

# Board of Directors (Public)

## The Rotherham NHS Foundation Trust

<b>Schedule</b>	Friday 3 March 2023, 9:00 AM — 11:30 AM GMT
<b>Venue</b>	Boardroom, Level D
<b>Organiser</b>	Dawn Stewart

### Agenda

---

9:00 AM PROCEDURAL ITEMS

---

P35/23. Chairman's welcome and apologies for absence  
For Information - Presented by Martin Havenhand

---

P36/23. Quoracy Check  
For Assurance - Presented by Martin Havenhand

---

P37/23. Declaration of conflicts of interest  
For Assurance - Presented by Martin Havenhand

---

P38/23. Minutes of the previous meeting held on 13 January 2023  
For Decision - Presented by Martin Havenhand

---

P39/23. Matters arising from the previous minutes  
For Assurance - Presented by Martin Havenhand

---

P40/23. Action Log  
For Assurance - Presented by Martin Havenhand

---

#### OVERVIEW AND CONTEXT

---

9:05 AM P41/23. Report from the Chairman  
For Information - Presented by Martin Havenhand

---

9:10 AM P42/23. Report from the Chief Executive  
For Information - Presented by Richard Jenkins

---

## CULTURE

---

9:15 AM P43/23. Patient Story  
For Information - Presented by Helen Dobson

---

9:25 AM P44/23. Gender Pay Gap Report  
For Assurance - Presented by Steve Ned

---

## SYSTEM WORKING

---

9:35 AM P45/23. National, Integrated Care Board and Rotherham Place  
Report  
For Information - Presented by Michael Wright

---

## ASSURANCE

---

9:40 AM P46/23. Integrated Performance Report  
For Assurance - Presented by Michael Wright

---

9:50 AM P47/23. Operational Performance Report  
For Assurance - Presented by Sally Kilgariff

---

10:00 AM P48/23. Finance Report  
For Assurance - Presented by Steve Hackett

---

10:10 AM P49/23. Maternity Safety, including Ockenden monthly update  
For Assurance - Presented by Helen Dobson

---

10:20 AM BREAK

---

## ASSURANCE FRAMEWORK

---

10:25 AM P50/23. Board Committee Chairs Assurance logs

---

i. Finance and Performance Committee  
For Assurance - Presented by Martin Temple

---

ii. Quality Committee  
For Assurance - Presented by Runit Shah

---

iii. People Committee  
For Assurance - Presented by Jo Bibby

---

iv. Audit & Risk Committee  
For Assurance - Presented by Kamran Malik

---

10:35 AM P51/23. Quality Assurance Report (including Care Quality Commission)  
For Assurance - Presented by Helen Dobson

---

10:45 AM P52/23. Corporate Governance Report  
For Information - Presented by Angela Wendzicha

---

10:50 AM P53/23. Board Assurance Framework  
For Decision - Presented by Angela Wendzicha

---

11:00 AM POLICIES

---

P54/23. Risk Management Policy  
For Decision - Presented by Angela Wendzicha

---

P55/23. Procurement Policy  
For Decision - Presented by Steve Hackett

---

11:05 AM REGULATORY AND STATUTORY REPORTING

---

P56/23. 2022/2023 Annual Accounts: Going Concern  
For Decision - Presented by Steve Hackett

---

11:10 AM BOARD GOVERNANCE

---

P57/23. Review of Standing Orders  
For Decision - Presented by Angela Wendzicha

---

P58/23. Review of Matters Reserved to the Board  
For Decision - Presented by Angela Wendzicha

---

P59/23. Register of Seal Report  
For Assurance - Presented by Angela Wendzicha

---

P60/23. Constitution Amendment  
For Decision - Presented by Angela Wendzicha

---

P61/23. Review of Annual Board Planner  
For Assurance - Presented by Martin Havenhand

---

P62/23. Any Other Business  
Presented by Martin Havenhand

---

P63/23. Date of next meeting - Friday, 05 May 2022  
Presented by Martin Havenhand

---

**MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING HELD VIRTUALLY ON  
FRIDAY, 13 JANUARY 2023**

- Present:** Mr M Havenhand, Chairman  
Miss N Bancroft, Non-Executive Director  
Dr J Beahan, Medical Director  
Dr J Bibby, Non-Executive Director (from minute P10/23)  
Mrs H Craven, Non-Executive Director  
Mrs H Dobson, Chief Nurse  
Mr S Hackett, Director of Finance  
Mrs S Kilgariff, Chief Operating Officer  
Mr K Malik, Non-Executive Director  
Mr S Ned, Director of Workforce  
Dr R Shah, Non-Executive Director  
Mrs D Sissons, Non-Executive Director  
Mr M Wright, Deputy Chief Executive
- In attendance:** Mrs Z Ahmed, Associate Non-Executive Director  
Mrs L Allwood, Service Manager for Outpatients and Support Services  
(minute P09/23 only)  
Mr A Bennett, Lead Freedom to Speak Up Guardian (minute P10/23 only)  
Mr I Hinitt, Director of Estates and Facilities  
Dr G Lynch, Guardian of Safe Working (minute P28/23 only)  
Ms S Petty, Head of Midwifery (minute P22/23 only)  
Mr J Rawlinson, Director of Health Informatics  
Mrs J Roberts, Director of Operations / Deputy Chief Operating Officer  
Mr O Rutter – Clerical Officer for Outpatients and Support Services  
(minute P09/23 only)  
Miss D Stewart, Corporate Governance Manager (minutes)  
Mrs L Tuckett, Director of Strategy Planning and Performance  
Ms E Wraw, Head of Equality, Diversity and Inclusion (minute P09/23 only)
- Apologies:** Dr R Jenkins, Chief Executive  
Mr M Temple, Non-Executive Director  
Ms A Wendzicha, Director of Corporate Affairs

Prior to the commencement of the meeting, Mr Havenhand explained that due to operational pressures, including industrial action, a decision had been taken to re-schedule the Board meeting from 06 to 13 January 2023.

**PROCEDURAL ITEMS**

**P01/23 CHAIRMAN'S WELCOME AND APOLOGIES FOR ABSENCE**

Mr Havenhand welcomed all present with apologies for absence noted. Dr Beahan was welcomed to her first meeting as Medical Director.

**P02/23 QUORACY CHECK**

The meeting was confirmed to be quorate.

**P03/23**      **DECLARATIONS OF CONFLICTS OF INTERESTS**

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.

**P04/23**      **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 04 November 2022 were agreed as a correct record.

**P05/23**      **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.

**P06/23**      **ACTION LOG**

The Board of Directors reviewed the action log, and agreed closure of action log numbers 12, 13, 14, 17, 19 and 20.

**OVERVIEW AND CONTEXT**

**P07/23**      **REPORT FROM THE CHAIRMAN**

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

Mr Havenhand highlighted the escalation from the Council of Governors which would be considered as part of a later agenda item.

**P08/23**      **REPORT FROM THE CHIEF EXECUTIVE**

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

Mr Wright, in the absence of Dr Jenkins, highlighted continued operational pressures and conclusion of the 2022 National Staff Survey for 2022. Although the staff survey results remained embargoed, the Board was informed that the overall response rate had been 60.9%, which had been the highest achieved by the Trust.

The Board noted and congratulated Mrs Tuckett on her part-time secondment at the Department of Health and Social Care (DHSC) as the Expert Adviser on Elective Care from week commencing 09 January 2023.

Appended to the report was the 2023/24 Priorities and Operational Planning Guidance. Mr Wright, in response to a question from Mr Malik, confirmed that the 2023/24 operational objectives would take into account the requirements as detailed in the guidance. The integrated performance report would track delivery of any specific targets. Mrs Craven added that in setting the objectives

there should be focus on patient outcomes, as the emphasis of the planning guidance was process.

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

**CULTURE**  
**P09/23**

**STAFF STORY**

The Board of Directors welcomed to the meeting Ms Wraw, Mrs Allwood and Mr Rutter to present the Staff Story, which was introduced by Mr Ned.

The Board were reminded of a previous staff story relating to the supported intern programme and that Oliver's story to be presented to the Board would further demonstrate the success of the scheme.

Ms Wraw explained that the supported intern scheme provided additional support and prepared young people with a learning disability or autism, for a working environment.

Oliver completed his supported internship in October 2022, with Mrs Allwood approached due to a clerical officer vacancy within her team to ascertain if there was a position which Oliver could fill. Following an informal discussion, rather than a more daunting formal interview, Oliver had been appointed on a six month fixed term contract.

Mrs Allwood explained the mechanisms introduced to support Oliver to establish a daily routine and enhance his skills, with him being supported by mentors. Being part of the programme had been a rewarding experience.

Oliver did not consider that there was anything which could have been added to the approach taken by the department, and indicated that he had settled in well with the team.

The Board of Directors thanked colleagues for their attendance, adding that the time invested by managers to support the programme embodied the Trust values.

**P10/23**

**FREEDOM TO SPEAK UP QUARTERLY REPORT**

The Board of Directors welcomed to the meeting Mr Bennett, Lead Freedom to Speak up Guardian.

The Board of Directors received the quarter two report from the Freedom to Speak Up Guardian. During quarter two, seven concerns had been raised, which was a decrease from quarter one. Colleagues from the Stroke Unit had raised two further concerns. Also appended to the report was further information in relation to the concerns previously raised by colleagues from the Stroke Unit and the subsequent listening event.

Overall training compliance stood at 98.01%, with the position for each Division documented within the report.

As detailed in the quarter one report previously reported to the Board, the National Guardians Office had published the headline national speaking up data for 2021/22. Publication of the full data had been delayed, therefore comparison of the Trust's data against the national data would be included in the quarter three report.

In terms of the Stroke Unit listening event, Mrs Dobson confirmed that an action plan had been presented to the Divisional senior management team, who were committed to take forward the requirements. A further listening event was planned for quarter four.

Mr Havenhand reported that in speaking to colleagues on the Stroke Unit as part of recent visit with a number of Governors it had been noted that there continued to be daily challenges, particularly due to patient outliers or patients being repatriated from other hospitals having to be bedded on other wards.

Miss Bancroft questioned if there was any wider organisational learning resulting from the Stroke Unit, with Mrs Dobson considering that earlier intervention by the Executive Team would be the one learning point.

The People Committee had discussed the report prior to submission to the Board, with Dr Bibby commenting that a connection had been made between freedom to speak up and reciprocal mentoring, with a requirement to increase the diversity of the speak up guardians. Mr Bennett reported that in working with the Head of Equality, Diversity and Inclusion, there was increased awareness of how colleagues from all backgrounds could speak up and increase the diversity of the Freedom to Speak Up Guardians.

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

**P11/23**

### **HEALTH INEQUALITIES UPDATE REPORT**

The Board of Directors received the report providing an update on the health inequalities work of the Trust.

The report provided an overview of the health inequalities national agenda, and progress being made against the programme of work defined by the Task and Finish Group.

Mrs Tuckett highlighted a number of areas of significant progress:

- The Trust being one of ten providers offered the chance to participate in the National Digital Weight Management Programme;
- Involving patients in such areas as outpatient DNA (Did Not Attend) and waiting well programme. Further work would be undertaken in relation to attendances at UECC.

In terms of the national digital weight management programme, Dr Shah commented that not all patients may have access to the technology in order to participate in the programme which in itself would lead to inequalities. Mrs



Tuckett indicated that the programme was still in its infancy, with these types of matters yet to be considered.

Mrs Kilgariff suggested that once data was available from the work in relation to DNA this learning could be factored into the outpatient redesign work which was currently underway.

Mrs Ahmed asked if a needs assessment had been undertaken for smoking cessation within the ethnic communities, who may have different traditional smoking experiences. Mrs Tuckett indicated that she would seek to verify the position.

Mrs Craven highlighted the work within the Community Division, which based upon feedback from patients had resulted in the establishment of clinics offering access to multiple clinical disciplines as part of a one stop approach. Whilst complex to organise, it was proving to be a means to address multiple issues and could be replicated in other areas.

Dr Bibby as the Chair of the Task and Finish Group commented that it was positive that progress continued to be made in the Trust addressing health inequalities. It remained important that the matter remained at the heart of everything the Trust did, as evidence suggested that large societal shocks such as the pandemic and cost of living crisis, would have an impact on disadvantaged communities. As such, the Group would be reconvening to review the current position and further areas to be taken forward.

The Board of Directors noted the report outlining progress against this programme of work, and were supportive of the plan as detailed. It was further noted that the Health Inequalities Task and Finish Group would reconvene in due course.

**P12/23**

### **BOARD DEVELOPMENT**

The Board of Directors received and noted the report which provided an overview of the outcome of the Board development programme undertaken over the prior two years.

**P13/23**

### **RECIPROCAL MENTORING FOR INCLUSION**

The Board of Directors received the report presented by the Director of Workforce regarding reciprocal mentoring for inclusion.

Mr Ned explained that following discussion on the matter at the December 2022 Board meeting, a further discussion had been held with colleagues to discuss the options to be progressed. Feedback gathered had been incorporated into a proposed amended version of the Trust's WRES (Workforce Race Equality Standard) action plan, which was appended to the report.

It was noted that there would be ongoing listening events with colleagues from a wide range of backgrounds, including medical colleagues.

The Board of Directors noted the Reciprocal Mentoring for Inclusion Scheme report and approved the amended WRES (Workforce Race Equality Standard) action plan.

## **SYSTEM WORKING**

**P14/23**

### **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 highlighted the Rotherham Together Partnership Rotherham Place Plan 2025 appended to the report, with a key area of focus being integrated discharge.

It was confirmed that the Trust had been involved in a number of recruitment initiatives as an anchor institution.

Mr Havenhand commented that sections of the Rotherham Place Plan had links to the provision of health, and in developing the Trust's Operational Plan it would be important, where possible, to support delivery of the plan.

The Board of Directors noted the report.

## **STRATEGY**

**P15/23**

### **TRUST PLANNING PROCESS 2023/24**

The Board of Directors received the report detailing the planning process for 2023/24 introduced by the Deputy Chief Executive.

Mrs Tuckett reported that the National Planning Guidance had been received, with the Executive team having agreed the approach and timetable. Still awaited was detail regarding the funding regime.

In terms of financial planning, Mr Hackett confirmed that in the absence of any guidance, the finance team were making a number of assumptions in order to develop the 2023/24 financial plan for submission to the Finance and Performance Committee and Board of Directors by the end of March 2023.

It was noted that the matter would be discussed at the Strategic Board Forum and necessitate the scheduling of an extraordinary Board of Directors meeting to facilitate consideration and approval of the 2023/24 Financial Plan.

The Board asked a number of questions for clarity of the position such as block contracts, payment by results, capital allocations and organisational risks recognising that further information from the centre was still awaited.

The Board of Directors noted the Trust's approach to Planning for 2023-24. In addition, subject to further engagement and discussion at the Strategic Board Forum, Finance and Performance Committee, culminating in discussion and

approval by the Board by the end of March 2023, the Board of Directors approved the timetable.

**P16/23**      **TRANSITION STRATEGY**

The Board of Directors received the Transition Strategy for the Care of Young People Preparing for Adulthood 2022- 2026.

Mrs Dobson confirmed that the Strategy had been considered by the Safeguarding Committee and Quality Committee. In addition a cohort of young people who were actively engaged with the Trust had been involved in the process of its development.

Dr Bibby suggested that as part of the implementation, there should be strengthened evaluation and monitoring particularly around such as seeking views once the strategy was enacted. The Board agreed that this should be taken on board; however, there was no requirement to amend the presented Strategy.

The Board of Directors approved the Transition Strategy for the Care of Young People Preparing for Adulthood 2022- 2026

**ASSURANCE**

**P17/23**      **MONTHLY INTEGRATED PERFORMANCE REPORT**

The Board of Directors received and noted 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.

The Board of Directors expressed their appreciation to all Trust staff in recognition of the daily challenges they faced at the current time.

**P18/23**      **OPERATIONAL PERFORMANCE REPORT**

The Board of Directors received the Operational Performance Report presented by the Chief Operating Officer.

Mrs Kilgariff confirmed that the detail of the report had been considered by the Finance and Performance Committee, and provided information in relation to a number of metrics detailed within the report.

In terms of continued national industrial action, Mr Ned advised the Board of forthcoming dates for disruption. The Royal College of Nurses 18 and 19 January, although it was noted that Rotherham had not achieved the threshold for action. The ambulance service had announced new dates, as had the Chartered Society of Physiotherapy on 26 January and 9 February, with junior doctors potentially taking action in March.

Mrs Roberts explained that significant continuity planning, provision of additional resources and the opening of additional beds, had been undertaken in preparing for industrial action. There had been limited cancellations and

elective activity protected. There had also been the opportunity to trial new transformational processes. However, ensuring delivery of the continuity plan had not been without significant challenge to the teams.

The Board of Directors noted the Integrated Performance Report and once again indicated their appreciation to staff during the challenging period.

## **P19/23**      **OPERATIONAL OBJECTIVES**

The Board of Directors received and noted the report detailing progress against the 2022/23 Operational Objectives.

Mr Wright reported that as at the end of month 8, ten programmes had been individually rated as green (on track), with three rated amber (not on track).

Each of the Board Assurance Committees, with the exception of the People Committee, had considered their respective objectives at the December 2022 cycle of meetings. The People Committee would discuss the position at their January 2023 meeting, with any feedback to be provided to the Board through the Chair's assurance log report.

## **P20/23**      **FINANCE REPORT**

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

Mr Hackett highlighted the following key matters:

- A deficit to plan of £276K in month, with a surplus to plan of £120K year to date;
- An initial forecast out-turn up to 31 March 2023 of £1,497K deficit to plan, with reserves available should they be required;
- The Trust continued to report to NHS England,, and the Integrated Care Board, the intention to deliver the financial plan;
- The capital programme was currently underspent by £533K. However, there remained a commitment to deliver against the full year programme of £13, 761k;
- The cash position remained strong with a closing cash position of £28,703K as at 30 November 2022 which was £8,265K better than plan.

As part of the planning process for 2023/24, meetings would be held with each of the Divisions as to the requirements, particularly in relation to the cost improvement programme.

The Board of Directors noted the Finance Report and acknowledged the role of colleagues and the Divisions in giving focus in this area.

## **P21/23**      **WORKFORCE SAFEGUARDS GAP ANALYSIS**

The Board of Directors received the report detailing the gap analysis exercise undertaken by the Trust against the national Developing Workforce

Safeguards Document. The report had been previously submitted and discussed by the Quality Committee.

Mrs Dobson explained that the national guidance would underpin and guide safe staffing. The report following the benchmarking exercise included an action plan for areas of development.

Reporting against the action plan would primarily be through the Quality Committee, with areas relating to recruitment, retention and a trained workforce via the People Committee.

It was additionally reported that the Chief Nurse and Chief Operating Officer were working closely on modelling of the bed base and capacity planning.

The Board of Directors noted the comprehensive report.

**P22/23**

### **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 noted the monthly update report on maternity safety introduced by the Chief Nurse, which also included the position against the Ockenden requirements.

Mrs Petty informed the Board that there had been a number of confirm and challenge meetings to review the evidence as part of the Maternity Incentive Scheme submission. The evidence, which was detailed in an appendix to the report had been considered by the Executive Team, Quality Committee and had been previously shared with the Board.

Although the Division had initially declared compliance against all ten Maternity safety actions, following review of the evidence it had become apparent that Safety action 1 should be graded as non-compliant. This was due to the delay in starting x1 review within the 2-month period from November 2022. The one case had reduced compliance to 86% with the standard being 95%.

The Board of Directors approved the declaration of compliance against nine of the ten maternity safety actions as part of the maternity incentive scheme submission. Noting the reason for the non-compliance against safety action one. The Board further approved the Chief Executive to sign the declaration required to be submitted to NHS Resolution by 02 February 2023.

The Board of Directors noted the comprehensive monthly report.

### **ASSURANCE FRAMEWORK**

**P23/23**

### **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 specifically highlighted the section relating to operational performance which had been comprehensively covered by a number of reports to the Board.

ii. Quality Committee

Dr Shah specifically highlighted infection prevention and control, inviting Mrs Dobson to provide an update on the position. Mrs Dobson indicated that work had been undertaken with the Divisions, external cleaning specialist utilised to audit cleanliness, additional staff employed and a programme of deep cleaning to address concerns regarding the level of cleanliness. She assured the Board that an action plan was in place, with regular reporting to the Committee.

iii. People Committee

Dr Bibby highlighted that the Committee would receive information relating to gap 6 (Challenges around sufficient workforce to support the recovery plan) to support delivery of BAF risk D5 overseen by the Finance and Performance Committee.

**P24/23**

**BOARD ASSURANCE FRAMEWORK**

The Board of Directors received the report detailing the 2022/23 Board Assurance Framework (BAF) quarter three position presented by the Deputy Chief Executive.

Mr Wright confirmed that the position had been discussed by each Board Assurance Committee as part of the December 2022 cycle of meetings. The Audit and Risk Committee and the Trust Risk Committee would discuss the position at their January 2023 meeting.

The following was specifically highlighted from the report:

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*). The likelihood score for quarter three was recommended to be increased from 2 to 3 with a total risk score of 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*). Although the BAF risk score remained unchanged at 12, it was noted that it was anticipated that during quarter 4 we would see an improved position.

The Board of Directors noted the report and approved the recommended changes to the BAF risk score.

**P25/23**

**NHS ENGLAND SAFEGUARDING REVIEW**

The Board of Directors received the report detailing the NHS England Safeguarding Review commissioned by the Trust, which had taken place in October 2022.

Mrs Dobson explained that the purpose of the review had been to evaluate the current position, identify areas of good practice and those areas for improvement. Although the final report was awaited, interim feedback was detailed within the report, as was the improvement programme. In terms of the latter, Mrs Dobson highlighted progress across a number of areas.

The Board of Directors noted the initial feedback report.

**P26/23**

**SAFEGUARDING & VULNERABILITIES TEAM ANNUAL REPORT 2021/22**

The Board of Directors received the Safeguarding & Vulnerabilities Team Annual Report 2021/22.

Mrs Dobson confirmed that the annual report had been considered by both the Safeguarding Committee and Quality Committee. She took the opportunity to specifically highlight that the mandatory and statutory training position was as recorded at the end of the 2021/22 year, with the position having significantly improved during 2022/23.

The Board of Directors noted the Safeguarding and Vulnerabilities Team Annual Report 2021/22, which would be available to the general public via the Trust's website.

**REGULATORY AND STATUTORY REPORTING**

**P27/23**

**RESPONSIBLE OFFICER REPORT**

The Board of Directors received and noted the quarter two report from the Responsible Officer.

**P28/23**

**GUARDIAN OF SAFE WORKING**

The Board of Directors welcomed to the meeting Dr Lynch, Guardian of Safe Working, to present his report for the period up to October 2022.

The report detailed the summary of exception reports which remained high for the Division of Medicine, with a number of qualitative examples included. There had been no fines issued for persistent hours worked over contractual maxima or for missed breaks. Dr Lynch considered that overall hours worked were not unsafe.

Mrs Kilgariff commented that the report provided a useful source of information, and questioned if there was anything further which could be progressed to support the junior doctors. Dr Lynch reported that data for quarter three would positively demonstrate the positive impact from the support already in place.

Dr Beahan confirmed that she had recently attended the Junior Doctors Forum and would ensure her routine attendance at future sessions.

The Board of Directors noted the report.

**P29/23**      **MORTALITY AND LEARNING FROM DEATHS REPORT**

The Board of Directors received the Mortality and Learning from Deaths report presented by the Medical Director.

It was noted that HMSR (Hospital Standardised Mortality Ratio) stood at 100.8 and remained within the 'As Expected' band. The Trust currently had the second lowest HSMR in the Yorkshire & Humber region for Non Specialist Acute Trusts. SHMI (Summary Hospital-level Mortality Indicator) stood at 103.9 which was again within the 'As Expected' band.

