Current		Q1	Q2	Q3	
<b>Strategic Ambition:</b> Delivery: We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation		D6	3x3=9	3x3=9	2x2=4	Minimal (1-5)				
<b>Link to Operational Plan:</b> D5: Implement sustainable change to deliver high quality, timely and affordable care							9	9	9	9
<b>BAF Risk Description</b>						<b>Linked Risks on the Risk Register &amp; BAF Risks</b>				
There is a risk we will not be able to deliver our services because we have not delivered on our Financial Plans for 2022-23 in line with national and system requirements						No Risks on the Risk Register graded 15 and above linked with D6 BAF Risk				
<b>Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)</b>		<b>Assurance Received (what evidence have we received to support the control)</b>		<b>Date Assurance Received</b>	<b>Confirmed By:</b>	<b>Assurance Level</b> Level 1 = Operational Level 2 = Internal Level 3 - Independent				
C1	Finance and Performance Committee oversee budget reports	Budget reports presented to Finance and Performance Committee		August 2022	Minutes of F&P	Level 1				
C2	System wide delivery of Recovery	Director of Finance attends South Yorkshire DoF Group		July 2022		Level 1				
		Monthly Finance Report to CEO Delivery Group		July 2022	Minutes	Level 1				
		South Yorkshire Financial Plan Delivery Group				Level 1				
C3	Suitably qualified Finance Team in place	Team in place		N/A	N/A	Level 1				
C4	Established Capital Monitoring Group	Capital and Revenue Plan signed off by Board		June 2022	Board of Directors minute					
C5	Current Standing Financial Instructions in place	Reviewed and approved by Board		November 2021	Board of Directors minute	Level 1				
C6	Internal Audit Reports	Internal Audit Financial Reports		July 2022	Report	Level 3				
C7	Monthly challenge on performance	Monthly Divisional Assurance meetings		July 2022	Chair's Log to F&P					
C8	Clarity on Financial Forecast	Financial forecasts completed for Divisional and Corporate areas monitored within Finance Report		August 2022	Minutes of F&P	Level 1				
C9	Divisional Budgets signed off	Monitoring via Finance Reports		July 2022	Reports to F&P	Level 1				
C10	Final CIP Plan signed off	Monitoring via monthly reports		July 2022	Reports to F&P	Level 1				
									Moved from Gap 2 in July 2022	
									Moved from Gap 3 in July 2022	

<b>C11</b>	<b>Elective Recovery Fund payback</b>	Changing guidance on ERF means financial risk of having to repay income is removed	<b>October 2022</b>	<b>Report to F&amp;P</b>	<b>Level 1</b>		
<b>Gaps in Controls or Assurance Quarter 1 2022-23</b>							
		<b>Actions Required</b>	<b>Action Owner</b>	<b>Date Action Commenced</b>	<b>Date Action Due</b>	<b>Progress Update</b>	
<b>G1</b>	Lack of final sign off for submitted financial plan	Budget sign off required at System level	Director of Finance	Revised financial plan approved at Board in June 2022	June 2022	Signed off and complete	
<b>G2</b>	Final CIP required	Internal CIP requires final sign off	Director of Finance	Included within approved financial plan	June 2022	Signed off and complete Moved to control C10 July 2022	
<b>G3</b>	Divisional Budget sign-off	Complete Divisional Budget sign-off	Director of Finance	Director of Finance planning to sign-off 24/06/2022	June 2022	SH awaiting last two budgets Moved to control C9 July 2022.	
<b>G4</b>	Financial forecasts come to fruition	Monthly check and challenge with relevant Divisions and Corporate areas.	Director of Finance	July 2022	March 2023		