Dr Beahan acknowledged the significant progress which had been made to improve mortality and the level of embeddedness required to sustain the position.

The Board of Directors noted the report.

**BOARD GOVERNANCE**

**P30/23**      **TERMS OF REFERENCE**

The Board of Directors received and approved the revised terms of reference for both the Audit and Risk Committee and the Quality Committee.

**P31/23**      **ESCALATIONS FROM COUNCIL OF GOVERNORS**

The Board of Directors noted that the Council of Governors at their November 2022 meeting had escalated a number of matters relating to staff health and wellbeing, staff sickness and the annual staff survey. Included within the meeting papers was the response from the Executive Directors in relation to each matter.

The response to the escalation would be presented to the February 2023 Council of Governors meeting.

**P32/23**      **REVIEW OF BOARD ANNUAL PLANNER**

The Board of Directors received and noted their annual work plan of forward business.

**P33/23**      **ANY OTHER BUSINESS**

Prior to the meeting a number of questions had been submitted by a member of the public as follows:

- 1) When deciding to convert a bed space into a workstation was consideration given to the number of bed spaces that would be lost? As far as I am aware we have had bed shortages in the NHS for a significant period. The shortage of beds cannot be blamed on COVID.



- 2) This would have been carried out at a significant cost to the hospital at a time when our financial position hasn't been great, was this an end of financial year project to spend capital?
- 3) Has a review of the cost against patient care been carried out to see if it has been money well spent?
- 4) Has this been done on more wards within the hospital and as such reduced bed numbers significantly?

Mrs Dobson in responding to the questions indicated that the questions specifically related to the AMU (Acute Medical Unit) although the position was replicated on the short stay ward.

The conversion of the six bedded bays to a five bedded bay and a workstation had been planned as part of the design and development of the AMU and was not linked to year end capital spend. The aim was to improve quality of care, infection control and patient dignity as the space between beds had increased. This was considered an appropriate model to provide enhanced care. The matter to be addressed was effective utilisation of the workstations.

Additionally, it was reported that Ward A2 during its refurbishment had incorporated a bathroom in a five bedded bay.

Establishment of the five bedded bays had not impacted on the overall number of beds available to the organisation.

**P34/23**

#### **DATE OF NEXT MEETING**

The next meeting of the Board of Directors would be held on Friday, 03 March 2023, commencing at 9am.

Before formally closing the meeting the Chairman confirmed that this would be the last meeting for Miss Bancroft, Non-Executive Director as she would be leaving the Trust at the end of January 2023.

On behalf of the Board, Mr Havenhand wished to place on record his appreciation to Miss Bancroft for her service to the Trust. The best wishes for the future were extended to Miss Bancroft.

The meeting was declared closed.

Martin Havenhand  
Chair

Date

## 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	<del>01/04/2022</del> <del>08/07/22</del> <del>09/09/22</del> <del>31/12/22</del> 28/02/23 – April Board	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. The Health and Care Act is now in place; The associated national governance documents are now final and Trust constitutional documents being amended to reflect and will be complete by end February in preparation for February Council of Governors and March Board. Number of revised documents submitted to the March 2023 meeting. <b>Date amended to March ETM and April Board.</b>	Open
<b>2022</b>								
16	09-Sep-22	IPR	P140/22	Refresh of IPR, with Board colleagues to communicate key areas for inclusion	DoSPP	03/02/23- 07/04/2023	A refresh of the IPR is underway, with a new IPR due to go live for 2023/24 data. A Board session was held in February to discuss a new approach to reviewing data at Board level, with a further session planned for April to review draft IPR options.	Open
18	04-Nov-22	IPR	P166/22	Fast tracking of new reporting framework to Quality Committee	DoSPP		This will be compiled as part of the new reporting frameworks for 2023/24, with an operational plan dashboard provided to Committees on a regular basis in addition to the IPR.	Recommend to close
21	04-Nov-22	Corporate Governance and Regulatory Report	P172/22	Provide for Board detail of the amendments and any implications as part of the consultation on the NHS Provider Licence	DoCA	03/03/2023	Due March - included in Corporate Governance Report on the Agenda	Recommend to close
22								

# Board of Directors' Meeting

## 03 March 2023

<b>Agenda item</b>	P41/23
<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 January 2023 Board meeting:</p> <ul style="list-style-type: none"> <li>• Changes to Board roles</li> <li>• Council of Governors Meeting – 15<sup>th</sup> February 2023.</li> <li>• Strategic Board Forum 3<sup>rd</sup> February 2023</li> <li>• South Yorkshire and Bassetlaw Acute Federation Development session – 30<sup>th</sup> January 2023.</li> <li>• Partnership with Barnsley Hospital NHS FT</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.
<b>Appendices</b>	None

## **1.0 Introduction**

1.1 This report provides an update since the last Board Meeting on 13 January 2023.

## **2.0 Board Roles**

2.1 Nicola Bancroft, one of our Non- Executive Directors (NEDs), completed her term at the end of January 2023. As a result, the Trust has had to make some new appointments:

Vice Chair - Kamran Malik (Non Executive Director)

Senior Independent Director - Heather Craven (Non-Executive Director)

Member of Strategic Partnership Group with Barnsley Hospital FT – Martin Temple (Non Executive Director).

## **3.0 Council of Governors Meeting – 15<sup>th</sup> February 2023**

3.1 The Council of Governors approved a revision to the constitution, the details of which are contained in a separate report on the agenda. The main change is that the next elections for public governors will be based on a single constituency for the Rotherham borough.

3.2 The Council of Governors welcomed two new partner governors:

Rotherham Metropolitan Borough Council – Councillor Joanna Baker-Rogers  
Barnsley and Rotherham Chamber of Commerce – Mark Smith.

## **4.0 Strategic Board Forum- 3<sup>rd</sup> February 2023**

The Board met and addressed the following key issues:

Estates Strategy

Corporate Trustee training

Financial and Operational Planning Guidance

Making Data Count.

## **5.0 A Senior Nurse Walkabout**

5.1 The Chairman was accompanied by Non Executive Director colleagues and governors on a visit to Family Health Services where they were able to observe the services which have been discussed and presented in recent Board reports following the Ockenden report.

## **6.0 A Visit to Rotherham Doncaster and South Humber NHSFT (RDASH)**

6.1 On the 24<sup>th</sup> January 2023 the Chairman visited the new Chairman of RDASH Kathryn Lavery to discuss our strategic relationship as part of the South Yorkshire Integrated Care Partnership.

## **7.0 South Yorkshire and Bassetlaw Acute Federation**

7.1 The Chairman and Chief Executive participated in a SY&BAF development session on 30<sup>th</sup> January 2023 as part of the on-going development of collaboration between the five acute Trusts within South Yorkshire and Bassetlaw.

## **8.0 Your Health Supplement**

8.1 The Trust has produced its latest Your Health supplement which was distributed within the Rotherham Advertiser and provides a quarterly update on the positive work of the Trust.

## **9.0 Partnership with Barnsley Hospital NHSFT**

9.1 The Strategic Partnership Group continues to meet providing oversight to the developing partnership work between the two Trusts.

**Martin Havenhand**  
**Chairman**  
**February 2023**

**Board of Directors' Meeting**  
**03 March 2023**

<b>Agenda item</b>	P42/23
<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>● 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. Draft South Yorkshire Integrated Care Partnership Strategy</li> <li>2. Updates from Gavin Boyle, Chief Executive (Designate) SY ICB</li> </ol>

## **1.0 Activity**

- 1.1 **Activity:** The number of Covid-19 positive in-patients has remained stable over this reporting period both in the Trust and in the community. The Trust has also seen a reduction in the number of Influenza cases and high attendances at UECC for paediatric related respiratory viruses. Staff absence due to Covid-19 related reasons has also declined since my last report. Overall, the situation has now improved but it is still challenging.
- 1.2 The Trust continues to undertake a regular review of its infection control precautions. Face masks must still be worn in all clinical areas, including waiting areas and in patient's homes.
- 1.3 **Recovery:** The work to recover the accumulated long waiting times has been challenging in recent months, mainly due to key medical workforce gaps within high-volume specialties (Dermatology and Ophthalmology) as well as the accumulation of the increased referral demand from the last 10 months. Despite the significant operational pressures, in order to ensure we remained on track to deliver the commitment of no patients waiting more than 78 weeks by the end of March 2023, we continued operating on our longest waiting patients as well as our cancer and urgent patients, and now have only 2 patients waiting over 78 weeks as at the end of January. 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 December (latest national data). The Trust is liaising with partner Trusts to support the treatment of their long-waiting patients.

Additional investment in a number of recovery schemes has supported with increased levels of planned activity, with the supported initiatives 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. Activity data from January in particular suggests some of the more recent recovery schemes have had a significant and measurable impact on activity levels with our inpatient and day-case volumes both above 2019/20 levels for the first time since the pandemic. However, we are yet to see this translate into a significant improvement in the overall elective position which will be important as we move into 2023/24. We continue to focus on improving our clinic and theatre utilisation, as well as working with GIRFT colleagues to move more of our surgical procedures to day-case treatments, in order to remove the bed capacity constraint from these cases and ensure more patients can be treated within our existing resources.

- 1.4 **Urgent and Emergency Care Activity (UEC):** January started in a challenged position across the trust with significant operational pressures across the acute and community footprint. The trust opened additional beds to support system pressures and ensure that ambulance handovers were kept to a minimum. In the early stages of the month the trust was operating at OPEL level 3 and 4 most days. The latter half of the month saw system pressures ease across a number of areas including delayed discharges, attendances to UECC and bed occupancy. There were challenges in the month around infection, prevention and control with infections being a challenge alongside Covid-19 and flu. The Trust managed 4 periods of industrial action with robust business continuity and EPRR arrangements in place. As planned some key interventions from the winter plan supported operational pressures, this included the opening of the winter discharge ward, extending the use of Rockingham ward (which supported both non elective

patients and protected the elective orthopaedic activity), an increase in admissions to the virtual ward and an extension of the use of SDEC.

NHSE have written to the Trust to give notice that the trial of the new clinical standards for emergency care will cease and resumption of monitoring against the 4-hour emergency care standard will resume in May 2023. Work is already underway to address the system and cultural changes needed to change practice accordingly. NHSE have set a target of 76% by March 2024 as this year's recovery objective for this target.

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

- 2.1 The South Yorkshire Integrated Care Partnership (ICP) group continue to meet on a monthly basis. Work has been on-going on the draft South Yorkshire Integrated Care Partnership Strategy which I attach at appendix 1. There will be a phased approach to the development of the strategy including an engagement process and a number of bold ambitions proposed.
- 2.2 I attach (appendix 2) the ICB Chief Executive updates for January and February 2023.
- 2.3 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.
- 2.4 The Acute Federation, made up of the five acute NHS Trusts in South Yorkshire continues to meet on a bi-monthly basis. New priorities for 2023/24 are being identified to build on the progress made against the six 2022/23 priorities including the development of a clinical strategy.

## **3.0 Care Quality Commission Update**

- 3.1 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. The approach taken through the CQC Delivery Group is under active review with a likely rebalancing of focus towards proactive improvement.
- 3.2 The Trust has submitted applications for removal of conditions relating to UECC, the outcome of which is still awaited.

## **4.0 Staff**

- 4.1 The following Consultants have joined the Trust during this reporting period:
  - Dr M UI Haq (Acute Medicine)
  - Dr A Turvey (Public Health, shared post with Rotherham Metropolitan Borough Council): commences in post on 6<sup>th</sup> March 2023

A number of other Consultants have been offered a post and accepted but no start date confirmed as yet.

- 4.2 The monthly staff Excellence Awards has been running for some time now with the following winners announced for the month of December 2022 and January 2023:



### **December 2022**

- Individual Award - Dr Bijoy Mondal, Consultant Community Geriatrician
- Team Award - Acute Surgical Unit

### **January 2023**

- Individual Award - Munazza Shah, EDI Team
- Team Award - 0-19 Service (South Area Team), based at Rotherham Community Health Centre
- Public Award - UECC Paediatric Team

## **5.0 Industrial Action**

- 5.1 Industrial action by a number of unions including Unison, The Royal College of Nursing and the Royal College of Physiotherapists has taken place over this reporting period, with further action due by GMB and Unison in March. The BMA has recently announced that junior doctors have overwhelmingly backed industrial action and we await details of the BMA's intentions; we believe this is likely to be a three-day continuous action with few, if any, derogations. Colleagues have worked diligently to ensure that patient care has not been compromised as much as possible and the Trust will continue to implement EPRR arrangements as required to support the demands on the service due to industrial action.

**Dr Richard Jenkins**  
**Chief Executive**  
**March 2023**

# SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire  
our Initial Integrated Care Strategy

December 2022



# A message for the people and communities of South Yorkshire:

This strategy is a legal requirement for the Department of Health and Social Care and has been developed between September and December 2022 by the newly formed Integrated Care Partnership.

It covers the years up to 2030 and we see it as the beginning of a journey with the people and communities of South Yorkshire.

We will continue to work with you, listen to you, involve you and respond actively to what you tell us.

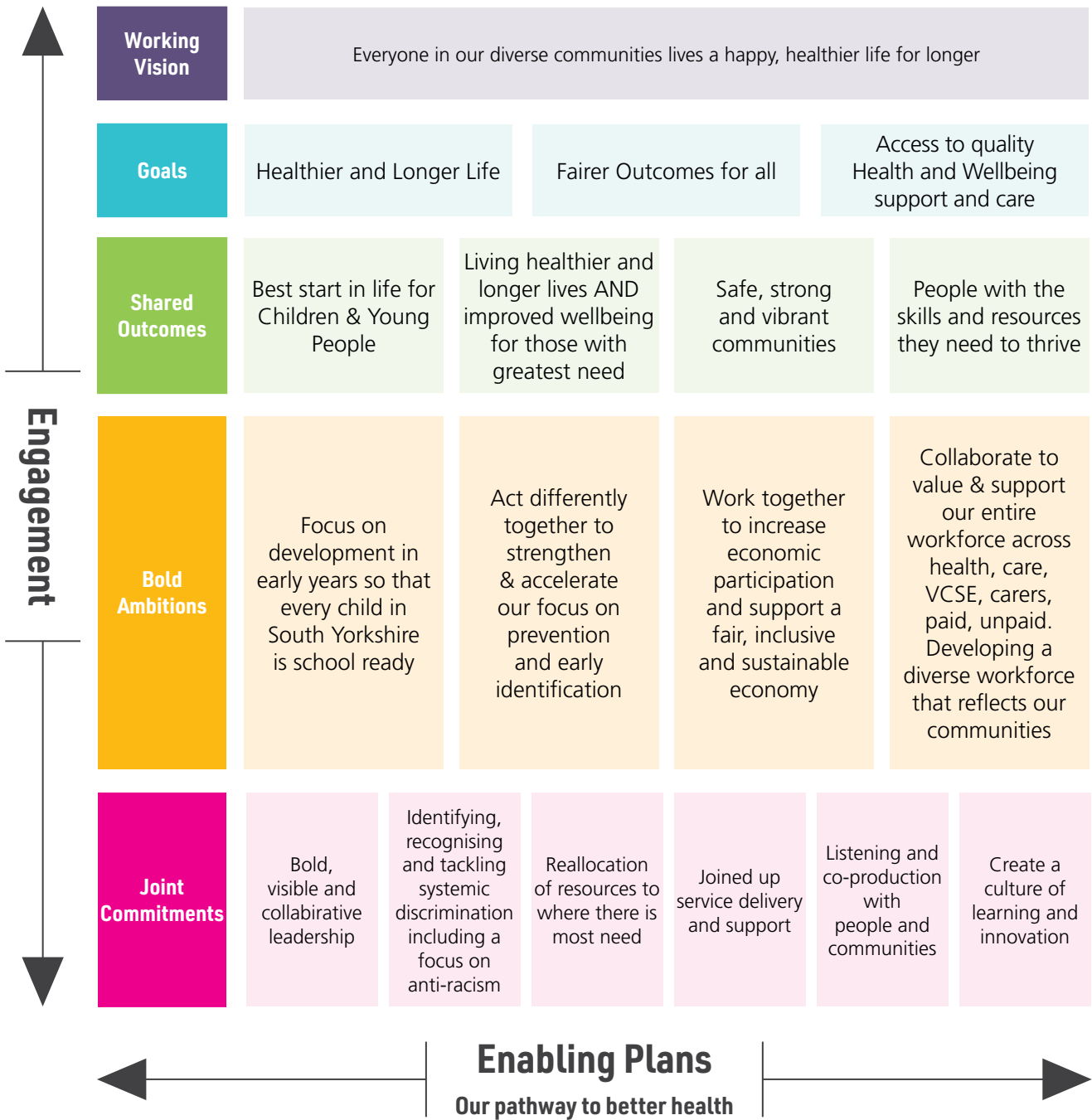
We know from our engagement work that good access to high quality care and support is really important to you and this is an area as a Partnership we are making joint commitments to improve.

This strategy and the plans that support it will change and improve through your involvement.

The health and wellbeing of everyone matters to us all. We look forward to working with each of you for a happy, healthier South Yorkshire.

Summary Plan on a Page

# Our Shared Outcomes, Bold Ambitions and Joint Commitments



## Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

### 1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on full school meals and all children by 25% by 2028/30

### 2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

### 3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024.

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

### 4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism.

# Contents

<b>1</b>	<b>Introduction</b>	<b>07</b>
<b>2</b>	<b>What is the South Yorkshire Integrated Care System?</b>	<b>09</b>
<b>3</b>	<b>Listening to our communities in South Yorkshire in creating this Strategy</b>	<b>14</b>
<b>4</b>	<b>Vision, Strategic Goals and Shared Outcomes for South Yorkshire</b>	<b>15</b>
<b>5</b>	<b>Where are we now? - Health needs in South Yorkshire</b>	<b>17</b>
<b>6</b>	<b>Shared Outcomes, Bold Ambitions and Joint Commitments</b>	<b>24</b>
	▶ Plan on a page	
	▶ Shared Outcomes	
	▶ Bold Ambitions	
	▶ Joint Commitments	
<b>7</b>	<b>Enabling plans and building on our partnerships</b>	<b>49</b>
	▶ Inclusive enabling plans	
	▶ Broadening and strengthening our partnerships	
	▶ Harnessing our role as Anchor Institutes	
<b>8</b>	<b>Delivering our strategy and measuring success</b>	<b>61</b>
	<b>Appendices</b>	<b>65</b>
	▶ Integrated Care Partnership Members	
	▶ Links to Strategies and Plans	
	▶ Full Engagement Report	
	▶ South Yorkshire Population Health Needs Assessment	
	▶ Developing our Outcome Framework	
	<b>Glossary</b>	<b>68</b>



**What matters most to me about my health and wellbeing is to live in an equal society. Only through equality can health equity be achieved. I want to live in high-quality housing, in pedestrianised, green, and clean neighbourhoods, with local community facilities and assets prioritised. I want to live in a city that takes care of the most vulnerable, and where everyone is valued. I want to receive compassionate and destigmatising care from health and wellbeing professionals, that empowers me to take control of my life and health. I want to be able to access the resources to take care of myself and my community.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

In South Yorkshire the membership of our Integrated Care Partnership (ICP) was proposed by the Health and Wellbeing Boards in the four local authority areas – Barnsley, Doncaster, Rotherham and Sheffield and NHS South Yorkshire. We have worked hard to ensure there is a rich diversity of voices and perspectives represented and will continue to do this across the life of this strategy. Oliver Coppard, Mayor of South Yorkshire Combined Mayoral Authority became Chair of the South Yorkshire Integrated Care Partnership

in September 2022 and Pearse Butler the Chair of NHS South Yorkshire is vice chair. By developing our ICP in this way we have built upon our existing partnerships and aligned with Health and Wellbeing Boards. Work continues to increase diversity and inclusion in our Partnership and to further strengthen representation from our Voluntary Sector as an equal partner, linking with the developing Voluntary, Community and Social Enterprise (VCSE) Sector Alliance.

## 1

# Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive voluntary sector and a broad range of health and care services providing a strong foundation for improvement.

South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care, advanced manufacturing, research and education being significant industry sectors across South Yorkshire. We are a diverse and welcoming county with outstanding natural, heritage, cultural and artistic assets. We are geographically compact and fortunate in our location, in that we have good access to open green spaces, including the western edge of Sheffield and Barnsley bordering the Peak District National Park. All this contributes to South Yorkshire being a great place to be born, live and work.

There are, however, some serious challenges to overcome. South Yorkshire has a significant proportion (37%) of people living in the most 20% deprived areas nationally. Life expectancy in South Yorkshire is no longer increasing. Not only are people in South Yorkshire dying younger, they are living fewer years in good health. There is also a significant difference in the number of years people can expect to live in good health, with those living in the most deprived

areas dying up to nine years earlier compared to people living in more affluent areas across South Yorkshire communities. The gap in life expectancy between the most and least deprived areas is also widening. Our commitment in this strategy is to change this.

<sup>1</sup>Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity





The 'Marmot Review 10 Years on' report<sup>1</sup>, published prior to the Covid-19 Pandemic, found unprecedented declines in health nationally over the decade before Covid-19. Improvement in health in the UK had slowed dramatically, inequalities had increased and health for the poorest people in society had got worse. The Covid pandemic has further exposed these deep inequalities and it is evident that the current cost of living crisis has further exacerbated these disparities. South Yorkshire with its relatively lower level of earnings and employment is particularly vulnerable. Health inequalities are not inevitable and by definition are preventable. It is within this challenging context that we have come together to develop our South Yorkshire Integrated Care Partnership with refreshed energy and renewed commitment to collaborate as partners and work with our local communities of Barnsley, Doncaster, Rotherham and Sheffield to work differently together to address health inequalities and improve the health and wellbeing of all people living in South Yorkshire.

This is our initial Integrated Care Strategy developed within the challenging timeline set nationally at a time when there is immense pressure across the health and care system. We have endeavored to engage broadly, to listen to what matters to people living in South Yorkshire and actively engage with our wider partners in the development of this Strategy. We will build on this and continue to engage and involve as the Strategy evolves and we translate its ambition into delivery.

## 2

## What is the South Yorkshire Integrated Care System – an overview

Partner organisations across South Yorkshire have a long history of collaboration. The first Sustainability and Transformation Partnership was established in 2016. This then became one of the first non-statutory Integrated Care Systems in England in 2018. Following the Health and Care Act 2022 a statutory Integrated Care System (ICS) has come together from July 1st.

Partners have already started to break down organisational barriers so that we can wrap support, care and services around people and improve lives. In Barnsley, Doncaster, Rotherham and Sheffield, our Local Authorities, NHS partners, the Voluntary Sector and many others have strengthened the way they work with each other and have joined forces where it makes sense to do so and where it makes a real difference to the public, patients, and staff.

Our pledges in 2016 were to give people more options for care while joining it up in communities and neighbourhoods, to help people to stay healthy, tackle health inequalities, improve quality, access and outcomes of care, meliorate workforce pressures and introduce new technologies. We paid particular attention to cancer, mental health and primary care, and the two key enablers of workforce and digital technology. Since then, much has changed - the impacts of the Covid-19 pandemic and the more recent cost of living crisis provide a very challenging backdrop as we set out our new strategy. But we remain focussed and committed in our goal and undeterred for the people of South Yorkshire. We will build on our commitment to the quadruple aim, set out in our **Health and Care Compact** and use the new system architecture and partnerships and our renewed vision, ambition and commitments to go further faster on health inequalities. We will also build new partnerships with agencies outside the ICS to support improved and more equitable health and wellbeing for all and focus on those with greatest need.



New statutory Integrated Care Systems (ICSs) have been set up to bring local authorities, NHS organisations, combined authorities and the voluntary sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.

**Integrated Care Systems (ICS) have four key purposes:**

- 1** Improving outcomes in population health and health care
- 2** Enhancing productivity and value for money
- 3** Tackling inequalities in outcomes, experience and access
- 4** Helping the NHS to support broader social and economic development

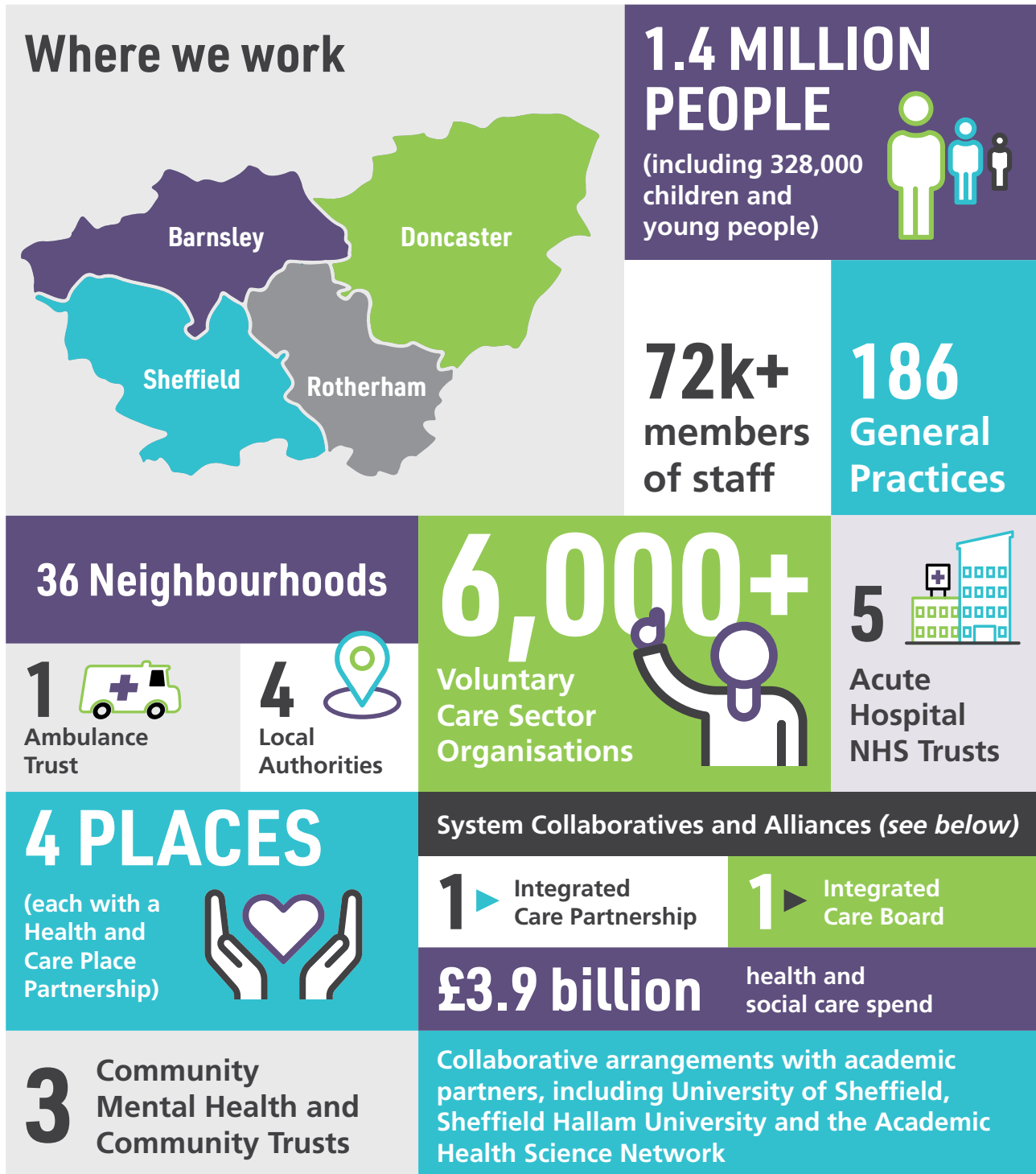
**They are made up of:**

- **An Integrated Care Partnership** - a statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary Sector and other partners.

**The ICP is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities. They are rooted in the needs of people, communities and places, oversee population health strategies, drive integration and take an inclusive approach to involvement.**

- **An Integrated Care Board**, which is an NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members including Healthwatch, Mental Health and the Voluntary Care Sector representation.

The South Yorkshire Integrated Care Partnership covers the 1.4 million people and families living in Barnsley, Doncaster, Sheffield and Rotherham.



## Places, Collaboratives, Alliances and Networks

**Places:** In each of our communities of Barnsley, Doncaster, Rotherham and Sheffield we have well established place-based health and care partnerships already working well together to provide joined up integrated health and social care, support and services by creating integrated multidisciplinary neighbourhood teams to meet the needs of local people. These are the cornerstone of our health and care system and already have delegated authority from the new NHS South Yorkshire to plan, determine and deliver for local communities.

**Collaboratives:** Our hospitals, mental health trusts and primary care organisations have also established strong collaborative arrangements. These Provider Collaboratives have been developed to further strengthen partnership working between our hospital and care providers to support joined up sustainable health and care services building resilience across organisations and pathways of care. They include:

- Mental Health Learning Disability and Autism Provider Collaborative (including acute, community and specialist services)
- Acute Hospital Provider Collaborative (including acute, elective and diagnostics children's and specialist services)



**Alliances & Networks:** Important Alliance arrangements have also been developed where partners across whole pathways or sectors come together to integrate and improve services and care support. These include:

- Primary Care Alliance (including general practice, pharmacists, dentists, and optometrists)
- Urgent & Emergency Care Alliance
- Children and Young People's Alliance (CYPA)
- Voluntary, Community and Social Enterprise Sector Alliance (VCSE)
- Cancer Alliance
- Local Maternity and Neonatal Network (LMNS)
- Social Care Networks and Clinical Networks



The **South Yorkshire Mayoral Combined Authority** (SYMCA) is a formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor. Its Strategic Economic Plan for the region recognises the critical interdependency of health, the economy and having good work. It aims to deliver a stronger, greener and fairer economy, one which reduces social and health inequalities. Oliver Coppard was elected as Mayor of South Yorkshire in May 2022 and is the Chair of the Integrated Care Partnership. One of his Mayoral priorities is the health and wellbeing of local communities, and he has a personal ambition to make South Yorkshire the healthiest region in the country.

Our chances of experiencing good health and wellbeing, and maximising the length and quality of our lives, depend on **the circumstances within which we are born, live, work and age**. Good health outcomes and health inequalities are rooted in socioeconomic circumstances. Many of the levers for improving population health, **such as quality education, good employment, comfortable, quality housing, connectivity, healthy local neighbourhoods** reside with our local authorities and SYMCA, making our partnership a unique opportunity to make a real difference.

## 3

## Listening to our communities in creating this Strategy

To develop our strategy, we started by understanding what matters to people living in South Yorkshire by:

- Gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our ICP partners, from 284 different sources (for more details see [page 64](#)).
- Building on this with a campaign to gain new insights: **'What Matters to You'**.

Our early insight-gathering identified the following key themes:

- **Awareness** – the need for more information about health prevention and availability of different health and social care services.
- **Access** – making it easy for people to access health and social care services and removing barriers
- **Agency** – including providing people with the information, tools and capacity to manage their own care.

Our **'What Matters to You Campaign'** took place over November. Working with our local Healthwatches and VCSE we asked people a single question. We reached out to as many people as possible in South Yorkshire, including our health and care workforce,

children and young people, under-represented and socially excluded groups and asked **'What matters to you about your health and wellbeing?'** The 'live feedback' from our campaign has been actively used to shape and inform our Strategy. The following key themes have emerged in addition to those from the early insight and they have been used to shape our strategy:

- **Access to care**
- **Quality of care**
- **Improving mental health and wellbeing**
- **Support to live well**
- **Wider determinants of health**
- **Affordability**

All the quotes throughout this Strategy are taken directly from our engagement work and the insight gathered informs our goals, shared outcomes, bold ambitions and joint commitments outlined in the next section. We have endeavoured to engage broadly and acknowledge the national timeline for development of this initial Strategy has made it challenging. There is a strong commitment from ICP members to continue to engage and involve as the Strategy evolves and we translate it into delivery.

4

# Our vision, strategic goals and shared outcomes for South Yorkshire

Our strategy to better health starts with people and families living in our communities.

Our Vision is that **Everyone in our diverse communities lives a happy, healthier life for longer**

## Our Strategic Goals

**Our vision is underpinned by three overarching goals. We want to see the people in all our communities:**

- 1 Live healthier and longer lives
- 2 Experience fairer outcomes
- 3 Have access to quality health and wellbeing support and care

Our success in these goals will ultimately be determined by improvements in Healthy Life Expectancy (HLE), the gap in HLE between the most and least deprived groups, eliminating inequalities in access and experience and unwarranted variation between our communities.

### Our aim is to:

Halt the stall in Life Expectancy (LE) in South Yorkshire and improve it by 3 years by 2028/30

Halt the stall in Healthy Life Expectancy (HLE) and close the gap between South Yorkshire and England by 2028/30

Close the gap in Health Life Expectancy between the most and least deprived groups in South Yorkshire by 25% by 2028/30







Our vision and goals are supported by **four shared outcomes** which are reflected in all our current Health and Wellbeing Board Strategies in each of our places. These shared outcomes align well to the life courses of **Starting Well, Living Well** and **Aging well** and act as an enabler in this strategy for current plans. These are:

- 1 Children and young people have the best start in life
- 2 People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- 3 People are supported to live in safe, strong and vibrant communities
- 4 People are equipped with the skills and resources they need to thrive

**Working Vision** Everyone in our diverse communities lives a happy, healthier life for longer

Goals	Healthier and Longer Life	Fairer Outcomes for all	Access to quality Health and Wellbeing support and care
-------	---------------------------	-------------------------	---

Shared Outcomes	Best start in life for Children & Young People	Living healthier and longer lives AND improved wellbeing for those with greatest need	Safe, strong and vibrant communities	People with the skills and resources they need to thrive
-----------------	--	---	--------------------------------------	--

In this strategy we will set out a focussed number of bold ambitions to support achievement of our shared outcomes which can only be achieved by all partners working together.

## 5

## Where are we now?

The impacts of the pandemic have been unequal and unfair and have highlighted inequalities which have been there for some time in South Yorkshire. Learning from the pandemic has provided us with an expanded view of inequality and to consider the importance and interplay of housing, employment environment, skills and transport (as key wider determinants of health) and their fundamental impact on health and wellbeing. We are fortunate to have many excellent care and support services across South Yorkshire, however as a result of the pandemic and the impact on our workforce these have become stretched and under significant pressure over a prolonged period. We know from our engagement work, our communities value simple and timely access to high quality care and for this to support both physical and mental health needs. Our strategy and delivery plans which follow will address this and our focus will be on enabling equitable access to care and support.

### **Understanding the Population Health Needs and outcomes in South Yorkshire**

Inequalities cost lives. People of South Yorkshire are living shorter lives than they should. The average number of years a baby born today in South Yorkshire can expect to live is 1.5 years less than those living elsewhere in England.



Not only are we dying younger, but we are living fewer years in good health, around 3.6 more years of life in poorer health than other areas in England. 37% (527,000) of people living in South Yorkshire live in the most 20% deprived areas nationally. Men and women living in the most deprived parts of South Yorkshire die around 9 years earlier than those living in the most affluent parts of South Yorkshire.

People who live in the most deprived areas are also more likely to spend longer in poorer health. National data tells us that women in the most deprived areas will spend up to 19 years in poorer health compared to those in the most affluent areas. People living in the most deprived areas will experience the onset of multiple ill health conditions 10-15 years earlier than those in the most affluent areas.

Poor health damages our economy, prosperity and opportunity. Around a third of the productivity gap between the North and the rest of the country is estimated to be attributable to poor health. We are also seeing a rise in older workers leaving the labour market due to poor health.

**The conditions that create our health (wider determinants)**

To have a healthy society we need a range of building blocks in place: stable jobs, good pay, quality housing and education. Making changes to ensure everyone has equality of opportunity and access to these key building blocks is not easy and will require us to be determined in our focus for the people of South Yorkshire.










**My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.**



**Theme**

**Key indicator**

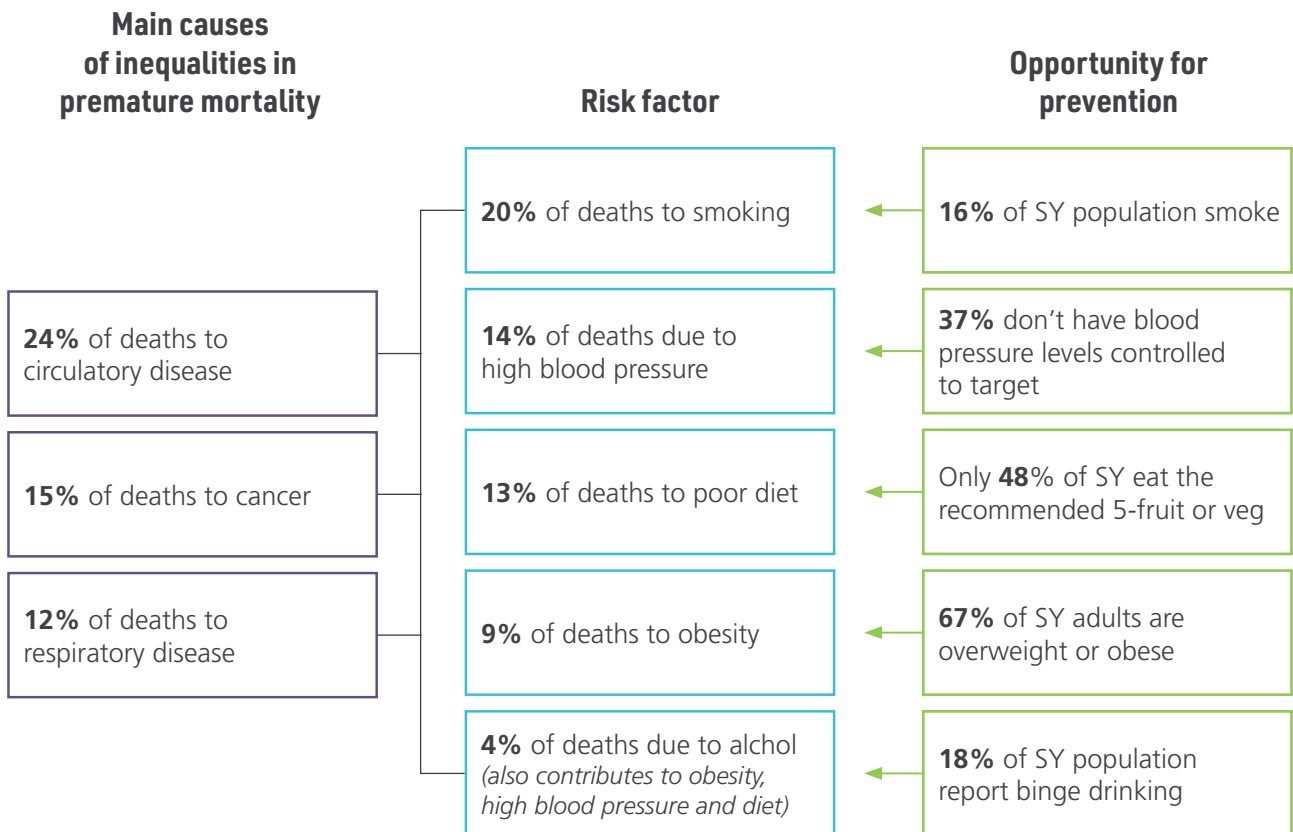
	<p><b>Housing</b></p> <p>Many of the most pressing health challenges such as obesity, poor mental health, physical inactivity are directly influenced by the built and natural environment including access to quality housing.</p>	<p>Nearly 19% of South Yorkshire homes were reported to be experiencing fuel poverty, this is significantly worse than the England average (13%). This is likely to significantly increase given the rising cost of fuel prices and is estimated to impact on at least 42% of households.</p>
	<p><b>Access to green spaces and active travel</b></p> <p>Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity.</p>	<ul style="list-style-type: none"> <li>• 14% of adults in South Yorkshire walk for travel.</li> <li>• 16% of South Yorkshire residents make use of outdoor space for exercise or health reasons</li> <li>• All four Places in South Yorkshire are ranked in the top 10 of all local authorities with the highest rates of children being killed or seriously injured on roads.</li> </ul>
	<p><b>Education</b></p> <p>Access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.</p>	<ul style="list-style-type: none"> <li>• An estimated 1,840 (6.2%) young people are not in education, employment or training in South Yorkshire.</li> <li>• 30% of children were deemed to not have achieved the expected level of development at the end of reception.</li> </ul>
	<p><b>Jobs</b></p> <p>Being in good work is good for both physical and mental health/wellbeing</p>	<ul style="list-style-type: none"> <li>• 73% of South Yorkshire residents aged 16-64 are in employment, this is significantly lower than the England average</li> <li>• The average weekly earnings are only 91% of the England average.</li> <li>• The main reason for sickness absence is MSK– 19% of over 16s report having a long term MSK problem.</li> </ul>
	<p><b>Inclusive work</b></p> <p>To ensure everyone can benefit from the protective factors of being in good work, labour markets should be inclusive and diverse so everyone can access good work with fair pay</p>	<ul style="list-style-type: none"> <li>• There is a 12 percentage point gap in the employment rate between those with a physical or mental long term condition and the overall employment. This is even worse for those with a learning disability, where the gap is 66%</li> <li>• Those from non-white ethnic minority groups are less likely to be in employment, similarly employment levels are lowest in those in the most deprived areas and those aged 50-64.</li> </ul>
	<p><b>Crime and violence</b></p> <p>Crime is both a risk factor for health and an outcome from a number of other social determinants of health: crime can lead to both the short term effects which can be severe but it can also lead to long term problems such as depression or anxiety-related illnesses and; crime itself has its own risk factors</p>	<ul style="list-style-type: none"> <li>• There were approximately 46,000 violence offences reported, a rate of 33 offences per 1,000 population, this is higher than the value for England (29 per 1,000).</li> <li>• The rate of deaths to drug misuse was 7.6 per 100,000, that's nearly 300 deaths due to drug misuse (in a three-year period).</li> </ul>
	<p><b>Air pollution</b></p> <p>Poor air quality is the largest environmental risk to public health in the UK as long-term exposure to air pollution can directly result in long term conditions as well as exacerbate conditions leading to hospitalisation.</p>	<ul style="list-style-type: none"> <li>• Approximately 5% of all deaths are attributable to air pollution.</li> <li>• It is estimated that 200,000 residents of South Yorkshire live in areas that are vulnerable to air pollution</li> </ul>

### Health conditions amenable to prevention

We have a good understanding now of the main contributors to premature mortality in South Yorkshire. They are cardiovascular disease, cancer and respiratory disease. Inequalities in the wider determinants, risks and behaviours are strongly associated with poorer outcomes. The principal risk factors associated with the main causes of death and ill health are smoking, high blood pressure, diet, obesity and alcohol. South Yorkshire has higher than national rates of these common, but modifiable, risk factors.

### Key numbers:

- 14% of population are recorded to have high blood pressure and 7% diabetes
- Rates of deaths from stroke are twice that in the most deprived group than least deprived group.
- Admissions for pneumonia in all 4 places are some of the highest in the country
- Early detection of cancer is most important factor for outcomes, only 51% of cancers are diagnosed early, which is much less than the national target of 75%

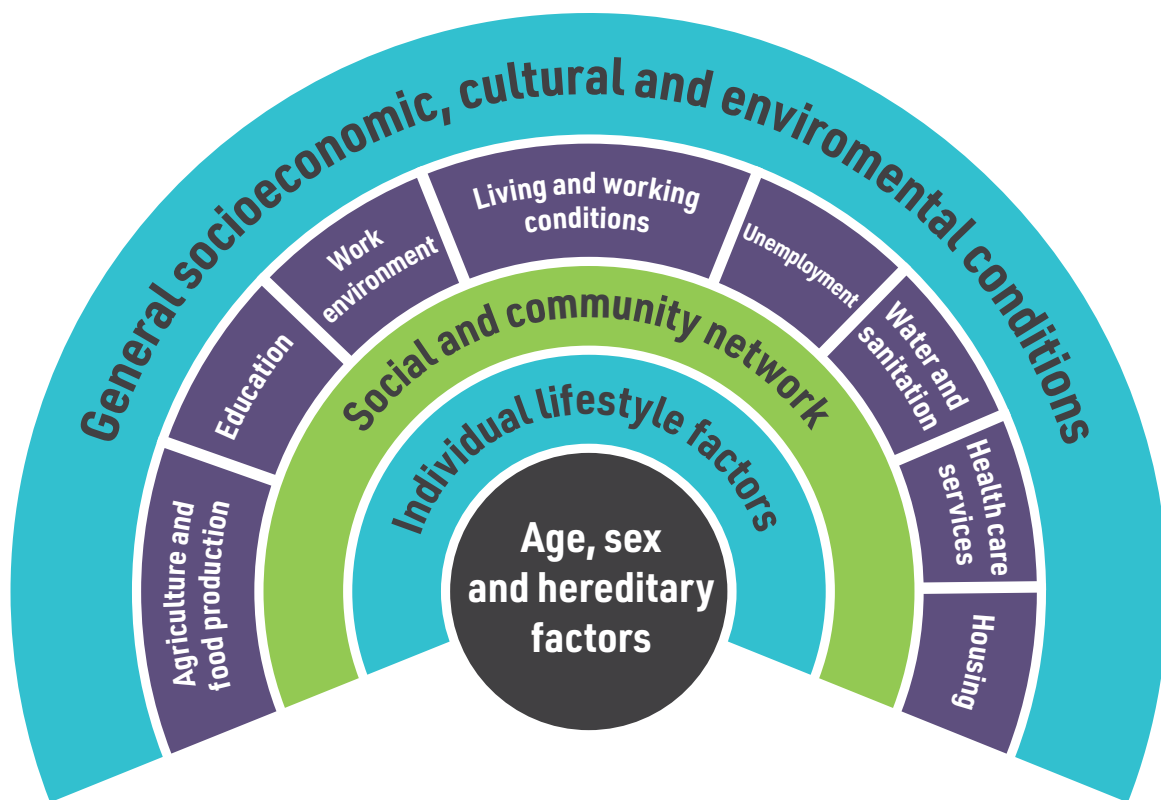


**The health of groups vulnerable to inequalities**

Smoking, poor diet, physical inactivity and harmful alcohol are drivers for early onset of illness and death in South Yorkshire. But people’s ability to adopt healthy behaviours is strongly shaped by the circumstances in which they live.

Inequalities in the wider determinants of health; housing, environment, education, jobs and the modifiable risk factors (smoking, healthy weight, alcohol) often cluster in individuals and communities, compounding their overall risks of poor health.

The cost-of-living crisis means many more children, young people and adults in South Yorkshire will be living in poverty. Cuts in income combined with increased costs of living also means for many not being able to eat, heat their homes or keep clean. This impacts on immediate health and ability to access health and care services and support and increases the risk of illness in the short and longer-term health. Poverty impacts on health through the wider determinants, affecting educational outcomes, life chances, choices and opportunities. By having to focus on their immediate needs and threats, people living in poverty may make decisions that are damaging for their health in the longer term.<sup>2</sup>



<sup>2</sup> How poverty affects people’s decision-making processes Jennifer Sheehy-Skeffington and Jessica Rea 2017 JRF

Very poor health and lower average age of death is also often experienced by people who have become socially excluded as a result of multiple adverse events such as poverty, violence and complex trauma. This may be experienced, for example, by people who experience homelessness and drug and alcohol dependence. It may also be experienced by vulnerable migrants, Gypsy, Roma and Traveller communities. Poor access to health and care services and negative experiences can also be commonplace for these groups due to multiple barriers, often related to the way healthcare services are delivered. Further compounding their inequalities in health.