Strategic Theme: Us		Risk Scores					Board Assurance 2022-23			
BAF Risk Ref	Initial Score	Current Score	Target Score	Risk Appetite/Risk Tolerance	Risk Movement	Current	Q1	Q2	Q3	
<b>Strategic Ambition:</b> <i>Delivery: We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation.</i>  <b>Link to Operational Plan:</b> <i>D7: Implement sustainable change to deliver high quality, timely and affordable care</i>	D7	3(L)x5(C)=15	3 (L) x 5(C) =15	1(L)x5(C) =5	Minimal (1-5)		Current	Q1	Q2	Q3
								-	15	15
<b>BAF Risk Description</b>						<b>Assurance Committee</b>				
D7: There is a risk that we will not be able to sustain services in line with national and system requirements because of a potential deficit in 2023/24 leading to further financial instability.						<b>Finance and Performance Committee</b>  Director of Finance				
<b>Controls and Mitigations (what have we in place to assist in securing delivery of our ambition)</b>		<b>Assurance Received (what evidence have we received to support the control)</b>		<b>Date Assurance Received</b>	<b>Confirmed By:</b>	<b>Assurance Level</b> Level 1 = Operational Level 2 = Internal Level 3 - Independent				
C1	Improvement of clinical productivity to levels experienced in 2019/20 without central funding for outsourcing clinical activities	Monthly Elective Programme Meeting chaired by Sally Kilgaraff				L1				
C2										
C3										
C4										
C5										
<b>Gaps in Controls or Assurance Quarter 1 2022-23</b>		<b>Actions Required</b>		<b>Action Owner</b>	<b>Date Action Commenced</b>	<b>Date Action Due</b>	<b>Progress Update</b>			
G1	Unsustainable agency spend (Risk Now)	Weekly Agency Group meets, chaired by Michael Wright		Deputy CEO	Q1	Ongoing				
G2	Recurrently deliver CIP in 2023/24 (Risk Now)	CIP Group Monthly. PMO tracking CIP delivery. CIP report to F&PC monthly.		Deputy CEO	Q1	Ongoing				
G3	Adherence to expenditure Run Rate as per financial plan (Risk Neutral)	Monthly budget reports. Expenditure profile produced monthly throughout year. Reserves Policy in place. F&PC oversight. Internal audit systems budgetary control audit. External audit annual accounts.		Director of Finance						
G4	Potential reduction of cash balances due to	Situation acceptable currently, future risk		Director of Finance						

	expenditure higher than income which would result in late payments to suppliers. Impact to invest in capital projects. (Future Risk)							
<b>G5</b>	Loss of £4m Covid funding without ability to improve productivity back to 2019/20 levels (Future Risk)	Future income risk	Director of Finance					
<b>G6</b>	Increased cost improvement programme due to national reductions in funding to the South Yorkshire allocation linked to funding formula suggesting South Yorkshire is overfunded. (Future Risk)	Future income risk	Director of Finance					
<b>G7</b>	TRFT does not get access to any growth money allocated to PLACE. (Future Risk)	Future income risk	Director of Finance					

**Board of Directors' Meeting  
04 November 2022**

<b>Agenda item</b>	P172/22
<b>Report</b>	<b>Corporate Governance and Regulatory Update Report</b>
<b>Executive Lead</b>	Angela Wendzicha, Director of Corporate Affairs
<b>Link with the BAF</b>	Links with the full BAF
<b>How does this paper support Trust Values</b>	Supports all three Trust values.
<b>Purpose</b>	For decision <input type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>The following report highlights a number of developments in the governance arena since the last Board of Directors' meeting in addition to an update on the Regulatory matter with regards the Care Quality Commission:</p> <ul style="list-style-type: none"> <li>• CQC Prosecution</li> <li>• Addendum to Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors – System Working and Collaboration: Role of Foundation Trust Councils of Governors</li> <li>• Consultation into changes to the NHS Provider Licence.</li> </ul>
<b>Due Diligence</b>	This paper has not been received elsewhere prior to submission to the Board.
<b>Board powers to make this decision</b>	No decisions required by the Board.
<b>Who, What and When</b>	Any actions generated from further review of the publications will be led by the relevant Executive Director.
<b>Recommendations</b>	It is recommended that the Board note the content of the paper.
<b>Appendices</b>	None



## **1. Introduction**

- 1.1 The following report provides an overview of some regulatory and statutory developments and updates relevant to healthcare.

## **2. CQC Prosecution**

- 2.1 The Trust attended the Sheffield Magistrates Court on Wednesday 26 October 2022 and pleaded guilty to one charge brought under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 whereby the Trust failed to discharge its duty under the relevant legislation in providing safe care and treatment and exposed service users to significant risk of avoidable harm relating to incidents that occurred between January 2019 and February 2020.
- 2.2 The Trust received a fine of £200K plus a statutory surcharge of £170 and agreed costs of the CQC amounting to £33,000.68 to be paid to the court within 28 days.

## **3. Addendum to Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors – System Working and Collaboration: Role of Foundation Trust Councils of Governors**

- 3.1 The final addendum to the reference guide for Governors on their statutory duties was published on 27 October 2022. The addendum provides a focus and guide to the role of the council of governors within system working and collaboration.
- 3.2 The addendum is based on existing statutory duties described within the National Health Service Act 2006 as amended by the Health and Social Care Act 2021. Indeed, there is no change to the statutory duties for council of governors as set out in 2006 Act. The additional element relates to the principles regarding collaboration and system working as set out in the Health and Care Act 2022.
- 3.3 Given the final version has just been published, this will be reviewed in detail and further guidance and support given to the Council of Governors to enable them to carry out their statutory functions effectively.