The Covid pandemic has brought to the fore the health inequalities experienced by people from Black and minority ethnic groups in the UK. The recently formed NHS Race and Health Observatory concludes that the health of ethnic minority patients has been negatively impacted by inequalities in access to, experiences of, and outcomes of healthcare and that these longstanding problems in the NHS are rooted in experiences of structural, institutional and

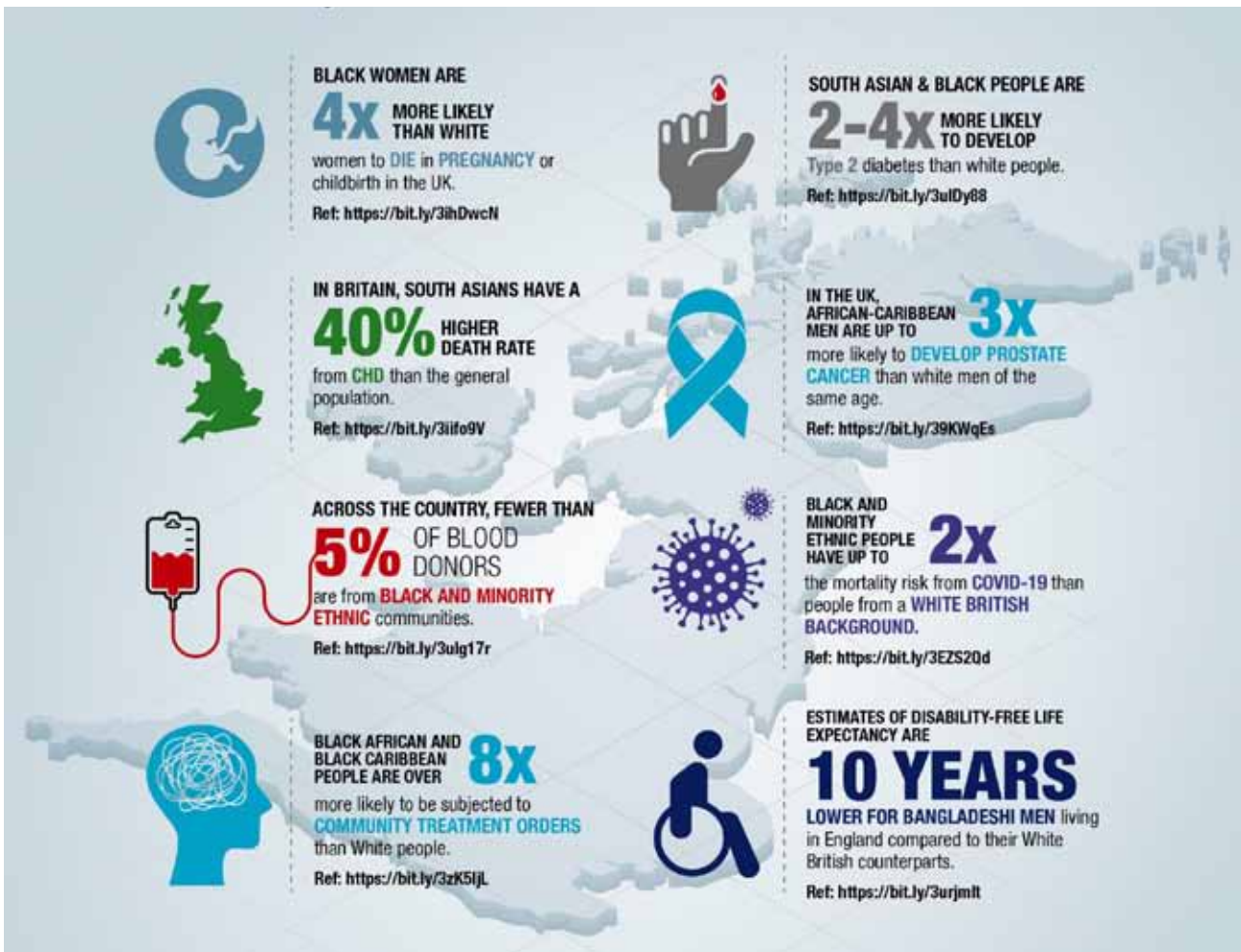


### Key Facts:

- People from Black and minority ethnic groups are disproportionately affected by socio economic deprivation
- People with severe mental illness are at greater risk of poor physical health and reduced life expectancy compared to the general population. On average men with severe mental health conditions die 20 years earlier, and women die 15 years earlier than the general population.
- People with a learning disability have worse physical and mental health and women with a learning disability die on average 18 years younger and men 14 years younger.

<sup>3</sup> NHS Race and Health Observatory. Ethnic Inequalities in Healthcare: A Rapid Evidence Review. 2022

Figure Ethnic Health Inequalities in the UK Source:  
 Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory NHS  
 – Race and Health Observatory (nhsrho.org)

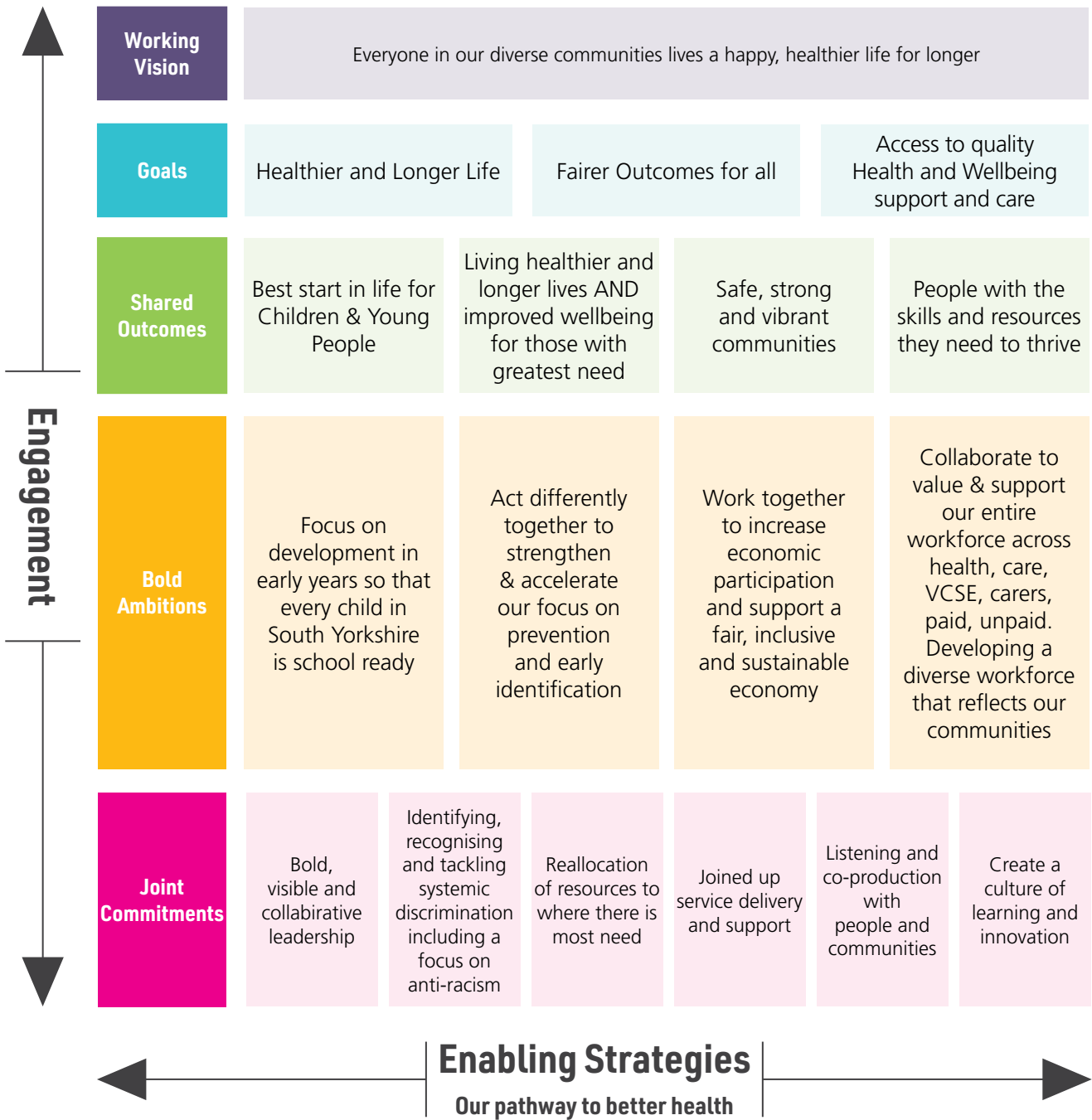




6

Summary Plan on a Page

# Our Shared Outcomes, Bold Ambitions and Joint Commitments



Across South Yorkshire and in each of our places we have existing, strong strategies and plans, these include our Health and Wellbeing Strategies, our Place plans, our 5 Year Health and Care Plan and our South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. It is not our intention in this initial Integrated Care Strategy to duplicate these but to build on them, setting out where, as a whole partnership working together, we can add value and support to go further faster on some of the more challenging and intractable issues to contribute to reducing health inequalities and improving healthy life expectancy.

**Our intention is to:**

- Ensure that we focus on what matters to people, including good access to high quality care and support, and to demonstrate we have listened we have identified this as one of our strategic goals.
- Amplify or give visibility to exemplars of best practice to support learning, sharing and adoption.
- Identify a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align our collective power and influence to enable delivery at pace and at scale.



**Our shared Outcomes are:**

- 1 Children and young people have the best start in life
- 2 People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- 3 People are supported to live in safe, strong and vibrant communities
- 4 People are equipped with the skills and resources they need to thrive

**Our Bold Ambitions are to:**

- 1 Focus on development in early years so that every child in South Yorkshire is school ready
- 2 Act differently together to strengthen & accelerate our focus on prevention and early identification
- 3 Work together to increase economic participation and support a fair, inclusive and sustainable economy
- 4 Collaborate to value & support our entire workforce across health, care, VCSE, paid, unpaid & carers and to develop

## Our Shared Outcomes

1

Children and young people have the best start in life



**I believe in empowering individuals to be self-sufficient and not wholly reliant on healthcare professionals but to take personal responsibility for their health. I believe in getting this right from school age.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

### Why is it important?

- The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development[1]. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status.
- Childhood is the most important time for enabling the development of behaviours that will have a lifelong influence on health and wellbeing, including physical activity and healthy eating.
- As with adults, the wider determinants of children's health include socio-economic factors, housing, social networks and education. Poverty is a major social determinant and adversely affects children's life chances.
- In South Yorkshire a quarter of children live in poverty which is higher than the national average and the increasing cost of living is placing additional strain on many families in our communities. We have lower rates of school readiness, more children who are obese and the number of children who have dental caries is higher than the national average. In addition, evidence suggests that the pandemic has had a significant negative impact on children and young people and their mental and physical health.

### Key Facts:

#### Compared to the national average, children in South Yorkshire are:

- Less likely to be breastfed at 6-8 weeks after birth
- Have slightly lower rates of school readiness (71% of children achieved a good level of development at the end of reception)
- More likely to be obese (37% of Year 6 and 25% of reception children are overweight or obese)
- More likely to have dental caries (830 admissions per 100,000 population, ages 0-5)
- More likely to die / be seriously injured on roads (37 deaths per 100,000 population of those aged 16 and under)
- There were 212 hospital admissions per 100,000 as a result of self-harm in those aged 10-14 (180 of our children).

### What are we doing about it?

- We are working in each of our places, with our Local Maternity and Neonatal Network and Children and Young People's Alliance to enable all our children and young people to thrive, have good physical and mental health, high aspirations and to ensure that they are able to maximise their capabilities to participate and contribute to society.
- We are enabling children and young people and their families to have a voice together with the information, tools and resources to manage their own health and wellbeing and to actively participate in how we improve and integrate services.
- We know that there is more we can do together to support families including the development of family hubs in South Yorkshire to ensure that all our children are well supported in their early years and are all school ready and enabled to maximise their potential.
- We are committed to supporting a reduction in healthcare inequalities, using the new Core20Plus 5 framework adapted for children and young people. The 'Core20' is the most deprived 20% of the national population as identified by the national index of multiple deprivation. The plus groups include ethnic minority communities; people with a learning disability, autistic people; people with multi morbidities; and those with protected characteristics. Specific consideration is given to young carers, looked after children, care leavers and those in contact with the justice system.

As part of the framework five clinical areas have been identified to be focused on by Integrated Care Boards and Integrated Care Partnerships and these are the key areas we are already working on:

- Asthma
  - Diabetes
  - Epilepsy
  - Oral health
  - Mental health
- We are working together with the Mental Health Provider Collaborative to improve the support of our children and young people's emotional wellbeing and mental health responding to the ongoing impact of the covid pandemic.
  - We know the association between exposure to adverse childhood experiences and poor adult outcomes is heightened in looked after access to services and the children therefore we are working to support all our looked after children to enable them to achieve academically and develop the capabilities to maximise their potential.
  - Children's social care services are supporting families to stay safely together, with a focus on early help, access to services and preventing them from reaching crisis point.



**As a South Yorkshire Integrated Partnership, we will:**

- Act swiftly together to galvanise all partners, including partners in education and childcare settings, to deliver our bold ambition to focus on development in early years so that every child in South Yorkshire is school ready.
- Ensure, through our Place Partnerships, Local Maternity Network and Children's and Young People's Alliance that the voice and insights of families, children and young people are central to strengthening our understanding of their needs and enable changes to services to be co-produced.
- Through our Place Partnerships and Local Maternity Network, working closely with our communities, the Maternity Voices Partnership and VCSE, enhance maternity care, to decrease inequalities in maternal and neonatal outcomes.
- Building on existing relationships and multi-agency collaboration, take a strengths-based and coordinated approach to establishing family hubs across South Yorkshire, which have a focus on supporting families with the greatest needs.
- Through our Place Partnerships and Children's and Young People's Alliance, enable all our children to have the information, knowledge, skills and confidence to have good physical and mental health so that they are able to increasingly manage their physical and mental health and wellbeing, maximise their capabilities and have choice and control over their lives.
- Through our Place Partnerships and Mental Health Provider Collaboratives, take action to improve support and access to mental health and wellbeing services for children and young people.
- Maximise the benefit of the Harvard Bloomberg City Leadership Programme for South Yorkshire focussed on Health Inequalities

## Our Shared Outcomes

2

**People in South Yorkshire live longer and healthier lives**

AND the physical and mental health and wellbeing of those with the greatest need improves the fastest



**To live a healthy, long life I want support maintaining my general health and mobility; access to fitness classes that suit me; confidence in my GP; suitable housing, preferably near a family member in case support is needed; enough money to eat reasonably healthily and to heat at least one room of my home.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

### Why is it important?

- People in South Yorkshire are living shorter lives than they should. 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 wellbeing.
- People in South Yorkshire deserve better health and wellbeing.
- We want all citizens of South Yorkshire to benefit from an improvement in their health and wellbeing. We need to ensure that those with the greatest needs and /or most at risk from health inequalities see the biggest and fastest improvements.
- Creating the conditions for good health and wellbeing is key to prevent problems from arising in the first place
- But where problems do arise, we need to focus on preventing them from escalating further, so that people can live happy, healthy, and fulfilling lives for as long as possible.
- Creating good health and preventing ill health is better for people, better for services and better for the planet.

### What are we doing about it?

To help improve physical and mental health and wellbeing and to reduce health inequalities action is being taken on a range of fronts:

- Partners are working together in every place with communities to take actions to improve the wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities, air pollution, climate mitigation and adaptation.
- Place based Partnerships, including the Voluntary Community and Social Enterprise (VCSE) sector are working with communities to support a strengths-based approach to the development of vibrant communities (see later sections)
- Targeted actions are being taken on the main risk factors for the conditions that are leading to premature death – smoking, alcohol, obesity and hypertension. For example, each Place is working to reduce access to tobacco and support people to stop smoking and all Trusts in South Yorkshire are implementing the QUIT Programme.<sup>4</sup> Place Partnerships and the Children and Young People’s Alliance are working with schools to promote healthy weight for children and young people.

<sup>4</sup> [www.sybics-quit.co.uk](http://www.sybics-quit.co.uk)





- Healthcare services are taking steps to identify earlier, and improve the clinical management in line with evidence, of the three main diseases that contribute to our premature mortality – cardiovascular disease (heart disease and strokes), respiratory disease and cancer - and of their risk factors (such as high cholesterol, high blood pressure and diabetes).
- We have a well established Cancer Alliance that is leading the way with its focus on health inequalities and early diagnosis using behavioural science techniques, working in partnership with communities, primary care and the voluntary sector.
- We also have regional Clinical Networks for Cardiovascular, Diabetes, Stroke and Respiratory Disease. Our places are all actively involved in delivering prevention and management initiatives linked into these Clinical Networks.
- Place Based Partnerships and the Mental Health Provider Collaborative are working with communities and people with lived experience to improve mental wellbeing, by promoting the importance of mental health throughout every stage of life, identifying those at risk of poor mental health and reducing the factors that contribute to this, including social and economic factors.
- Proactively enabling early intervention to prevent more serious difficulties and preventing suicide. Supporting people with mental ill health to have better physical health and working with primary care to enhance the annual physical health check for people with serious mental ill health.
- Mental Health Trusts now have specialist Tobacco Treatment Advisors who are helping put people in contact with secondary care mental health stop smoking services.
- Adult social care services are helping people to live the life they want while keeping safe and well in their local communities, guided by the 'Making it Real' Framework<sup>5</sup> focusing on what matters most to people.

<sup>5</sup> Making it Real - Think Local Act Personal

- We are being guided by what is important to people, we know that this includes access to services, seeing the right professional, at the right time and getting the right support when they need it. To enable this, we are working together to improve access to services, understand and remove barriers and enable the integration of care. For example Places are developing multidisciplinary teams, bringing together Primary Care Networks, community services, specialist community teams, social care and the VCSE sector.
- We have an effective health protection programme in South Yorkshire and will continue to work with the UK Health Security Agency (UKHSA) and NHSE to deliver health protection, including maximising delivery of routine adult and childhood vaccination programmes and ensuring effective delivery of covid and seasonal flu vaccination programmes. We will also continue to support delivery of health protection through Local Authorities, eg environmental health protection, outbreak management and addressing air pollution.
- Places are increasing their focus on addressing ethnic health inequalities. For example improving access to social prescribing for ethnic minority communities.
- Partners are also developing their approach to the use of data and information from patients and communities to more effectively identify individuals and communities who

are at risk or are experiencing poor health outcomes and adapting the way care or broader interventions are delivered to improve patient experience, access and outcomes. For health care services, this is known as taking a population health management approach.

- While progress is being made, if we are to prevent people living in South Yorkshire from having many years in poor health or from dying too early, we need a step change in the focus on wellbeing, prevention and the early identification and management of physical and mental ill health.

#### **As a South Yorkshire Integrated Care Partnership we will**

- Through our Place Partnerships, Collaboratives and Alliances, ensure that community voice and insights are central to strengthening our understanding of our population needs and enable changes to services and local programmes to be co-produced with local communities and people with lived experience.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and ensure that prevention interventions are coproduced with local communities, delivered, and funded at sufficient scale to have real impact.

- Work through the Place Partnerships, Collaboratives and Alliances to accelerate the move from reactive care to proactive care, taking a whole-person approach and focusing on what matters most to people.
- Work together to ensure that people of all ages have the information, knowledge, skills and confidence they need to manage their physical and mental health and wellbeing, have choice and control in their own lives, and are able to use their skills, knowledge and experience to benefit the wider community.
- We will act differently together to deliver our ambition to strengthen and accelerate our focus on prevention and early identification. This will include a focus on improving access and the quality of care and support to reduce inequalities in access, experience and outcomes.
  - This will mean focusing on the: Four main modifiable risk factors – smoking, healthy weight, alcohol, and hypertension
  - Early identification and management of the three main causes of early death and unwarranted variations in care in South Yorkshire – Cardiovascular, Respiratory Disease and early diagnosis of Cancer.
- We will enhance rehabilitation for patients prior to cancer therapy and rehabilitation for people with cancer, cardiac and respiratory diseases and stroke. By doing this we can help to delay the onset of multimorbidity and frailty as well as premature death.
- We will take a personalised approach to support those living with multiple conditions and those with life limiting conditions, enabling choice and control and supporting end of life planning.
- We will work with communities and people with lived experience to improve mental health and well-being and to remodel and integrate mental health services to have a strong focus on prevention, early intervention, resilience and recovery and continue our focus on reducing suicides.
- We will work together to challenge mental health stigma and promote social inclusion and social justice for everyone affected by mental illness.
- We will work with:
  - People with serious mental health conditions and those with learning disabilities and autism to improve their physical health.
  - People with serious physical long-term conditions to enable them to have good mental health.
  - Ethnic minority communities to support improvements in physical and mental health

- NHS partners will commit to increase the focus on reducing inequalities in healthcare using the 'Core 20 Plus 5' an NHS England health inequalities framework to support local health services to focus action on:
  - People living the most deprived neighbourhoods (Core 20).
  - Locally identified priority groups (Plus). Our Places each identified their priorities groups. Examples include people from ethnic minority heritage, Gypsy, Roma and Traveller communities, asylum seekers, people with learning disabilities, homeless, LGBTQTrans communities.
  - Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids.
  - Decreasing smoking.
- We will increase our joint use of data and information to identify those at risk to target improvements in care, treatment and support. This is taking a population health management approach and will help us to support those who need it most.



## Our Shared Outcomes

3

People are supported to live in safe, strong and vibrant communities



**My health and wellbeing are severely affected by the environment in which we live. Clean air, green space access, safer roads, installation of renewable energy sources in public areas, improved public transport locally, more of it at affordable prices to encourage use.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

### Why is it important?

- We have many strong, proud and vibrant communities in South Yorkshire, but many communities have seen the decline of their local economy and of their community assets and through this they experience a lack of connectivity to education, employment and opportunities.
- The physical environment where people live and work and how safe they feel in their communities are important in creating good health and health outcomes.
- People living in places with poor quality housing, high air pollution and traffic volumes, poor access to green space and poor active travel and public transport links to jobs, services, family and friends and leisure are far more likely to experience poorer health outcomes. These differences in the quality and liveability of our communities and local places are key contributory factors to the health inequalities we see across South Yorkshire.
- Living in poor quality housing, or homes that you are unable to heat is known to contribute to both physical and mental health problems. We know that this is an issue in South Yorkshire, with the latest published data (2020) estimating around 18% of South Yorkshire homes were experiencing fuel poverty. This is significantly worse than the England average, and likely to have increased considerably with increasing cost of living challenges.

### What are we doing about it?

- Health and Care Partnerships in every place are working together to address these wider determinants and support community development. They are enabling the growth of community infrastructure, working to increase access to physical activity in communities, working closely with the VCSE sector and with communities to enable use of our estate.
- Place Partnerships are also working together to ensure sufficient warm, sustainable and affordable housing is built across South Yorkshire and linking housing improvement programmes to public health and wider social care agendas. Places are also aligning services for those with cold homes to address the key drivers of fuel poverty, income, energy efficiency and fuel prices.
- In each place organisations are working to leverage their local economic power to help create more accessible jobs for people in our communities and retain more of our public sector spend within our local areas to deliver additional social value for local people, including building wealth within our local communities through progressive procurement strategies. Progressive procurement is about making it easier for potential suppliers to bid for opportunities and to offer their goods and services to public sector organisations in a way that it benefits the local communities.
- Places are taking a strengths-based approach to build on the skills and strengths in different communities to enable positive and sustainable improvements.

- Places are working with local people and the VCSE sector to find solutions to local issues. Taking an asset-based community development approach is important in creating vibrant communities in which people feel happy, safe and proud. Putting more power and control in the hands of local people and local organisations helps to build stronger communities.
- This on the ground approach is enabling us to create more connected local communities. Being part of and feeling like you belong to a connected and resilient community, with opportunities to be physically active and participate in arts and culture, all contributes to people's mental as well as physical wellbeing.
- Work is underway to enable access to green space, leisure and sport facilities in our local communities, and to also enable access to cultural and creative opportunities all of which positively contribute to health and wellbeing.
- Strengthen our action on climate mitigation and adaptation to unlock co-benefits for health and reduce health inequalities
- In doing so we will promote physical activity and enable participation in meaningful activities to increase connectivity and reduce loneliness.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and co-produce solutions that address issues and enable community development in a way that contributes to safer, stronger more vibrant communities.
- Support the work in each place to ensure that sufficient warm sustainable and affordable housing is built across South Yorkshire and linking housing improvement programmes to public health and wider social care agendas, maximising the opportunities of working together across South Yorkshire where it makes sense to do so.
- Through our Place Partnerships, Collaboratives and Alliances, and together with our communities to harness our collective role as anchor institutes to aid community development.
- Use our ability as a partnership to share learning and influence wider partners so that all are able to act as an advocate for safer and stronger communities.

**As a South Yorkshire Integrated Care Partnership, we will:**

- Through our Place Partnerships, Collaboratives and Alliances we will actively support strength based community development, work to enable access to green space, cultural and creative opportunities and ensure decisions are made as close to communities as possible.

## Our Shared Outcomes

4

People with the skills and resources they need to thrive



**My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



### Why is it important?

- We know that being able to keep well, have choice and control and feel able to manage your own health and wellbeing is important to people in South Yorkshire. Equipping people with the skills and resources they need is vital so people have the information, knowledge, skills and confidence to keep well, manage and improve their own health and wellbeing and know when to seek support.
- To have a healthy society we need a range of building blocks in place as already described, these include stable jobs with good pay, quality housing and education. As outlined socioeconomic factors such as education, employment and income all impact on our health and wellbeing.
- Together with a focus on the first 1001 days access to high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives. It is also important that learning opportunities are available for adults of all ages to develop the skills and qualifications needed for employment and progression.
- Equipping people with the skills and resources they need to thrive, through formal education, informal life-long learning, adult and community education, enables people to maximise their potential, participate in their communities and secure stable employment or contribute in other ways. It also equips people with the ability to research, ask questions, think critically, be curious and access/find the information and knowledge they need about how to manage their own health and wellbeing behaviours, supporting the wider prevention agenda.
- Being in work is good for both physical and mental health and wellbeing. Currently 72% of South Yorkshire residents aged 16-64 are in employment and this is significantly lower than the England average. Sheffield has one of the lowest rates in the country at 69%. As well as having less people employed in South Yorkshire the average weekly earnings are only 91% of the England average.
- Sickness absence in South Yorkshire is also higher than England. Doncaster has one of the highest rates in England, at 3.1%. There is a relationship between health and productivity, healthy people are more productive in the workplace.
- Affordability has been identified by people in South Yorkshire as an area of challenge and a barrier to enabling them to manage their health and wellbeing. It is anticipated that this will increase further as the cost of living increases, resulting in more children, young people and adults in South Yorkshire living in poverty.

### What are we doing about it?

- The South Yorkshire Mayoral Combined Authority is working with partners to enable delivery of the South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. The Strategic Economic Plan (SEP) sets out local leaders' blueprint to drive our post covid recovery and to transform South Yorkshire's economy and society for people, businesses and places. We are already working to develop an inclusive and sustainable economy. "An inclusive and sustainable economy is one that works for everyone, with no one being left behind. It also protects the needs of future generations by ensuring that these can be met within the means of our planet"
- To enable this, labour markets need to be inclusive and diverse so everyone can access good work with fair pay. The South Yorkshire Skills Strategy which is in development will help support lifelong learning and develop people with the appropriate skills to support the economy. Life-long learning and skills development is important at all ages and in ensuring that people working in unsustainable industries are able to transition into quality, good, green jobs.
- Health and care services are working together to enable people to have the information, knowledge, skills and confidence to improve their health and wellbeing and feel confident about taking control and looking after themselves. Healthy engaged people are more able to work and are more productive in the workplace and thus able to contribute to wider economic prosperity.
- Places are working with communities and the VCSE to understand what matters most to people in our communities and what we can do to help to mitigate the negative health and wellbeing impacts of the increasing cost of living, e.g. ensuring they have a single point of contact and streamlined access to welfare advice and support.



### **As a South Yorkshire Integrated Care Partnership, we will:**

- Strengthen our work together to ensure everyone in South Yorkshire can benefit from being in good work by harnessing the collective power of our anchor institutions and supporting the development of our health and care workforce.
- Take action with our partners to support those that may traditionally find it difficult to get into or stay in work or find other fulfilling ways to make a meaningful contribution, such as those with a physical or learning disability, or a long-term health condition. In South Yorkshire we have schemes in place such as Working Win, but we know we can do more to make a difference.
- Actively promote the development of inclusive labour markets by focusing on work and health, including local recruitment, supporting people to enter and stay in work, especially those with physical and mental health conditions, inclusion groups & in greatest need to address health inequalities.
- Partner with Education and skills providers who offer skills development at all stages of the life-course, in both formal and informal learning settings, to enable people to develop the skills and acquire the knowledge and understanding to look after their own health and wellbeing where possible

- Amplify, sharing learning and actively support the work underway in each of our places with local communities and the VCSE sector to reduce the impact of the increasing cost of living on people living in South Yorkshire, especially for those in the greatest need. Work together to understand those most at risk and to mitigate the impact of cost of living on access to health and care services and support.



**Being able to flex my employment around my health needs is the most incredible gift and I cannot thank my employer enough for that, I've had jobs in the past where disability and health have always been a barrier in the workplace but where I currently work the culture and support available is genuinely the best I could ask for.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



**I think having a decent standard of living in many aspects such as financial health, whilst taking responsibility for own health is of utmost importance. Finance and health are linked in such a way where you can afford to eat healthy foods, something that has become a challenge in recent months. Everything is interlinked with Mental and Physical Health as well.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

## Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

### 1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on full school meals and all children by 25% by 2028/30

### 2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

### 3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024.

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

### 4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism.



## The Voluntary, Community, Faith organisations need support (funding, training & support etc) to support local community members around health & wellbeing

### Joint Commitments

To enable successful delivery of our strategy requires us to do things fundamentally differently for our communities. Our commitments underpin delivery of our Integrated Care Strategy.

They are:

- To be **bold, generous, visible and collaborative in our leadership** for the people of South Yorkshire, doing things differently being courageous and taking risks where it improves outcomes or reduces health inequalities.
- To **identify, recognise, and tackle systemic discrimination together** with a focus on anti racism
- To **reallocate our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To **join up service delivery and support** between health and social care and VCSE where it makes sense to do so in our places and across South Yorkshire
- To **listen** and facilitate **co-production with people and communities**
- To **create a culture of learning and innovation**, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- Develop and deliver **inclusive enabling strategies which** support delivery of our strategy **to better health**

## What do we mean by these commitments?

### Bold Collaborative Leadership

- As a Partnership we are making a joint commitment to bold, visible and collaborative leadership which embraces and empowers leaders at all levels and across all partners working within a distributed leadership model.
- We will harness the power of our collective leadership across the Partnership, including VCSE. We will take an inclusive approach to develop leaders at all levels to reflect the communities we serve and develop a leadership culture which is inspiring and courageous.

### Identify, recognise and tackle systemic discrimination with a focus on anti-racism

- As a Partnership we are making a joint commitment to identify, **recognise and tackle systemic discrimination with a focus on anti-racism**. We will identify and make systematic discrimination visible and work together to create the conditions to address it and to ensure fair and inclusive treatment and engagement.
- We are committed to supporting health and care systems, change levers and management leadership behaviours to tackle ethnic health inequalities and promote quality of care, safety, compassion and **a fairer experience** for patients, NHS staff and diverse communities alike.

### Reallocate our resources

- As a partnership we are making a joint commitment to **reallocate our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To deliver this Strategy we know that we will need to be more flexible with the use of our financial resources, rebalancing our spend towards prevention and those with the greatest needs to address health inequalities. This will mean collectively challenging ourselves as partners to operationalise a different approach to allocating our resources. We are committed to working through this together, understanding each other's differing financial regimes, the national constraints we need to operate within and considering what we can do differently, including the scope of our pooled budget arrangements.
- We will continue to strive to make best use of our financial resources, to ensure value for money and work towards a financially sustainable health and care system.

### Joined up service delivery & support

- As a Partnership we are making a joint commitment to joined up service delivery and support. Through our engagement work we know that people really value access to high quality health and care services that are easy to navigate, personalised and joined up in their delivery. In every place in South Yorkshire, we are already working to join up service delivery and support by integrating health and care services. General practices are working together as Primary Care Networks, with community health services, mental health, social care, community pharmacy and the VCSE sector. They are working together to integrate health and care services through the creation of integrated multidisciplinary neighbourhood teams. To deliver more preventative and personalised care, treatment and support for people in their local communities.
- Across South Yorkshire Better Care Fund Plans supported integration by enabling joint planning and pooled budgets between NHS commissioners and Local Authorities. Section 75 is a key tool to enable integration and is well utilised in South Yorkshire. Through the Better Care Fund, we have enabled people to stay independent for longer and improved our hospital discharge pathways and reablement services.

- There is still much more we can do to better integrate health and care services, physical and mental health services in each place working with our communities, the VCSE and our developing Provider Collaboratives and Alliances. By joining up service delivery and support we will be able to better meet the needs of individuals and communities in South Yorkshire.

### Listening and co-production with people and communities

- As a partnership we are making an ongoing commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities.
- We will work creatively and accessibly to reach those whose voices / views / opinions/ experiences that are underrepresented, seldom heard, too often ignored or not sought, working closely with the Voluntary Community and Social Enterprise sector (VCSE) and using flexible methods.
- Understanding the insights and diverse experiences of people and communities from across South Yorkshire is essential to help us build on all the strengths within those communities, enabling us to co design services to address health inequalities and the other challenges faced by our health and care system and our places.



## Creating a Culture of Learning and Innovation

- In South Yorkshire we want to create the conditions for a high learning and sharing health and care system, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- We want to work together to strengthen our approach to research and innovation and bridging the gap between new knowledge, research and implementing evidence of what works to improve for all our local communities. There are a number of healthcare research and innovation organisations that operate in South Yorkshire that we are already connecting with, including University of Sheffield and Sheffield Hallam University and we have also partnered with the Academic Health Science Network to establish an Innovation Hub.
- We are committed to further forging partnerships between the NHS, Universities and Industry to contribute to improving the health and wellbeing of people living in South Yorkshire. Our aim is to:
  - Increase the pace of adoption and spread of impactful innovation
  - Make data, research evidence and insights more accessible
  - To support researchers and innovators and remove obstacles for those with potentially impactful solutions for health and care
- The South Yorkshire Integrated Care Partnership provides a refreshed opportunity to advocate for increased focus for innovation and research in the primary and social care sectors and explore new opportunities for socially focused research on challenges experienced by our communities, including the wider determinants of health.
- We will develop and use plans for an Academy for Population Health and Health Inequalities as a platform to connect people working across all sectors of our health, care and VCSE system to raise awareness and share knowledge. The academy will develop the confidence and capability of our workforce to enable cultural change to facilitate better collaboration and integration with the intent of reducing health inequalities and improving the health of people across South Yorkshire.



## 7

# How we will achieve our ambitions: Enabling plans and our partnerships

## Inclusive Enabling Plans

### Developing Our Workforce

- Our South Yorkshire health and care workforce is our greatest asset as an integrated care system. Over 72,000 people are employed across our NHS and care sectors, spanning over 300 diverse roles. In addition, our communities benefit from a strong Voluntary, Community and Social Enterprise (VCSE) sector. Our workforce has grown, but demand is now often outstripping supply and there are ongoing challenges which require us to work together differently as partners.
- In addition to our health and care workforce we also recognise the significant role of unpaid carers, which includes thousands of people providing unpaid care either in volunteering roles or as informal carers. Carers often experience poorer health outcomes themselves and report that the experience of care for their family member, and themselves could be improved.
- Across South Yorkshire we operate a well-established Workforce Hub. The Hub has been developed in partnership with Health Education England and is aligned to the NHS South Yorkshire. It delivers a range of workforce transformation programmes across health and care to support education and training, recruitment, retention, health and wellbeing, equality, diversity and inclusion, and new ways of working.
- It has been agreed with our partners to develop a workforce strategy for South Yorkshire. This will enable us to:
  - Ensure that our workforce feels valued and supported by health and care organisations in South Yorkshire and the system as a whole
  - Drive parity of esteem across sectors and develop a sense of belonging
  - Continue to support the health and wellbeing of our existing workforce
  - Develop our future health and care workforce, supporting local people to enter health and care roles, and those that may traditionally find it challenging to enter and stay in work, such as care leavers or people living with a physical or mental health conditions.

- Recruit and develop a workforce that reflects the diversity of the communities we serve
- Deliver the NHS People Plan ambition for more people, working differently, in a compassionate and inclusive culture and to ensure our workforce and staff find fulfilment and enjoyment in their work
- Progress shared development of innovative new workforce roles to meet emerging needs
- Deliver on our commitment to the Sheffield Race Equality Commission recommendation to become anti-racist employers by 2024
- Work with partners to address health inequalities, especially where protected characteristics have increased those inequalities
- Put in place programmes to support unpaid carers which are coproduced to meet their needs.

### Quality and Quality Improvement

- Access to high quality health and care is consistently identified as a key theme that is important to people in South Yorkshire. We know that seeing this through a Health Inequalities lens is critical to delivery of our goal of Fairer Outcomes for All. Our approaches to Quality and Quality Improvement need to build on the principles of fairness and equity. We have embedded an approach to continuous improvement and delivery of high-quality services as a fundamental principle of our collective delivery. We are keen to build on this and to continue to embed a culture of continuous learning and improvement across our Partners.
- Our Partners are committed to delivering high quality services that meet the needs of local communities and are evidence based, and to do this through embedding the voice of our citizens throughout our work; an area we are already progressing through our System Quality Group and our broader delivery programmes. Engaging with the power in the voices of local people, listening to their needs and being driven by high quality, timely, information is core to our continuous development.
- As well as being driven by continuous improvement, we will be responsive in our approach to quality management and understanding the key risks across the systems, working together to respond to pressures across the system, embedding a supportive culture and using our collective experience and expertise to ensure we mitigate any risks to service delivery.
- We have set out a series of key principles for Quality which we deliver through the work of the partnership:
  - We will work together to develop detailed **clear standards defining what high quality care and outcomes look like**, based on what matters to people and communities.
  - Create a shared understanding of **accountabilities** for the delivery of **quality and safety** across the system.
  - Focus our **resource and embed effective quality governance** arrangements appropriately



- Core to our approach will be to reduce health **inequalities and minimise variations in the quality of care and outcomes across South Yorkshire** to inform our ongoing improvement
  - Embed a single, consistent approach to **measuring quality and safety** using KPIs triangulated with intelligence and professional insight,
  - Celebrate **where we have got things right and share this learning** widely to continue our development journey.
  - Focus on **adopting innovation, embedding research and monitoring care and outcomes** to provide progressive, high-quality health and care policy.
- As part of setting out our governance arrangements, we have embedded an approach to quality and monitoring, which will further develop to complement our work programmes and delivery of services. We recognise, within this, the important role of regulators including the Care Quality Commission (CQC) and Office of Standards for Education, Children's Services and Skills (OFSTED) in ensuring we meet requirements around safety and quality. We will continue to ensure that individually, and collectively, we work with agencies to learn and develop. This will include learning from good practices elsewhere both within and beyond the UK, embedding national policy and recommendations as well as learning from our local service delivery.

### Improving Access to Services, care and support

- Access to health and care services is identified by people in South Yorkshire as important to them. Across health and care we know that there is variation in access and that there is more that we can do working with our local communities and VCSE to understand the barriers people face and how to enable these be overcome to facilitate more equitable access.
- Access to primary care is an area specifically identified. In recent years primary care has been challenged by increasing workload, both complexity and intensity and workforce challenges. The expectations of people and professionals are changing and with them the manner and scale in which services are delivered are being adapted, drawing on technology and digital solutions, balancing the need for face to face and remote consultations, whilst building capacity to enable us to meet increasing patient demand.
- The South Yorkshire Primary Care Provider Alliance brings together General Practice, Community Pharmacy, Dental and Optometry. It will develop a strategic plan for primary care which includes recommendations from the Fuller report published by NHS England. This will address the need to enable good access to services delivered at the right scale, whilst retaining the benefits of local neighbourhood services that offer continuity of care. NHS South Yorkshire will commission Community

Pharmacy, Dental and Optometry services from April 2024, creating an opportunity to play to the respective strengths of the providers of primary care services, including addressing issues with access to dentistry, widening the range of services available through Ophthalmic Opticians and increasing the role of community pharmacies in providing services and support to local populations.



**What matters to me about my health and wellbeing is getting care for me & my family in a timely way when we need it - be it an ambulance, a care home, a GP appointment.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

- Similar to the position nationally, waiting lists for hospital treatment in South Yorkshire have increased through the pandemic. Working through our Acute Provider Collaborative we have a strong focus on reducing waiting times. We are also working through Place Partnerships and our Urgent and Emergency Care Alliance to develop and implement plans for winter to increase capacity and support to deliver more personalised and preventative care and support for people in their own homes.
- The pandemic has also increased demand for mental health services, including children's and young people's mental health and neuro diversity services resulting in increased waiting times. We are working through our Place Partnerships and our Mental Health Provider Collaborative to take action to address this. Our aspiration is in line with 'No Wrong Door', NHS Confederation publication that sets out a vision for mental health, learning disability and autism services in 2032 is that there will be no wrong door to access quality and compassionate care and support.

### **Estates**

- Health and care services in South Yorkshire are delivered in a wide range of buildings and hubs across our communities. An Estate Strategy for South Yorkshire was developed by NHS South Yorkshire during 2021/22. The Estate Strategy is working towards ensuring that we have modern, fit

for purpose, sustainable and high-quality estate for the people in South Yorkshire. Its purpose is to demonstrate how our estate can be improved over time, for the benefit of patients, staff and the local community.

- We have been increasingly moving from a functional approach to managing our estate, to one which looks at the whole estate across South Yorkshire, building on the 'One Public Estate' approach and principles. The Estate Strategy embeds this approach and provides a strategic focus and added value via a collaborative and innovative approach to estates management, maintenance and efficiency; and strategic development and investment across the ICB footprint. It supports delivery of our clinical strategies and joint plans to maximise use of our assets through greater utilisation of existing estate, co-locating with other agencies and services where possible, creating a better patient environment and reducing the carbon emissions linked to our estate.
- Through this we are committed to taking a strategic approach to managing our estate to get the most out of our collective assets. That includes working with our communities to ensure that we plan and deliver integrated services that are in the right places and furthering our role as anchor institutions by supporting the use of our estate by VCSE and local communities contributing to social value.

## Digital, data and technology

- In South Yorkshire we have an ambitious plan for digital transformation. Our vision is to promote and coordinate optimal use of digital tools, integration and interoperability of technologies (how technologies speak to each other and work together) to create a seamless digital experience for people and clinical staff with the aim of increasing safety, improving experience and reducing inequity.
- Our priorities are:
  - Working with communities VCSE and other anchor organisations / institutes to enable digital inclusion
  - Actively supporting improvements in partner digital maturity and digital transformation including delivery of electronic health records and shared care records. This will support joined up service delivery, improve access to data for health and care staff and improve reliability and cyber security.
  - Implementing transformative technologies for our public to remotely interact with their care record, use new remote monitoring technologies to access health and care services and manage their own health and wellbeing.
  - Develop a digital workforce strategy to improve digital and technical expertise and enable new ways of working.
- We are committed to working with partners to co create a high-quality intelligence service for South Yorkshire to enable better use of data to understand our population health needs and health inequalities. Practically this means:
  - Supporting development of a data-literate community across South Yorkshire to develop an insight-led health and care system.
  - Provision of a South Yorkshire data platform, collating not only health and care data, but information integral to understanding wider determinants of health.
  - Supporting, where legally appropriate, sharing of data and information with research partners
  - Expanding our analytical capability to use innovative tools, techniques and advanced analytics to deepen our understanding of outcomes and develop new integrated pathways of care.
  - Building a strong analytical community to promote sharing of data management and analysis skills and expertise across the system



## What matters to me is staying healthy to enable me to stay independent and remain in my own home as long as possible.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

### Sustainability

- A Sustainability and Green Plan was launched by the South Yorkshire Integrated Care System in 2022. It sets out a programme of work that focuses action on a number of areas including estates and facilities, travel and transport, supply chain, medicines and adaptations, alongside workforce and digital. Local priorities were also identified, including primary care. The agreed programme of work set out in the South Yorkshire ICS Sustainability and Green Plan enables us to exploit synergies between partners.
- Climate change and population health are closely linked, the actions needed to promote sustainability and tackle climate change are also those that contribute to preventing ill health and improving population health. Taking a more preventative approach to health also can reduce health sector carbon emissions. Recognising this interdependence, as an Integrated Care Partnership we will collaborate with existing programmes of work and strengthen our commitment as partners to work together and with others to have a wider impact. By joining up our work to raise awareness, educate our workforce and progress initiatives to deliver sustainable travel, active travel, reduce air pollution and other sustainability initiatives.
- Action on climate and the environment also can improve health and reduce health inequalities through other mechanisms. For example improving the energy efficiency of homes results in warmer homes and helps reduce the cost of living, both which are related to better health outcomes and contribute to reducing health inequalities. The creation of good, accessible, green jobs could be targeted to those further away from the labour market and to those needing to transition from carbon intensive jobs.
- There are also many opportunities to boost the local economy collectively as anchor institutions by meeting South Yorkshire's net zero ambition, including the needs of the NHS, by supporting local innovation, local businesses and local jobs.





- Working with partners to support nature recovery will also benefit health by providing more options for nature connectivity for our communities and can also support climate adaptation by reducing flood risk and protecting against high urban temperatures.
- The NHS has committed to reaching carbon net zero. The Health and Care Act 2022 placed new duties on NHS to contribute towards statutory emissions and environmental targets. The South Yorkshire Mayoral Combined Authority and Local Authorities are moving at pace to develop tangible plans for how they tackle climate change, including the Mayoral manifesto commitment to establish a South Yorkshire Citizens Assembly for Climate Change and together this has fuelled our collective ambition.

**Broadening & strengthening our partnerships**

- As a Partnership we will only be able to achieve our bold ambitions and make progress in relation to our shared outcomes to improve the health and wellbeing of people living in South Yorkshire and reduce health inequalities if we work together as partners and broaden and strengthen our partnerships.



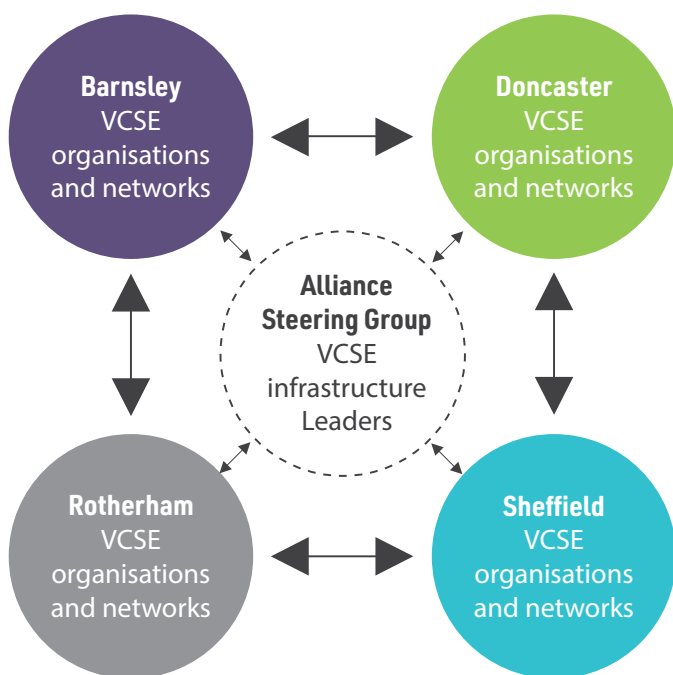
**What matters to my health and wellbeing is having care systems that work for the patient. I have complex health needs so I need a health system that connects services together. In theory this happens but in reality it does not. I spend a lot of my time connecting the missing dots, sharing missed letters between professionals so we can have wider conversations about my health as one condition can affect another.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

## Working with our Voluntary, Community and Social Enterprise Sector (VCSE)

### VCSE Sector in South Yorkshire

- South Yorkshire is home to over 6000 diverse VCSE organisations undertaking wide ranging activities and services that impact positively on the health and wellbeing of our communities. This includes small grassroots community associations, community groups, voluntary organisations, faith groups, charities, not for private profit companies and social enterprises.