## **4. Provider Licence: Consultation**

- 4.1 On 28 October 2022, NHS England launched a consultation on the proposed modifications to the NHS Provider Licence. The consultation is due to close on 09 December 2022.
- 4.2 The NHS Provider Licence was first introduced in 2013 and is held by all NHS Foundation Trusts and consists of six sections each containing high level conditions that providers must meet. The Provider Licence forms part of the oversight arrangements for NHS providers and serves as the legal mechanism for regulatory intervention.

4.3 Changes brought about by the Health and Care Act 2022 mean that changes are required to support system working within the new statutory framework. The proposed changes include:

- Supporting system working
- Enhancing the oversight of key services provided by the independent sector
- Addressing Climate Change
- Technical Amendments

4.4 A full review will be carried out of the documentation and further commentary provided to the Board in due course.

## **5. Conclusion**

The Board is asked to note the content of the report.

**Angela Wendzicha**  
**Director of Corporate Affairs**  
**28 October 2022**

# Board Planner

Event/Issue		2022							2023							Quarter 1					2024				
		Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March					
Action tracker log no.	TRUST BOARD MEETINGS	Forum		Forum		Forum		Forum		Forum		Forum		Forum		Forum		Forum		Forum					
		M6	M7	M8	M9	M10	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12					
	<b>PROCEDURAL ITEMS</b>																								
	Welcome and Apologies	Chair	•	•	•	•	•	•																	
	Quoracy Check	Chair	•	•	•	•	•	•																	
	Declaration of Conflicts of Interest	Chair	•	•	•	•	•	•																	
	Minutes of the previous Meeting	Chair	•	•	•	•	•	•																	
	Action Log	Chair	•	•	•	•	•	•																	
	Matters arising (not covered elsewhere on the agenda)	Chair	•	•	•	•	•	•																	
	Chairman's Report (part 1 and part 2)	Chair	•	•	•	•	•	•																	
	Chief Executive's Report (part 1 and part 2)	CEO	•	•	•	•	•	•																	
	<b>STRATEGY &amp; PLANNING</b>																								
	TRFT Five Year Strategy 6 month Review	CEO			•																				
	Operational Plan: 6 Month Review	DCEO			•																				
	Annual Operational Planning Guidance	DoF						•																	
	Winter Plan	COo			•																				
	Digital Strategy	CEO				•	•													•					
	Estates Strategy	DoF				•	•													•					
	Risk Management Policy	DoCA					•																		
	People Strategy	DoW																							
	Quality Improvement Strategy.	ChN																		•					
	Public and Patient Involvement Strategy	ChN																							
	Annual Operational Planning Guidance	DoF																		•					
	<b>SYSTEM WORKING</b>																								
	SYB ICS and ICP report	DCEO	•		•		•													•					
	SYB ICS CEO Report (included as part of CEO report)	CEO			•		•													•					
	Partnership Working	NED					•													•					
	<b>CULTURE</b>																								
	Patient Story	ChN			•																				
	Staff Story	DoW					•																		
	Annual Staff Survey	DoW																							
	Staff Survey Action Plans	DoW																							
	Freedom to Speak Up Quarterly Report	ChN	•				•													•					
	Gender Pay Gap Report and Action Plan	DoW																							

Event/Issue		2022							2023							Quarter 1					2024				
Action tracker log no.	TRUST BOARD MEETINGS	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March					
		Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum					
		M6	M7	M8	M9	M10	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12					
	Workforce Race Equality Standards (WRES)	DoW												•											
	Workforce Disability Equality Standard Report (DES)	DoW												•											
	Public Sector Equality Duty Report	DoW												•											
<b>ASSURANCE</b>																									
	Integrated Performance Report:	COO	•		•		•		•					•		•		•		•					
	Quarterly Medical Workforce Data	MD					•																		
	Safe Staffing Nurse review (6 monthly)	ChN				•				•				•				•							
	Reports from Board Assurance Committees	NEDs	•		•		•		•		•		•		•		•		•						
	Finance Report	DoF		•	•	•	•	•		•		•		•		•		•							
<b>ASSURANCE FRAMEWORK</b>																									
	Board Committees Chairs Assurance Log	Chair			•		•			•		•		•		•		•		•					
	Governance Report	DoCA			•	•	•			•		•		•		•		•		•					
	Quarterly Board Assurance Framework	DoCA	•		•		•		•		•		•		•		•		•						
	Quarterly Risk Management Report	DoCA				•				•		•			•					•					
	Annual Review of risk appetite	DoCA														•									
	Assurance Board Committee ToRs	DoCA			•																				
	Health and Safety Annual Report	DoE																							
	Care Quality Commission Report	ChN	•		•		•			•		•		•		•		•		•					
	Annual Report from SIRO	DCEO																							
	Safeguarding Annual Report	ChN				•												•							
<b>POLICIES</b>																									
	Health and Safety Policy (review date Oct 2023)	DoE												•											
	Freedom to Speak Up Policy (Updated when National Policy available)	ChN																							
	Management of Complaints and Concerns Policy (review due June 2023)	ChN								•															
	Procurement Policy (due for renewal March 2023)	DoF						•																	
<b>REGULATORY AND STATUTORY REPORTING</b>																									
	Annual Report and Audited Accounts	DoF						•		•										•					