### How will we work in real partnership with VCSE?

- We hugely value the contribution of VCSE organisations to our health and care landscape, and the Integrated Care System is committed to embedding and strengthening the role of the VCSE sector as an equal partner in our work, fulfilling its potential to collaborate on strategy, delivery, engagement and insight.
- To enable and support this, we are working with our VCSE partners to develop a VCSE Alliance. The Alliance will enable VCSE organisations across South Yorkshire (and Bassetlaw where appropriate) to participate in system work in meaningful ways including networking, information exchange, co-designing new opportunities and participating in South Yorkshire level ICS meetings. The Alliance will connect with VCSE organisations and networks in our Places, and will be guided by a Steering Group of VCSE infrastructure leaders (please see diagram).
- A new VCSE and ICS Memorandum of Understanding describes our relationship underpinned by shared values, principles, responsibilities and priorities. This has been co-designed by VCSE partners and conversations with NHS and Local Authority partners and will be adopted in 2022/23.
- Our 'enabling' priorities for partnership working include strengthening our VCSE commissioning and investment approach, enhancing communications, and building a culture of parity of esteem.

### What will we do together?

- We will build on successful work already underway such as social prescribing and identify new opportunities and potential for collaboration across our system partners and transformation priorities.
- We have started a conversation about how we value and support the workforce both paid and unpaid across all sectors in South Yorkshire and will co-design a new workforce strategy with voluntary sector partners.
- We will continue to utilise VCSE expertise in our work with VCSE, NHS and Local Authority partners to strengthen and support volunteering across South Yorkshire.
- We are scoping opportunities to understand how our voluntary sector partners can work with us to improve outcomes on a range of pathways including mental health, maternity and stroke.
- With our renewed commitment to enhancing population health and tackling health inequalities, we will harness VCSE expertise and knowledge of our local communities of geography and diversity. Building on our experience of and learning from collaboration during the Covid 19 pandemic, and as we look ahead to a cost of living crisis, this has never been more important.

### Working with other agencies including Housing and Education

- Place Partnerships in South Yorkshire are already facilitating multi agency collaboration that enables consideration of the physical, social, structural and commercial environments people live in that directly impact on their ability to lead a healthy life.
- To enable children and young people to have the best start in life we will build on the existing relationships to strengthen our work with education providers. Education is a key factor that influences the health and wellbeing of children, young people. Not being in education increases the risk of a range of negative outcomes for young people. Increasing access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.



- To enable people in South Yorkshire to live longer healthier lives we will build on our existing relationships with adult focused education providers, including through the development of the South Yorkshire Skills Strategy. Life long learning is important to enable people to develop the skills to work and for career progression so we will work with Life-Long learning delivery partners and the VCSE to ensure people continue to learn the skills they need to thrive in the fast-changing world of the 21st Century.
- We will also build on existing relationships with housing providers to support people to access the right housing support they need, as the quality of housing, house tenure and affordability are all linked to health and wellbeing.
- As a South Yorkshire Integrated Care Partnership we will strengthen multiagency collaboration through our Place Partnerships and facilitate work with other agencies across South Yorkshire where it adds value to do so. This could be on planning for cross boundary housing developments, engaging with communities and public transport providers across South Yorkshire to improve links, walking and cycling routes and further developing sustainable and active travel.

### **Harnessing our collective role as 'Anchor Institutions' - Working through our Partnerships to develop an Anchor System**

- Health, Local Authorities, Universities and other large employing organisation in our communities are 'anchor institutions' which have an important presence in an area. This is usually through a combination of being largescale employers; the largest purchasers of goods and services; controlling large areas of land; and having relatively fixed assets. The term anchor is used because they are unlikely to relocate given their connection to their local community. They can make a real difference to social determinants and have a significant influence on the health and wellbeing of communities.
- In South Yorkshire we are committed to collectively harness our role as 'Anchor Institutions' across the NHS, Local Authorities, Universities, particularly maximising our collective contribution as large scale employers to support the health and wellbeing of our staff, develop the health and care workforce for the future, creating a more inclusive and sustainable economy.

## 8

## Enabling delivery of our Integrated Care Strategy and measuring success

- To enable delivery of our Integrated Care Strategy we will develop a delivery plan overseen by our Integrated Care Partnership.
- The NHS South Yorkshire Five Year Joint Forward Plan to be developed by March 2023 will be a key delivery vehicle for our Integrated Care Strategy.
- We will also develop an outcomes framework to inform and monitor our progress towards our goals and vision.
- The framework will include the multiple levels at which we need to track our progress as reflected in this strategy. We will develop a dashboard to present the selected measures which will comprise:
  - an assessment of the health needs of the South Yorkshire population. This has been largely completed and was used as the basis of this strategy.
  - metrics that reflect the high level goals that underpin our vision
  - the ambitions we have set ourselves where we will work differently as an ICP



- the metrics that reflect our shared outcomes. These are largely based on existing place plans and outcomes frameworks.
- the measures and metrics (or proxy measures) that are used by each partner in the ICP to inform and monitor their input to our shared outcomes, ambitions and vision.
- an initial set of proposed metrics are set out in the appendix but will be developed further alongside the progressing of the ICP and partner delivery plans to make sure our actions can be linked to the outcomes we want to achieve.



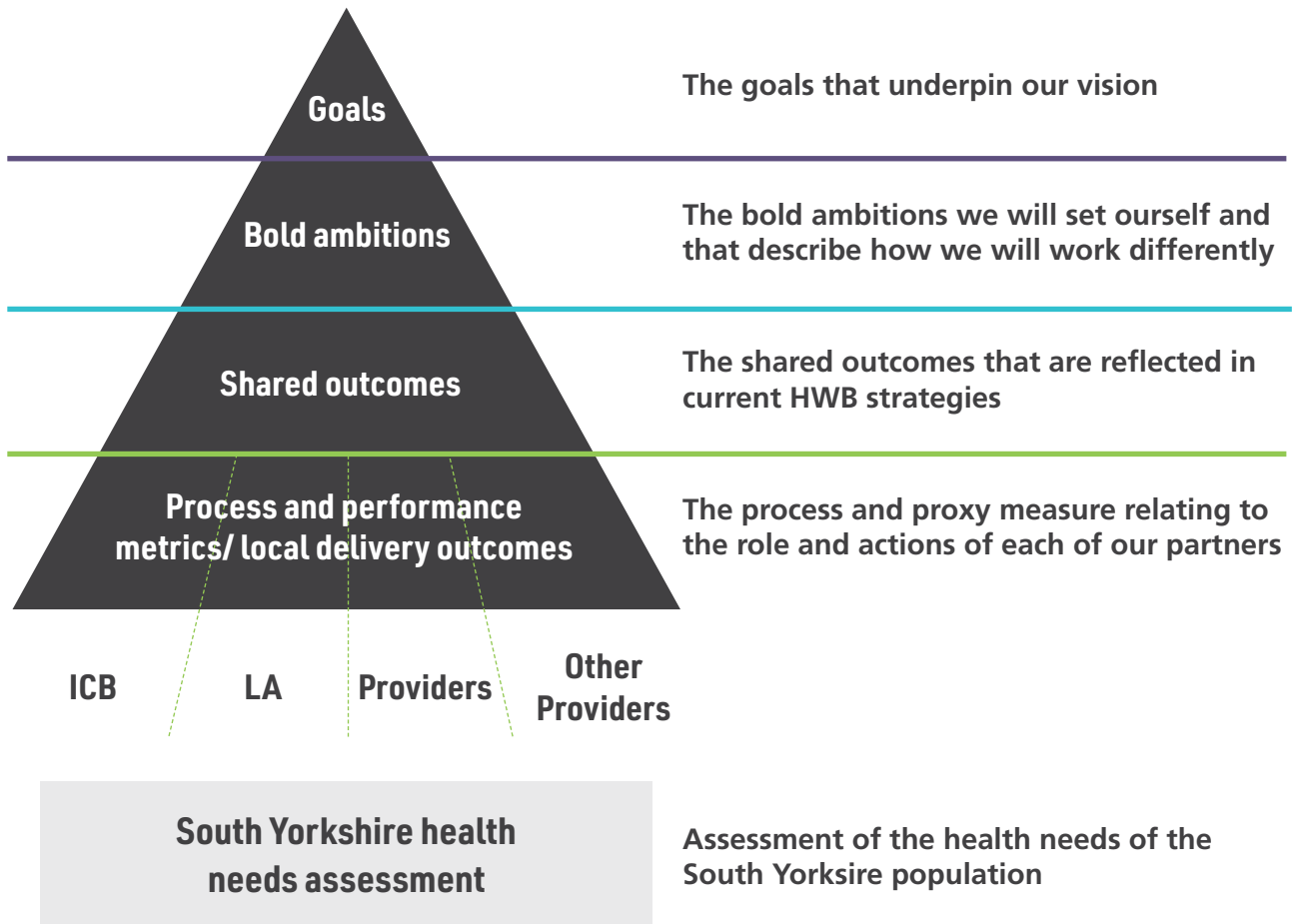
Artwork created and submitted by a South Yorkshire Citizen submitted as part of the What Matters to You exercise



**Having a work life balance is crucial to my health and wellbeing, working keeps me well as I love what I do, but on the flipside sharing quality time with my friends and family really makes my heart sing.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Figure 1 Proposed outcomes framework for South Yorkshire Integrated Care Strategy



**My health is central to my hopes, ambitions and opportunities.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



# Appendices

## **Full Engagement Report:**

[https://syics.co.uk/application/files/7516/7094/4690/Final\\_phase\\_2\\_report.pdf](https://syics.co.uk/application/files/7516/7094/4690/Final_phase_2_report.pdf)

## **South Yorkshire Population Health Needs Assessment:**

[https://syics.co.uk/application/files/2916/7084/0700/1.\\_South\\_Yorkshire\\_Population\\_Health\\_Needs\\_December\\_2022.pdf](https://syics.co.uk/application/files/2916/7084/0700/1._South_Yorkshire_Population_Health_Needs_December_2022.pdf)

## **Developing our Outcome Framework:**

[https://syics.co.uk/application/files/5916/7084/0696/2.\\_Developing\\_our\\_Outcomes\\_Framework\\_December\\_2022.pdf](https://syics.co.uk/application/files/5916/7084/0696/2._Developing_our_Outcomes_Framework_December_2022.pdf)

# Appendices

Strategy/Plan	Place	Link
<b>Health &amp; Wellbeing Strategies in South Yorkshire</b>	<b>Barnsley</b>	Barnsley Health and Wellbeing Strategy 2021 – 2030:
	<b>Rotherham</b>	rotherham-joint-health-and-wellbeing-strategy (rotherhamhealthandwellbeing.org.uk)
	<b>Doncaster</b>	051115 i9 HWB_Strategy update 2015 Ap4.pdf (moderngov.co.uk)
	<b>Sheffield</b>	Joint Health Wellbeing Strategy 2019-24.pdf (sheffield.gov.uk)
<b>Place Health and Care Plans</b>	<b>Barnsley</b>	Barnsley Health and Care Plan Refresh 22/23
	<b>Rotherham</b>	Rotherham Integrated Care P Place Plan appendix.pdf
	<b>Doncaster</b>	DCCG-Place-Plan-Refresh-2019-22-web-FINAL.pdf (doncasterccg.nhs.uk)
	<b>Sheffield</b>	Shaping-Sheffield-Main-Doc-Final.pdf (sheffieldhcp.org.uk)
<b>South Yorkshire Strategic Five Year Plan</b>	<b>South Yorkshire Strategic Five Year Plan</b>	Five Year Plan (2019 - 2024): SYB ICS (syics.co.uk)
	<b>South Yorkshire Green &amp; Sustainability Plan</b>	<a href="https://syics.co.uk/application/files/3816/6609/2460/NHS_SY_Sustainability_and_Green_Plan_V1.0_Sep_2022.pdf">https://syics.co.uk/application/files/3816/6609/2460/NHS_SY_Sustainability_and_Green_Plan_V1.0_Sep_2022.pdf</a>
<b>South Yorkshire Strategic Economic Plan</b>	<b>South Yorkshire Strategic Economic Plan</b>	SCR_SEP_Full_Draft_Ja (southyorkshire-ca.gov.uk)
<b>South Yorkshire Housing Prospectus</b>	<b>South Yorkshire Housing Prospectus</b>	Home   Yorkshire Housing

# South Yorkshire Integrated Care Partnership Membership Nominations

	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire Wide
<b>Health and Wellbeing Board Chairs and other elected members</b>	Councillor Caroline Makinson	Councillor Rachael Blake Councillor Nigel Ball	Councillor David Roche	Councillor Angela Argenzio	
<b>Local Authority Chief Executive</b>		Damian Allen, Chief Executive DMBC	Sharon Kemp, Chief Executive RMBC		
<b>ICB Executive and Non-Executive Members</b>					<b>Pearse Butler,</b> ICB Chair <b>Gavin Boyle,</b> ICB Chief Executive <b>Will Cleary-Gray,</b> ICB Executive Director of S&P <b>Christine Joy,</b> ICB Chief People Officer <b>David Crichton,</b> ICB Chief Medical Officer <b>Cathy Winfield,</b> Chief Nursing Officer <b>Wendy Lowder,</b> ICB Executive Place Director
<b>Public Health</b>		Rupert Suckling, Director of Public Health		Greg Fell, Director of Public Health	
<b>Adult Social Care</b>				Alexis Chappell, Director of Adult Health and Social Care	
<b>Children and Young People</b>	Carly Speechley, Director of Children and Families				Suzie Joyner. Strategic Director Children services, Rotherham (TBC)

	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire Wide
<b>Voluntary Sector</b>		<b>Dolly Agoro</b> co-chair Doncaster inclusion and fairness forum	<b>Kate Davis</b> CEX Crossroads, Rotherham	<b>Helen Steers</b> h.steers@vas. org.uk	
<b>Hospitals</b>	<b>Sheena McDonnell,</b> Chair - Barnsley Hospital		<b>Richard Jenkins,</b> Chief Executive Rotherham and Barnsley Hospitals		
<b>Primary Care</b>			<b>Dr Jason Page</b>		
<b>Housing</b>	<b>Kathy McArdle,</b> Service Director - Regeneration and Culture			<b>Juliann Hall</b> juliann.hall @syha.co.uk	
<b>Education</b>					
<b>CMA</b>					<b>Oliver Coppard</b> (Chair) Martin Swales
<b>Workforce</b>					
<b>Mental Health</b>	<b>Adrian England,</b> Independent Chair – Mental Health, Learning Disability and Autism Partnership				
	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>10 (1 TBC)</b>

# Glossary

<b>ICS</b>	<b>Integrated Care System</b>	Statutory Integrated Care Systems (ICSs) are being set up to bring local authorities, NHS organisations, combined authorities and the voluntary sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.
<b>ICP</b>	<b>Integrated Care Partnership</b>	A statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary Sector and other partners. The ICP is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities.
<b>ICB</b>	<b>Integrated Care Board</b>	An NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members including Healthwatch, Mental Health and the Voluntary Care Sector representation.
<b>SYMCA</b>	<b>South Yorkshire Mayoral Combined Authority</b>	A formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor.
<b>VCSE</b>	<b>Voluntary, Community, Social Enterprise Sector</b>	VCSE sector is a term that refers to the voluntary, community and social enterprise sector, as all working with a social purpose.
<b>LE</b>	<b>Life expectancy</b>	<b>Life expectancy (LE)</b> is an estimate of how many years a person might be expected to live, whereas <b>healthy life expectancy (HLE)</b> is an estimate of how many years they might live in a 'healthy' state. Both of them are key summary measure of a population's health.
<b>HLE</b>	<b>Healthy life expectancy</b>	

<b>Core20 Plus 5</b>	<b>Core20 Plus 5 Framework</b>	The 'Core 20 Plus 5' an NHS England health inequalities framework to support local health services to focus action the most deprived neighbourhoods (core20), locally identified groups (plus) and Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids. Alongside decreasing smoking.
<b>PHM</b>	<b>Population Health Management</b>	Population health management (PHM) is an approach that uses data and insight to help health and care systems to improve population health and wellbeing, by identifying those individuals and communities who are at risk or are experiencing poor health outcomes and adapting the way we support and care or broader interventions are delivered to improve patient experience, access and outcomes.
<b>BCF</b>	<b>Better Care Fund</b>	The Better Care Fund is a programme that supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
<b>CQC</b>	<b>Care Quality Commission</b>	The Care Quality Commission, CQC is the independent regulator of health and adult social care in England
<b>OFSTED</b>	<b>Office of Standards for Education, Children's Services and Skills</b>	Ofsted is the Office for <b>Standards in Education, Children's Services and Skills</b> . They inspect services providing education and skills for learners of all ages.
<b>MSK</b>	<b>Musculoskeletal</b>	<b>Musculoskeletal (MSK)</b> is a medical condition that can affect your joints, bones and muscles. They can range from minor injuries to long term conditions. It is estimated that over 30 million working days are lost to MSK conditions every year in the UK.
<b>CVD</b>	<b>Cardiovascular disease</b>	<b>Cardiovascular disease (CVD)</b> is a general term for conditions affecting the heart or blood vessels. CVD includes all heart and circulatory diseases, including coronary heart disease, angina, heart attack, congenital heart disease, hypertension, stroke and vascular dementia.
<b>SMI</b>	<b>Serious Mental Illness</b>	<b>Serious Mental Illness (SMI)</b> is a term used to describe people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.

# **SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY**

Working together to build a healthier South Yorkshire  
our Initial Integrated Care Strategy

December 2022

Email

**[helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net)**

Address

**South Yorkshire Integrated Care Board  
722 Prince of Wales Road  
Sheffield  
S9 4EU**

Telephone

**0114 305 4487**

**[www.healthandcaretogethersyb.co.uk](http://www.healthandcaretogethersyb.co.uk)**

**From:** [SY ICB Communications](#)  
**To:** [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)  
**Subject:** (UPDATED) 13/01/23: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire  
**Date:** 13 January 2023 14:52:06

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.



View in browser



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

**\*\* UPDATED \*\***

**Friday 13 January 2023**

Dear Sharree,

Welcome to the first Stakeholder Bulletin of 2023. Happy New Year and I hope you managed to find some peace and rest with loved ones over the holiday.

We anticipated a tough start to 2023 across health and care with expected continued high demand for urgent and emergency care in primary care, ambulance, our acute and mental health providers and pressure on social care provision, vital to support patients who are ready to leave hospital. Before Christmas we saw a peak in childhood illness including Strep A and respiratory viruses and more recently in adults an increase in Covid-19 and flu cases. Fortunately numbers of cases for both are beginning to decline. We have also seen industrial action across South Yorkshire this week affecting ambulance services with a further day of action expected on Monday 23 January. This week's action was managed well, supported by reduced demand from the public for less critical Category 2,3 and 4 ambulances. The Royal College of Nursing is due to take action in South Yorkshire on 18 and 19 January and includes our three Sheffield trusts and Barnsley Hospital. I would like to say thank you to all partners across SY who are working during these challenging times to deliver the best possible care in the face of high demand and service challenges as well as mitigating the additional risk of industrial action.

Immediately before Christmas we saw the release of the NHS 2023/24 priorities and operational planning guidance. This year NHSE have set out fewer, more focused, national objectives aligned with the three key tasks of recovering services, making progress on the NHS Long Term Plan ambitions and transforming the NHS for the future. The immediate objectives will be familiar, including improving A&E waits and ambulance response times, addressing backlogs for planned care and cancer and improving access to primary care. But there are also specific aims to improve mental health services and services for people with a learning disability and autistic people, delivering primary and secondary prevention priorities and better management of long-term conditions. Also, the development and publication of a NHS Long Term Workforce Plan and plans to accelerate digital transformation and greater connectivity, including the further development of the NHS App to help patients to identify their needs and get the right care in the right setting. If you haven't done so already, you can read the guidance here [priorities-and-operational-planning-guidance-december-2022.pdf \(england.nhs.uk\)](#). I was pleased to see the emphasis being placed on greater freedom for local systems to set priorities with less direction on the 'how' coming from the centre.

We held our first public Board of 2023 last week where we received the draft Integrated Care System strategy I have mentioned in previous editions of this bulletin. This has been developed by the Integrated Care Partnership, of which the ICB is a member. This strategy begins to set out clearly what these local priorities are which have crystallized through our



partnership work and from listening to local people. It was developed building on much work already done, and whilst it will certainly evolve it gives clear direction. I would like to thank everyone who has contributed to the ICP strategy including all our ICP partners, Local Authorities colleagues, NHS partners, VCSE colleagues and the Mayor's team, all who supported and were enthusiastically involved. For more information from our recent board meeting or to view the meeting recording click [here](#).

I hope you find this a useful update, this bulletin is circulated to our wider partners in health and care in South Yorkshire to keep everyone informed. 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 [syicb.communications@nhs.net](mailto:syicb.communications@nhs.net)

Thank you

Gavin

## Updates From Across South Yorkshire



### **Associate Independent Non-Executive Member role available at NHS South Yorkshire**

Help us to oversee healthcare for the people of South Yorkshire by joining our NHS South Yorkshire Integrated Care Board as an Associate Independent Non-Executive Member. This exciting new role is now available and has closing date of 31 January 2023. Read more [here](#).

### **South Yorkshire Tier 2 Weight Management Service Overview Webinar**

A programme awareness webinar is taking place on 2 February from 12:30pm - 1:30pm aimed at Primary Care colleagues across South Yorkshire to provide an overview of Tier 2 Weight Management Services across our area. Speakers include colleagues from the NHS National Diabetes Prevention Programme, NHS Low Calorie Diet Pilot and NHS Digital Weight Management Programme. To join the session on the day via MS Teams click [here](#).

## Local Place Updates



### **Barnsley:**

#### **Become a Governor at Barnsley Hospital**

Elections to become a Governor at Barnsley Hospital will be open soon. Being a Governor is a fantastic way to become involved. Read more [here](#).

### **Doncaster:**

#### **No appointment needed on the NHS health bus**

Doncaster's Macmillan Cancer Information and Support Service staff will be on the NHS Health Bus on Tuesday 17 January 2023 for a new campaign to spot the early warning signs of cancer in men. Read more [here](#).

#### **New device introduced at local hospitals to improve accuracy of breast cancer surgery**

Healthcare professionals at Doncaster and Bassetlaw Teaching Hospitals (DBTH) have introduced Magseed and Magtrace to help improve the accuracy and timeliness of breast tumour surgery. Read more [here](#).

### **Rotherham:**

#### **'Think-tank' to transform Rotherham mental health services**

Partner organisations from across Rotherham will meet up at a 'think tank' next month, as part of a project to transform local services for adults and older adults with severe mental health illnesses. Read more [here](#).

### **Sheffield:**

#### **Sheffield Health and Social Care NHS Foundation Trust gains coveted accreditation**

It has been a new year to remember for Sheffield Health and Social Care NHS Foundation Trust (SHSC) after they became the first Mental Health Trust in the UK to be endorsed by the Faculty of Medical Leadership and Management (FMLM). Read more [here](#).

#### **New year campaign to reach people struggling with how they are feeling**

Sheffield Improving Access to Psychological Therapies (IAPT) team are running a campaign across Sheffield to spread the word about the free NHS talking therapies available to help people with how they are feeling. Read more [here](#).

#### **Sheffield Teaching Hospitals Volunteers thrilled to receive prestigious Queen's Award from His Majesty's Lord Lieutenant of South Yorkshire**

Volunteers at Sheffield Teaching Hospitals NHS Foundation Trust have been presented The Queen's Award for Voluntary Service which is the highest award a local voluntary group can receive in the UK and is equivalent to an MBE. Read more [here](#).

## COVID-19 data dashboard



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

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

## Health and care updates from NHS E/I



### **General Practice Workforce Engagement**

NHS England Primary Care team are looking to gather feedback from Mental Health Practitioners to help improve recruitment and retention of roles within Primary Care. This is part of a wider piece of work which will feed into future proposals of support for people working in general practice. You can get involved now by completing a survey about GP recruitment and retention and/or signing up for focus groups due to be run in mid January on workforce retention. Find out more [here](#).

### **Patients encourage public to get flu jabs as hospital cases soar**

NHS patients from around England have joined health chiefs in pleading with the public to get their flu vaccines after being hospitalised with the virus. Read more [here](#).

### **Flu cases up almost half in a week as NHS answers near record 111 calls**

Flu cases in hospitals jumped up by almost a half (47%) last week, as staff in NHS 111 answered a near record number of calls. Read more [here](#).

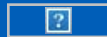
### **NHS England appoints leading clinicians to board**

NHS England has added a wealth of clinical expertise and experience to its board with the appointment of three new non-executive directors. Read more [here](#).

**A record year for people receiving NHS cancer treatment**

NHS England have reported that thousands more people have started vital treatment for cancer over the last year compared to before the pandemic. Read more [here](#).

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



If you would not like to receive further emails from us please [click here](#) to unsubscribe.

**From:** [SY ICB Communications](#)  
**To:** [JOHNSTONE, Sharree \(THE ROTHERHAM NHS FOUNDATION TRUST\)](#)  
**Subject:** 07/02/23: Update from Gavin Boyle, Chief Executive, NHS South Yorkshire  
**Date:** 07 February 2023 12:06:37

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.



[View in browser](#)



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

**Tuesday 07 February 2023**

Dear Sharree,

Welcome the latest edition of our Stakeholder Bulletin where you will find updates and the latest information from across NHS South Yorkshire. This update goes to the wider partners in health and care in South Yorkshire to keep everyone informed.

We have seen some really important developments over the past few weeks. On Friday 3 February a South Yorkshire Health Inequalities conference took place, bringing together Health and Wellbeing Boards and members of the Integrated Care Partnership, amongst many others. At the event we took stock of what's already happening in each of our Places, but also to begin to develop a coherent practical plan to tackle health inequalities. My thanks to Ben Anderson, DPH, and the Rotherham team for organising such a great event.

Continuing the health inequality theme, the NHS South Yorkshire Board met to consider the business case to develop new primary care centres in the North and East of Sheffield in some of our communities, which experience the greatest deprivation. The centres will provide not only primary care but also a wide range of other community services too and will replace the worn-out facilities of some local GP practices in these areas. The Board approved plans to develop three new centres investing £37m; two in Burngreave and one in the Southey Green and Parsons Cross area. This is the biggest investment in new primary care facilities nationally. We expect the new facilities to open in the Spring 2025.

Elsewhere there was the ground-breaking event for the extension at Broom Lane Medical Centre in Rotherham. The existing practice building is being reconfigured so that the two spaces work together to create a place where the practice and primary care network can provide a wide range of services to patients. The extension is due to complete later this year. If you add in the ongoing public consultation on two new proposed health centres in the Bentley and Rossington areas in Doncaster, which could be a significant investment, we are making progress on improving population health and reducing health inequalities in these areas.

Finally, last week there was an announcement of the final element of funding support from the South Yorkshire Mayor Oliver Coppard for the establishment of the National Centre for Child Health Technology to be developed at the Olympic Legacy Park in Sheffield. This is the first of its kind and will focus on the acceleration of research, development and evaluation of technology to improve the health of children. This will be a major asset for the whole of South Yorkshire and nationally.

As mentioned in our previous bulletin we anticipated a tough start to 2023 across health and care with increased demand across services and public sector strikes continuing. As you will be aware we have seen further industrial action across South Yorkshire over the last couple of weeks, with the Royal College of Nursing taking action at some of our acute trusts. This week will see further Industrial Action. With staff at Yorkshire Ambulance Service and

nursing staff at three acute trusts taking part it is a significant step up from what we've seen previously. Action will continue today by the nurses, then physios at two providers on Thursday, followed by YAS staff again on Friday. So it is a week of significant disruption.

I have a good deal sympathy for those taking part in the action and understand what a difficult decision this has been for professional colleagues with a vocation to care. At the same time our responsibility is to ensure services remain safe for patients. Thanks to those colleagues who are supporting our response to industrial action.

As a final note, I wanted to highlight the fantastic partnership working across our system during this challenging time with everyone from across the sector coming together to maintain safe services for our communities. A big thank you to all.

I hope you find this a useful update, this bulletin is circulated to our wider partners in health and care in South Yorkshire to keep everyone informed. 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 [syicb.communications@nhs.net](mailto:syicb.communications@nhs.net)

Thank you

Gavin

## Updates From Across South Yorkshire



### **South Yorkshire and North Lincolnshire NHS trust welcomes new governors and re-appointments**

A South Yorkshire and North Lincolnshire NHS trust has appointed four new governors to play an important role in holding the organisation publicly accountable for the services it provides. Read more [here](#).

### **NHS South Yorkshire set to hold its first Menopause Conference**

A menopause conference is being held this year on how places of work can put in place essential support for people going through the menopause. Within South Yorkshire nearly 34,000 of the 72,000 people working in the NHS and Social Care sector are women of the age group who are typically affected by the menopause. Senior leaders from across health and social care in South Yorkshire are invited to discuss what sort of support employers could put in place. Read more [here](#).

### **New South Yorkshire Mayoral Combined Authority and LEP Chair Announced**

South Yorkshire Mayoral Combined Authority and Local Enterprise Partnership (LEP) has announced Yorkshire and Humber Academic Health Science Network (AHSN) Chief Executive Richard Stubbs as the new LEP Chair. Read more [here](#).

### **Application for workshops, posters and stalls now open for the South Yorkshire Stroke Conference**

The South Yorkshire Integrated Stroke Delivery Network (SY ISDN) will be hosting their annual conference on 17 May 2023, at New York Stadium, Rotherham. Applications to host a workshop, present an academic poster or host a stall are now open from teams and/ or individuals who have delivered innovative projects to improve stroke services across the region. The closing date for applications will be 24 February 2023, and successful applicants will be informed by 10 March 2023. The application form can be found [here](#).

### **Nominations for the 2023 Health Hero awards are now open**

The Health Hero awards recognises and honours the hard work carried out daily by

thousands of healthcare support staff in roles vital to the provision of patient care. You can now nominate a colleague via their website [here](#), nominations close on 20 February 2023.

### **South Yorkshire Voluntary, Community and Social Enterprise (VCSE) Alliance Event**

The next South Yorkshire Voluntary, Community and Social Enterprise sector (VCSE) Alliance event is taking place on Tuesday 21st March, 1pm - 4pm hosted online. Book your place [here](#). The upcoming event will focus on:

- The continued journey to develop a VCSE Alliance of organisations to strengthen partnership working across the South Yorkshire Integrated Care System.
- Further opportunity to shape the South Yorkshire workforce strategy, to ensure that we are embedding the right priorities for VCSE organisations.
- Opportunities for shaping the implementation of the Integrated Care Partnership Strategy
- Future priorities for the VCSE Alliance events

### **Oral Health Awareness Training Dates Available**

Oral Health Awareness Training is now available to all staff in all care service areas who are supporting people with a learning disability or autistic people across South Yorkshire. The aim of the training is to increase the uptake of NHS Screening Programmes for people with a learning disability and autistic people. These 90-minute sessions aim to:

- Increase knowledge and understanding of oral health care
- To recognise the difference between a healthy and unhealthy mouth
- Recognise how diet affects dental health
- Carry out an effective tooth brushing technique
- Care for dentures and the mouth
- Show a knowledge signs and symptoms of the mouth and the appropriate care

To view upcoming training dates and to register, click [here](#).

## Local Place Updates



### **Barnsley:**

#### **Targeted Lung Health Checks programme set to start in Barnsley**

People aged 55 to 74 who smoke or used to smoke will be offered a free NHS Lung Health Check. From February 2023, the Targeted Lung Health Check trucks will make their way to different neighbourhoods across Barnsley in a bid to find any lung problems early (often before you notice anything is wrong) and at a stage when treatment could be simpler and more successful – ultimately saving more lives. The programme targets those most at risk of developing lung cancer now or in the future. Anyone aged 55-74 who smokes or has smoked in the past and is registered with a Barnsley GP will be invited by letter for a free NHS Lung Health Check, and local GPs are urging those invited to keep their appointment. Read more [here](#).

#### **Barnsley Place Committee and Partnership Board Public Meeting**

The Barnsley Place Committee and Partnership board held its latest public session on Thursday 26th January 2023 at Hilder House, Barnsley. The meeting was recorded and can be found on the NHS South Yorkshire website [here](#).

#### **Become a Governor at Barnsley Hospital**

Elections to become a Governor at Barnsley Hospital will be open soon. Being a Governor is a fantastic way to become involved. Read more [here](#).

#### **Get involved in shaping the growth of the Community Diagnostic Centre in Barnsley**

Barnsley Hospital's innovative Community Diagnostic Centre is expanding its services and encouraging feedback and views to be shared on current and proposed new services. If you would like to be part of the CDC phase 2 engagement event, contact the Patient Experience team on 01226 436302 or email [bhnftpatientexperience@nhs.net](mailto:bhnftpatientexperience@nhs.net)

#### **Doncaster:**

##### **Public invited to comment on two new Health Centres for Doncaster**

Public consultation on two new proposed health centres in the Bentley and Rossington areas of Doncaster began on Monday 16 January. For a period of 12 weeks, people affected by the plans are being invited to give their views through surveys and public meetings. Read more [here](#).

##### **Chief Operating Officer joins Doncaster and Bassetlaw Teaching Hospitals**

Denise Smith has joined Doncaster and Bassetlaw Teaching Hospitals (DBTH) as the organisation's new Chief Operating Officer (COO). Denise was previously the Chief Operating Officer at The Queen Elizabeth Hospital, King's Lynn, a position she held from May 2019 to January 2023. Originally from York, Denise joined the NHS over 25 years ago, and has worked across primary and secondary care, in both commissioner and provider organisations. Read more [here](#).

##### **RDaSH Shining a light on nursing careers**

Rotherham Doncaster and South Humber NHS Foundation Trust are shining a light on our nurses who have signed up to undertake training from the Florence Nightingale Foundation. The first group of clinical leaders, matrons and service managers from RDaSH this week started a bespoke leadership development programme at the Trust's Doncaster site. Read more [here](#).

##### **Chief Nurse joins Doncaster and Bassetlaw Teaching Hospitals**

Karen Jessop has joined Doncaster and Bassetlaw Teaching Hospitals (DBTH) as the organisation's Chief Nurse. Read more [here](#).

#### **Rotherham:**

##### **Rotherham NHS Foundation Trust welcomes new Medical Director**

Rotherham NHS Foundation Trust has welcomed a new Medical Director, Dr Jo Beahan. Dr Beahan specialised in emergency medicine and has been a consultant since 2008. Read more [here](#).

##### **Ground-breaking for state-of-the-art extension at Rotherham GP practice**

The start of building works on a new state-of-art two storey extension at Broom Lane Medical Centre, Rotherham was officially marked on Wednesday 1 February 2023. The existing practice building will be reconfigured so that the two spaces work together to create a modern fit-for-purpose facility where the practice and Rotherham Central North Primary Care Network (PCN) can provide a wide range of primary care services to further support their patients' needs. The extension is due for completion by the end of 2023 providing 10 new consulting rooms and a new treatment room. An additional 10 car parking spaces will also be created for patients.

#### **Sheffield:**

##### **New Sheffield mental health and emotional support service**

NHS South Yorkshire and Mental Health Matters have opened a new out-of-hours mental health and emotional support service that is open every day for people in Sheffield. Read more [here](#).

##### **Vaccination clinic for children who are Clinically Extremely Vulnerable**

Sheffield Children's NHS Foundation Trust are offering vaccination clinics so that children who are Clinically Extremely Vulnerable (CEV), or live with someone who is CEV, can get their next COVID-19 vaccination. Read more [here](#).

##### **New Deputy Chief Nurse at Sheffield Teaching Hospitals appointed**

Elaine Coghill has been appointed as the new Deputy Chief Nurse at Sheffield Teaching

Hospitals (STH). Elaine will join STH from South Tyneside and Sunderland NHS Foundation Trust, where she is currently Deputy Director of Nursing, on 11 April 2023. Read more [here](#).

#### **Sheffield Teaching Hospitals becomes specialist CAR-T therapy centre**

Sheffield Teaching Hospitals NHS Foundation Trust has begun delivering a new revolutionary treatment that uses the patient's own genetically modified cells to find and kill cancer cells. Read more [here](#).

#### **New state-of-the art machine enables faster, less invasive treatment for kidney stones**

Patients being treated for kidney stones at Sheffield Teaching Hospitals NHS Foundation Trust will benefit from faster, non-invasive treatment thanks to a new state-of-the-art machine. Read more [here](#).

### COVID-19 data dashboard



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

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

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



#### **Final call for people in North East and Yorkshire to get booster jab protection against Covid**

Eligible people in the North East and Yorkshire yet to benefit from the seasonal Covid-19 booster are reminded to come forward for protection against the risk of serious illness before the NHS vaccination programme ends on Sunday 12 February. Read more [here](#).

#### **Major plan to recover urgent and emergency care services**

The NHS and the government will publish a new blueprint to help recover urgent and emergency care services, reduce waiting times, and improve patient experience. Read more [here](#).

#### **Case study request for NHS England Help Us Help You cancer campaign**

The NHS England Help Us, Help You cancer campaign, launching in February 2023, aims to encourage people who are experiencing potential signs of cancer to come forward to their GP practice, helping to increase earlier diagnosis and improve outcomes. As part of the roadshow, NHSE are looking for people in with lived experience of cancer who might be willing to share their stories with the media to help raise awareness of the importance of early diagnosis. This could involve taking part in interviews with local TV, radio, online or print titles but the team can absolutely work with what individuals are most comfortable with. For more information contact [syicb.communications@nhs.net](mailto:syicb.communications@nhs.net)

#### **Future use of desflurane in the NHS**

The NHS – with the support of the Royal College of Anaesthetists and the Association of Anaesthetists - has committed to stop using desflurane by early 2024, in their commitment to become NetZero. Read more [here](#).



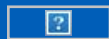
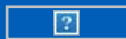
**NHS urges people in North East and Yorkshire to book their cervical screening**

The NHS is calling on those who are eligible to book their life-saving cervical screening appointments, as official figures show in this region almost 3 in 10 eligible women aged under 50 have not yet come forward, while just under a quarter of women aged 50 and above are not up to date. Read more [here](#).

**Handover delays fall despite increase in patients being taken to A&E by ambulance**

Ambulance waits outside A&E reduced despite thousands more people being taken to hospital last week and continued pressures across the NHS, new figures show, read more [here](#).

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



If you would not like to receive further emails from us please [click here](#) to unsubscribe.

**Board of Directors Meeting  
03 March 2023**

<b>Agenda item</b>	P44/23
<b>Report</b>	<b>Gender Pay Gap Report</b>
<b>Executive Lead</b>	Steven Ned, Director of Workforce
<b>Link with the BAF</b>	U4
<b>How does this paper support Trust Values</b>	This paper supports all of the Trust values of Ambitious, Caring and Together. The paper sets out the Trust's position in respect of the Gender Pay Gap as at March 2022.
<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 summarises the Trust's position in respect of the Gender Pay Gap as at 31<sup>st</sup> March 2022. Since 2017 it has been a statutory requirement for all employers who employ more than 250 staff to publish their gender pay gap data. The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce.</p> <p>The Trust's Gender Pay Gap (median) as at 31<sup>st</sup> March 2022 is 25.73%. Further work is being undertaken to formulate an action plan to address the challenges presented by the data contained in this report. The action plan will be presented to the People Committee for agreement and monitoring.</p>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This paper has been presented to Executive Team meeting ahead of submission to Board of Directors. The paper has also been circulated to members of the People Committee (ordinarily this would have been considered at the People Committee meeting scheduled for 17 <sup>th</sup> February but this was cancelled).
<b>Board powers to make this decision</b>	The Board of Directors has the authority to approve publication of this report.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	Subject to Board approval, the attached paper will be published on the Trust website, with data also submitted via the government portal by 31 March 2023.
<b>Recommendations</b>	The Board of Directors is asked to approve the publication of the Gender Pay Gap report for 2022.
<b>Appendices</b>	Gender Pay Gap Report 2022

# Gender Pay Gap Report

Data as at 31<sup>st</sup> March 2022

Publication date: March 2023

## Contents

Introduction .....	3
Gender Pay Gap Reporting.....	3
Mean Gender Pay Gap and Median Gender Pay Gap .....	4
Mean Bonus Gender Pay Gap and Median Bonus Gender Pay Gap .....	4
Proportion of Males Receiving a Bonus Payment and Proportion of Females Receiving a Bonus Payment .....	5
Proportion of Males and Females in each Quartile Pay Band .....	5
Comparison of hourly pay rates amongst medical and non-medical staff groups.....	6
Comparison of proportion of medical and non-medical staff in each pay quartile.....	7
Gender split by pay band.....	8
Gender pay gap by staff group .....	8

## Introduction

The gender pay gap report shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men.

The mean and median are different ways of expressing an average. Mean hourly pay for a group of ten people would be calculated by adding together the hourly rates of all ten people, and then dividing the result by 10. To find the median hourly rate for the same ten people, you would put the hourly rates in order, from lowest to highest, and the median would be a value halfway between the 5<sup>th</sup> and 6<sup>th</sup> rate. When used in relation to pay, the mean can be significantly affected by a small number of very high earning staff.

The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

As a public body employing over 250 staff the Trust is required to publish the following gender pay gap information:

- a) Mean gender pay gap
- b) Median gender pay gap
- c) Mean bonus gender pay gap
- d) Median bonus gender pay gap
- e) Proportion of males receiving a bonus payment
- f) Proportion of females receiving a bonus payment
- g) Proportion of males and females in each quartile pay band

## Gender Pay Gap Reporting

Data and statistics provided for this report have been created using the national Electronic Staff Records System Business Intelligence reporting tool, specifically designed to allow NHS Trusts to meet the statutory reporting requirements.

As at 31<sup>st</sup> March 2022, the Trust's workforce included 4132 women, and 838 men. Men made up 16.9% of the overall workforce. The numbers of female employees have increased over the last year, and the proportion of the Trust's workforce who are male has decreased very slightly. The national NHS Electronic Staff Record system does not facilitate the recording of genders other than male or female.

As at 31<sup>st</sup> March 2022, the Trust employed 4609 full-pay relevant employees. Of these, 3801 were women and 801 were men. 17.4% of full-pay relevant employees were men. Employees who are on maternity, maternity support, adoption or sick leave, or on a career break are not full-pay relevant employees.

## Mean Gender Pay Gap and Median Gender Pay Gap

Gender	Mean Hourly Rate	*Median Hourly Rate
Female	£16.62	£14.82
Male	£23.85	£19.96
Difference	£7.23	£5.14
Pay Gap %	30.30%	25.73%

The Trust's Gender Pay Gap (median) as at 31<sup>st</sup> March 2022 is 25.73%. This has deteriorated every year since 2018, when it stood at 10.58%. There does not appear to be a single explanation for this change, but some of the reasons are explored further in this report.

## Mean Bonus Gender Pay Gap and Median Bonus Gender Pay Gap

Gender	Mean Bonus Pay	Median Bonus Pay
Female	£223.83	£200.00
Male	£810.14	£200.00
Difference	£586.31	£0.00
Pay Gap %	72.37%	0.00%

\* This data excludes Long Service Awards

The only large sums of bonus pay are Clinical Excellence Awards (CEAs) which are paid only to medical staff. No additional CEAs were awarded during the relevant period as temporary arrangements introduced during the Covid-19 pandemic continued (these involved the amount available for new CEAs being split between all eligible consultants and paid as a non-pensionable lump sum, rather than a bonus). Pre-existing CEAs continued to be paid, although there is an ongoing reduction in the number of staff receiving them due to retirements and resignations.

During 2021-22, the majority of Trust staff received a £200 bonus payment, in recognition of the work they were doing to support the NHS's recovery from the Covid-19 pandemic (all staff in the Trust's employment as of a specific date were entitled to the payment). This is why both the mean and median bonus payments in 2021-22 were much lower than in previous years.

Historic CEA processes tended to attract more male applicants nationally. Current CEAs are retained once awarded; however the CEA process is changing, and Trusts will be required to develop processes for Local Clinical Excellence Awards (LCEAs), which will have to be reapplied for periodically. In designing and implementing a process for LCEAs, the Trust will devote time, energy and effort into devising an equitable process that supports and encourages female consultants to apply for awards. All elements of the process will be subjected to a rigorous Equality Impact Assessment, and the results of awards rounds will be very closely monitored.

## Proportion of Males Receiving a Bonus Payment and Proportion of Females Receiving a Bonus Payment

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	3853	4042	95.32%
Male	765	876	87.33%

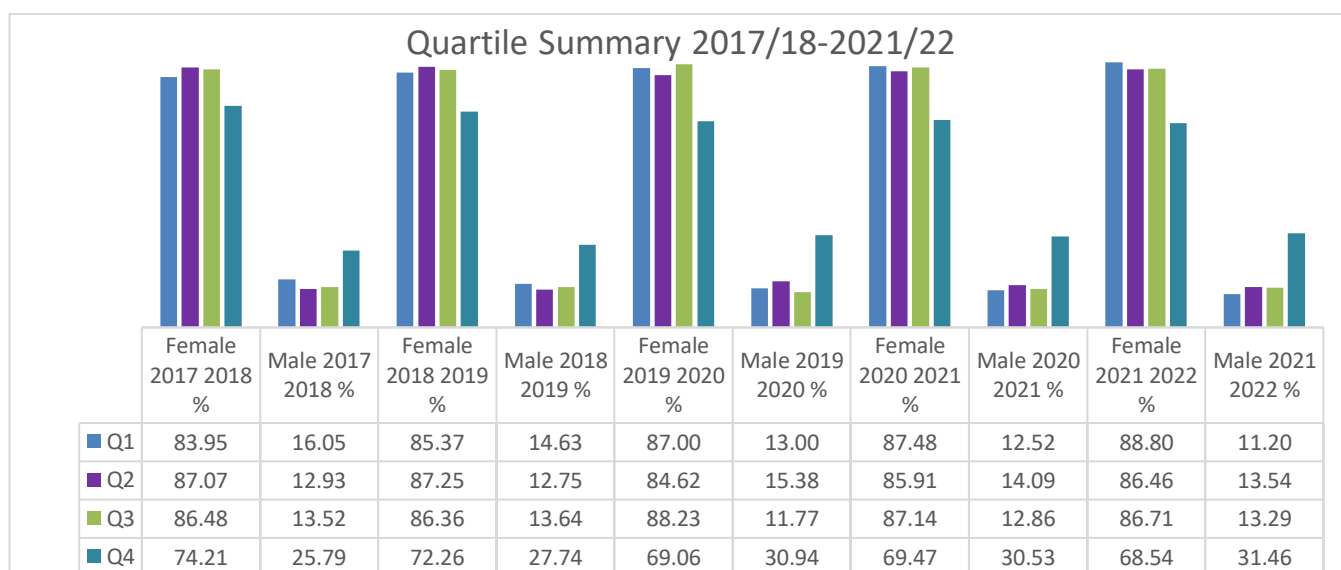
The £200 bonus payment referenced above has significantly impacted on this figure, as in previous years, the only bonus payments paid by the Trust have been CEAs.