Event/Issue

Event/Issue		2022		2023				Quarter 1					2024							
		Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Action tracker log no.	TRUST BOARD MEETINGS	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum
		M6	M7	M8	M9	M10	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
	Audit Committee Annual Report	Com Chair								•										
	People Committee Annual Report	Com Chair								•										
	Finance and Performance Committee Annual Report	Com Chair								•										
	Quality Committee Annual Report	Com Chair								•										
	Nomination and Remuneration Committee Annual Report	Com Chair								•										
	Annual Quality Account (approval)	ChN								•										
	Data Security and Protection Toolkit Recommendation Report	SIRO						•												
	NHSI: Licence Condition G6(3) certification	DoCA						•												•
	NHSI: Licence Condition FT4(8) certification (duty to comply with governance arrangements)	DoCA						•												•
	NHSI: Licence Condition re compliance with Training of Governors	DoCA						•												•
	Quarterly Report from the Responsible Officer Report (Validation)	MD				•				•				•				•		
	ANNUAL Responsible Officer report (Validation)	MD																		
	Quarterly Report from the Guardian of Safe Working	MD	Q3 •			Q4 •				Q1 •		Q2 •				Q3 •				
	ANNUAL Report from the Guardian of Safe Working	EMD				•												•		
	Quarterly 'how we learn from deaths' report	MD				•				•				•				•		
	ANNUAL 'how we learn from deaths' report	MD																		
	Emergency preparedness, resilience and response (EPRR) assurance process sign off	COO										•								
	Regulatory/Statutory Positions (annual)	DoCA						•												•
	<b>BOARD GOVERNANCE</b>																			
	Executive Team Meetings report	CEO		•	•	•	•	•	•	•		•		•		•		•		
	Assurance Committee Chairs Logs	NEDs		•	•	•	•	•	•	•		•		•		•		•		
	Register of Sealing (bi-annual review)	DoCA					•							•						
	Register of Interests (bi-annual review)	DoCA	•					•						•						•
	Register of use of electronic signature (bi-annual review)	CoCA										•								
	Review of Board Feedback	DoCA						•												
	Review of Board Assurance Terms of Reference	DoCA				•														

Event/Issue		2022												2023					Quarter 1					2024				
Action tracker log no.	TRUST BOARD MEETINGS	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March								
		Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum	Forum								
		M6	M7	M8	M9	M10	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12								
	Review of Standing Financial Instructions	DoF				•																						
	Review of Scheme of Delegation	DoF				•																						
	Review of Standing Orders	DoCA				•																						
	Review of Matters Reserved to the Board	DoCA				•																						
	Annual (re)appointment of Senior Independent Director (requires Governor input) included in Chairs Report	Chair																										
	Annual (re)appointment of Board Vice Chair (part of Chair's report)	Chair			•																							
	Annual Board Meeting dates - approval	DoCA									•																	
	Escalations from Governors	Chair				•				•				•		•												
	Remuneration Committee Chair Assurance Report	Chair														•												
	Nomination Committee Chair Assurance Report	Chair																										
	Review of Board Planner	Chair	•		•		•			•		•		•		•		•		•								
	Annual Refresh of Committee membership (part of Chairs Report)	Chair	•											•														
	Audit Committee minutes	Chair					•			•		•						•										
	Quality Committee minutes	Chair			•		•			•		•		•		•		•										
	People Committee	Chair			•		•			•		•		•		•		•										
	Finance and Performance Committee minutes	Chair			•		•			•		•		•		•		•										
	Health Inequalities (Task and Finish) Group Minutes	Chair																										
	Nomination Committee minutes (ad hoc)	Chair			•		•			•		•		•		•		•										
	Remuneration Committee Annual Report	Chair					•																					
	Remuneration Committee minutes (ad hoc)	Chair			•		•					•				•												
	<b>Business Cases for consideration by Board value in excess of £1m</b>																											
	Award Supply Contract: orthopaedic Hips and Knees Prosthesis				•																							