## Proportion of Males and Females in each Quartile Pay Band

*Quartile 1 - lowest paid and quartile 4 - highest paid employees.*

Quartile	Female	Male	Female %	Male %
1	1023	129	88.80%	11.20%
2	996	156	86.46%	13.54%
3	998	153	86.71%	13.29%
4	791	363	68.54%	31.46%

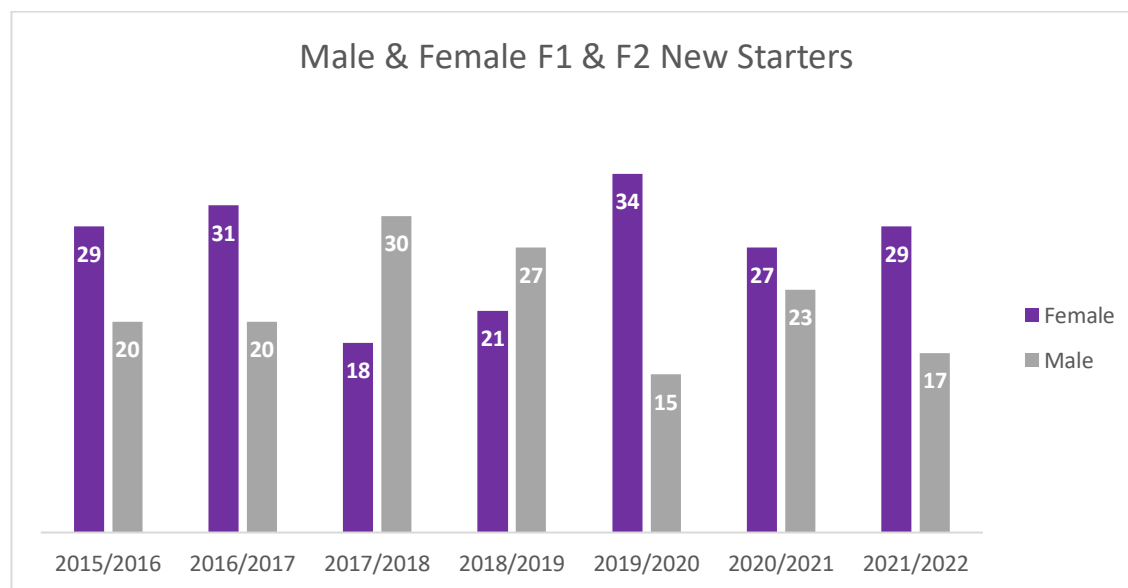
The graph below shows data on the proportion of male and female staff in each pay quartile over the last 5 years.



The data shows that statistically the Trust pays the male workforce more than the female workforce. Past analysis has shown this to be partly as a result of the highest earners being

within the medical workforce, which is a predominantly male workforce. It takes up to 14 years of under and postgraduate training for individuals to achieve the highest grade of consultant and a further 20 years to achieve the top of the consultant salary scale.

The table below shows number of female and male trainee Foundation Years 1 and 2 new starters for all years since 2015/2016. Over the period, there have been 189 female new starters within this group, compared to 152 male new starters. Coupled with long-term trends showing increased numbers of female medical students, it is likely that the gender balance of the medical workforce will shift over time, however this may be significantly influenced by the availability or otherwise of flexible working opportunities within hospital medical posts, and no significant shift in gender balance has been seen at Consultant level in the Trust as yet.



## Comparison of hourly pay rates amongst medical and non-medical staff groups

Non-medical

Non-Medical Average & Median Hourly Rates

Gender	Mean Hourly Rate	*Median Hourly Rate
Female	£15.72	£14.26
Male	£17.59	£16.13
Difference	£1.87	£1.87
Pay Gap %	10.61%	11.57%

The gender pay gap amongst non-medical staff is relatively small compared to the Trust's overall gender pay gap, although the mean gender pay gap for non-medical staff has increased slightly over the last year. The median pay gap for non-medical staff has very nearly doubled in percentage terms.



## Medical and dental

Gender	Mean Hourly Rate	*Median Hourly Rate
Female	£34.73	£30.86
Male	£41.02	£43.12
Difference	£6.29	£12.26
Pay Gap %	15.35%	28.43%

There is a significant pay gap within the medical and dental workforce. Over the last year, the mean and median hourly pay gap within medical workforce have both increased slightly.

## Comparison of proportion of medical and non-medical staff in each pay quartile

### Non-medical

Non Medical No. of employees  
Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	1022	129	88.79%	11.21%
2	988	152	86.67%	13.33%
3	973	142	87.26%	12.74%
4	645	164	79.73%	20.27%

There continues to be a decrease in the number of men within the lowest pay quartile. Men are underrepresented in all but the highest pay quartile, relative to their presence within the workforce.

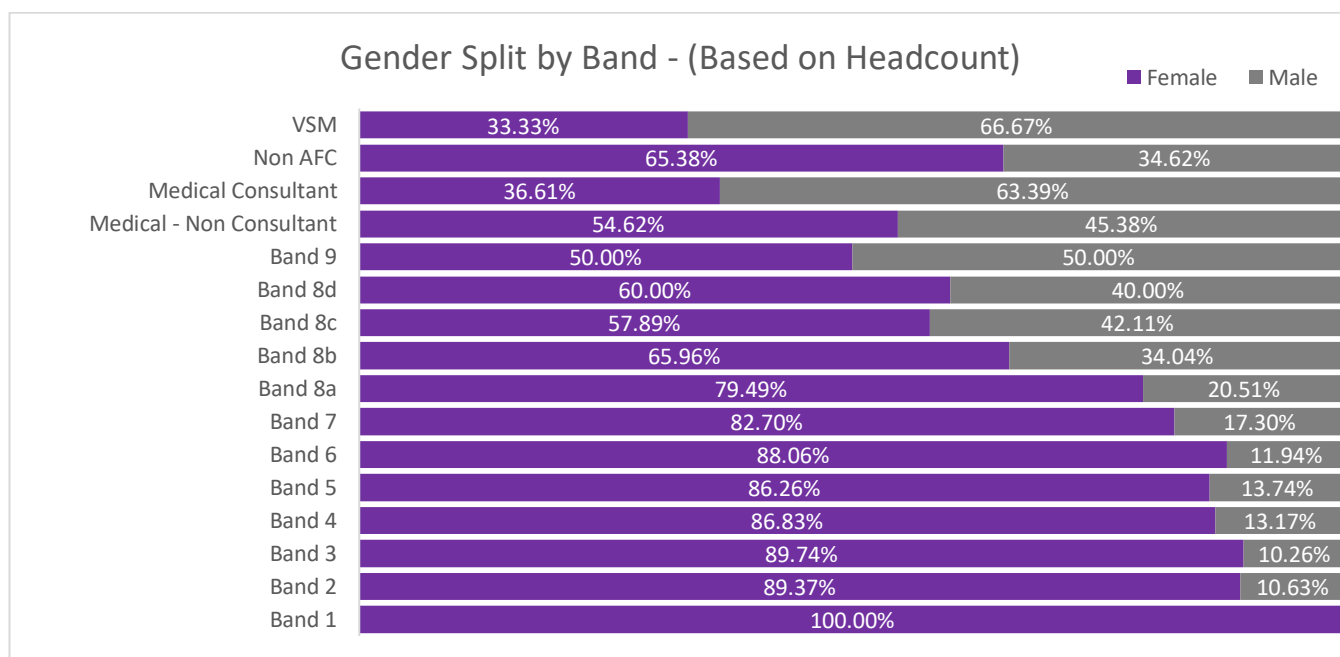
### Medical

Medical No. of employees  
Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	1	0	100.00%	0.00%
2	8	4	66.67%	33.33%
3	25	11	69.44%	30.56%
4	146	199	42.32%	57.68%

The overwhelming majority of medical staff continue to be in the highest-paid quartile of Trust staff.

## Gender split by pay band



## Gender pay gap by staff group

Staff Group	Headcount		Pay Gap
	Female	Male	
Add Prof Scientific and Technic	100	33	17.26%
Additional Clinical Services	892	88	7.21%
Administrative and Clerical	793	156	44.33%
Allied Health Professionals	307	85	10.30%
Estates and Ancillary	217	101	41.65%
Healthcare Scientists	74	35	19.26%
Medical and Dental	180	214	23.17%
Nursing and Midwifery Registered	1241	89	10.63%
Students	4	0	0

The largest pay gaps are within the administrative and clerical and estates and ancillary staff groups.

**Board of Directors Meeting**  
**03 March 2023**

<b>Agenda item</b>	P45/23
<b>Report</b>	<b>National, Integrated Care Board and Rotherham Place Report</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 Board with an update on national developments, 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>• Junior Doctors have voted to strike. It is expected that a 72-hour walk out will take place in March.</li> <li>• Nurses in England suspended their planned 48-hour strike action for the end of February as the Government agreed to commence pay discussions with the Royal College of Nursing.</li> <li>• Over 100 people from local communities, businesses and groups attended the launch of the refreshed Rotherham Plan at the University Centre Rotherham.</li> <li>• The Rotherham Place Board received the Learning Disabilities Mortality Review (LeDeR) annual report. The report highlighted some key actions which will be taken forward.</li> <li>• There is a renewed focus on flow across the acute and community beds with a workshop taking place on 13<sup>th</sup> March 2023 with an expectation of proposing rapid actions to improve the ongoing position.</li> <li>• The Trust continues to attend the Health Select Commission where at the latest meeting, local Councillors received an update on winter pressures at the Trust and the impact of the recent industrial action.</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 continue to update the Board on Rotherham Place based initiatives and developments. Feedback from the Trust Board on any of the initiatives will be discussed at the relevant place meeting.</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>Appendix 1 - The Rotherham Place Partnership newsletter</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 Rotherham Place.

## **2.0 National Update**

2.1 Junior Doctors have voted to strike with 98% in favour of action. A 72-hour walkout is now expected to take place in mid-March. Doctors are arguing for a commitment to pay restoration saying that their pay has been cut by 26% since 2008 in real terms.

2.2 However, Nurses in England suspended their planned 48-hour strike action for the end of February as the Government agreed to commence pay discussions with the Royal College of Nursing. The planned action would have been the most significant to date.

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

3.1 The ICB has been focussing on the cost of living increases and on sustainable solutions. Discussions have taken place with the four Directors of Public Health within South Yorkshire, the four Local Authorities and wider partners with the aim of producing a coordinated cost of living response plan.

3.2 The ICB has also focussed on ambulance handover delays. They have, in the last few months been working with Yorkshire Ambulance Service on escalation protocols and local action cards. In addition, the ICB provided support to Acute Providers and the Ambulance service during periods of peak activity by running co-ordinated meetings during weekends to help manage the challenging winter pressures.

## **4.0 Rotherham Place**

4.1 There continues to be pressures and challenges within the home care and care home markets in Rotherham. However, an increase in capacity in home care and Adult Social Care Discharge funding has slightly alleviated the pressures. Work is underway to review improvements in capacity and how this can be made sustainable. On 9<sup>th</sup> January 2023 the Government announced a further £200m funding for discharging patients from hospital beds into step down beds to improve patient care and system flow. The fund is designed to increase capacity in post-discharge care and support improved discharge performance, patient safety, experience and outcomes. The allocation for Rotherham is c£0.9m, which has to be spent and evidenced before reclaiming the funding. The funding can be claimed up to 31<sup>st</sup> March 2023. The Rotherham Place are working collaboratively to best utilise funding.

4.2 There continues to also be a focus on the National fair cost of care exercise which commenced in 2022. This will support ongoing sustainability of our markets by moving towards a fair cost of care. Proactive engagement with providers continues to take place to understand the challenges and support required, including support with workforce and recruitment. A proposal for uplifting payments to home care providers brings Rotherham in line with the fees paid across South Yorkshire.

4.3 There is a renewed focus on flow across the acute and community beds with a workshop taking place on 13<sup>th</sup> March 2023, with an expectation of proposing rapid actions to improve the ongoing position.

- 4.4 On 30th January 2023 over 100 people from local groups, organisations and businesses attended the launch of the refreshed Rotherham Plan at the University Centre Rotherham (UCR). The Deputy Chief Executive at the Trust was invited to attend and present at the event. The five key themes of the plan are:
- Inclusive economy
  - Building stronger communities
  - Health and Wellbeing
  - Climate and environment
  - A place to be proud of
- 4.5 From September 2022, Rotherham Place Board has received a monthly Place Performance Report at each of its ICB Business meetings. The report built on those previously received within the Clinical Commissioning Group. From October 2022, monthly performance sessions have been held with the Place Leadership Team. In January, Rotherham trialled the first NHS England Quarterly Place meeting where key areas highlighted by the Performance Report were discussed, along with discussions around mental health, quality and finance.
- 4.6 Rotherham GPs have been accepted onto the Yorkshire and Humber Care Record data consumer project. The Yorkshire and Humber Care Record (Y&HCR) is a program kick-started by the NHS to connect all regional patient data and make it easily accessible to health and social care professionals. By detecting illnesses earlier and treating them more consistently, patient journeys and outcomes can be vastly improved. Y&HCR designed and built the programme as part of NHS England's Local Health and Care Record Exemplars programme. (Further information in relation to Rotherham Place initiatives can be seen at appendix 1).
- 4.7 The Learning Disabilities Mortality Review (LeDeR) annual report was presented to the Rotherham Place Public Board. LeDeR is a service improvement programme which aims to improve care, reduce health inequalities, and prevent premature mortality of people with a learning disability and autistic people by reviewing information about the health and social care support people received.
- 4.8 The Health Select Commission met on 26<sup>th</sup> January 2023. Colleagues from the Trust attended and presented an update covering winter pressures, health and wellbeing of staff plus the impacts of the recent industrial action.
- 4.9 The Health and Wellbeing Board met on 25<sup>th</sup> January 2023. The key areas of focus included Social Prescribing, the Tobacco Cancer Alliance and an update on the Health and Wellbeing Strategy and Action Plan.

**Michael Wright**  
**Deputy Chief Executive**  
**March 2023**

## Rotherham Place Partnership Update: January /February 2023

### Launch of the Refreshed Rotherham Plan

On 30 January local groups, organisations and businesses attended the launch of the refreshed Rotherham Plan at the University Centre Rotherham (UCR). The Rotherham Together Partnership includes a number of local organisations, from all sectors, that work together to improve the quality of life in Rotherham. There are five key themes in the refreshed Rotherham Plan, including:

- Inclusive economy
- Building stronger communities
- Health and wellbeing
- Climate and environment
- A place to be proud of

The themes reflect the things that are most important to focus on together over the next few years. At the event, workshop sessions took place covering each of the themes. Over 100 people attended the event and were able to read the plan and hear from a number of members of the Rotherham Together Partnership.

The updated Rotherham Plan, which can be found on the [Rotherham Together Partnership website](#).



### Yorkshire and Humber Care Record Project

Rotherham GPs have been accepted onto the Yorkshire and Humber Care Record data consumer project.

The Yorkshire and Humber Care Record (Y&HCR) is a program kick-started by the NHS to connect all regional patient data and make it easily accessible to health and social care professionals. By detecting illnesses earlier and treating them more consistently, patient journeys and outcomes can be vastly improved. Y&HCR designed and built the programme as part of NHS England's Local Health and Care Record Exemplars programme.

### Broom Lane Medical Centre Development

The start of building works on a new state-of-art two storey extension at Broom Lane Medical Centre, Rotherham was officially marked on Wednesday 1 February 2023.

The existing practice building will be reconfigured so that the two spaces work together to create a modern fit-for-purpose facility where the practice and Rotherham Central North Primary Care Network (PCN) can provide a wide range of primary care services to further support their patients' needs. The extension is due for completion by the end of 2023 providing 10 new consulting rooms and a new treatment room. An additional 10 car parking spaces will also be created for patients.



### Rotherham Mental Health Think-Tank Success

More than 160 people have been getting their heads together at Rotherham's Aesseeal Stadium to help develop a major mental health transformation for adults and older adults living in the borough.

The aim of the day-long 'think-tank' was for organisations involved in providing community-based mental health services to meet up with some of the patients who benefit from them, to share their thoughts on how to get services they need in the right place, at the right time, first time, as part of NHS England's National Community Mental Health Transformation.

The Head of Change and Transformation at Rotherham Doncaster and South Humber NHS Foundation Trust's (RDaSH), said: "Our collective objective is to create a network of community mental health teams across Rotherham, that bring together GP practices, social care, the voluntary sector and community groups and activities to support local people.

"We want Rotherham patients to help drive what will be major changes to local mental health services, so we are spending time listening and learning from them. This engagement event has been highly successful in providing an opportunity for the partner organisations involved in the project to get lots of feedback from service users, which we are currently working through and evaluating."



Delegates sat through a packed agenda at the event and heard speakers from Rotherham Council and providers of NHS primary and secondary care.

At break time they were able to browse and chat to stall holders from over 20 organisations involved in supporting patients through their care journey, including Andy's Man Club, S62, Touchstone and Age UK Rotherham.

Organisers have produced a video, which was shown at the event, explaining why the mental health transformation programme is needed, which can be viewed on YouTube at: <https://youtu.be/l910fnTfU9Q>.

They are also keen to hear from people who have used Rotherham's community mental health services. You can share your experiences through a quick an anonymous survey, which can be accessed here: <https://www.surveymonkey.co.uk/r/CJVGD2R>



## South Yorkshire Health Inequalities Event

South Yorkshire health leaders and a cast of key speakers came together to discuss the future of the region's health and wellbeing and how working in partnership could help ease the health inequalities faced by residents. Rotherham Council hosted an event at Rotherham United's New York Stadium on Friday 3 February where partners from Rotherham, Barnsley, Doncaster and Sheffield were able to discuss health inequalities across a range of health outcomes. Members of the Health and Wellbeing Boards across South Yorkshire, the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), as well as a number of key partners, were brought together to:

- Explore how we can work together at place level to deliver on tackling health inequalities
- Identify opportunities to work on a South Yorkshire footprint around this agenda
- Hear examples of current work happening across the patch and feed into ICP and ICB strategy on health inequalities



Keynote speakers included experts and regional leaders, Prof Chris Bentley, Former Director of Public Health in South Yorkshire and Head of the Health Inequalities National Support Team, and Oliver Coppard, Mayor of the South Yorkshire Mayoral Combined Authority and chair of the SY Integrated Care Partnership, as well as regional delivery leads on health inequalities. Professor Chris Whitty, Chief Medical Officer for England, was one of the speakers at the event who joined remotely to give a presentation and led a discussion about prevention measures in healthcare.

The afternoon was used to discuss and plan actions to be delivered at place and system level and identify opportunities for joint working through the delivery of priorities identified in the Integrated Care Strategy.

## Children's Mental Health Week 2023: February 6 – 12



Alongside national resources, such as [Children's Mental Health Week](http://Children's Mental Health Week) ([childrensmentalhealthweek.org.uk](http://childrensmentalhealthweek.org.uk)), Mental Health Support Teams in Schools/With Me in Mind put together a bulletin which was sent to all schools. The theme was 'Lets Connect' – aiming to connect schools, young people and parents/carers through a range of activities. Teams visited schools and held workshops giving advice on mental health and wellbeing. As well as the bulletin information and activities were shared through their social media to reach as many people as possible.

## Refresh of Rotherham Place Plan

Rotherham Place Partnership is currently refreshing its health and social care Place Plan. A development session was held with Place Board members in January to focus on partner priorities. As in previous years, the Place Plan will continue to align with the Rotherham Health and Wellbeing Strategy. The timeline for completion has been adjusted so that it can build on the development of the Joint Forward Plan and South Yorkshire Integrated Care Strategy. The first draft will be received at Place Board in April.

## Place Performance

From September 2022, Rotherham Place Board has received a monthly Place Performance Report at each of its ICB Business meetings. The report built on those previously received within the CCG. From October 2022, monthly performance sessions have been held with the Place Leadership Team. In January, Rotherham trialled the first NHSE Quarterly Place meeting where key areas highlighted by the Performance Report were discussed, along with discussions around mental health, quality and finance.

## GP Learning Event 'Respiratory'

On the 12<sup>th</sup> of January, Rotherham Place hosted a GP learning event on the subject of respiratory. Dr David Clitherow, NHS SY ICB (Rotherham Place), led the event and topics were presented by a host of colleagues from across The Rotherham NHS Foundation Trust, NHS SY ICB (Rotherham Place) and Breathing Space. Topics included:

- Long Covid
- Virtual Ward Update
- Medicines Management
- Community Respiratory Team
- FeNo Overview on Interpretation
- Lung Health Check Update
- Oxygen Assessment
- Community Respiratory Exacerbation Service (CRES) Pathway
- Pulmonary Rehabilitation
- How to Address Tobacco Addiction in Clinical Consultation
- 6 Tier Approach to Asthma in Children
- The Medical Examiner Role and the National Move into Primary Care

A record number of 293 delegates attended the event and the feedback was very positive, comments include:

- "Thank you for NOT CANCELLING the PLT, learning about different services, and more details about inclusion / exclusion criteria very helpful during this winter respiratory surge we are having. Keeping all presentations together was quite user friendly, wondering whether these presentations would be available at later dates as well."
- "It was SIMPLY AN EXCELLENT SESSION!"
- "Thank you to all of the speakers. A very informative and interesting respiratory update. Helpful to clarify referral criteria for services. "



## Board of Directors Meeting 03 March 2023

<b>Agenda item</b>	P46/23
<b>Report</b>	<b>Integrated Performance Report – January 2023</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>	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <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 January 2023 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 – January 2023

# Board of Directors

# Integrated Performance Report - January 2023

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			
	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	Jan 2023	L	27,200		26,281	26,117	26,138	26,641	26,641	22,333		
Referral to Treatment (RTT) Performance	Jan 2023	N	92%		68.3%	67.8%	66.4%	66.0%	70.1%	77%		
Number of 52+ Weeks	Jan 2023	L	100		244	259	253	289	289	48		
Number of 78+ Weeks	Jan 2023	L	10		7	5	4	2	2	0		
Number of 104+ Weeks	Jan 2023	N	0		0	0	0	0	0	0		
Overdue Follow-Ups	Jan 2023	L	-		15,741	14,917	15,231	14,878	14,878	12,458		
First to follow-up ratio	Jan 2023	B	2.4		2.2	2.4	2.4	2.5	2.3	2.58		
Day case rate (%)	Jan 2023	B	80%		85.5%	85.7%	83.8%	87.5%	86.1%	90%		
Day case rate (%) - Model Hospital	Oct 2022	B	80%		78.0%	76.3%	77.4%	77.1%	--	78%		
Diagnostic Waiting Times (DM01)	Jan 2023	N	1%		9.1%	9.5%	16.8%	15.5%	10.6%	10%		
Diagnostic Activity Levels	Jan 2023	L	9713		8,760	9,080	8,075	8,949	8,949	7578		
Capped Theatre Utilisation	Jan 2023	L	85%		74%	83%	74%	75%	75%			
<b>Emergency Performance</b>												
Number of Ambulance Handovers > 60 mins	Jan 2023	N	0		259	358	507	145	2,536	100		
Ambulance Handover Times % > 60 mins	Jan 2023	N	0%		15.5%	21.1%	29.0%	8.8%	146.5%	5%		
Number of Ambulance Handovers 30-60 mins	Jan 2023		-		259	292	250	157	2,472	214		
Ambulance Handover Times % 30-60 mins	Jan 2023	L	5%		15.5%	17.2%	14.3%	9.5%	142.2%	10%		
Average Time to Initial Assessment in ED (Mins)	Jan 2023	N	15		38	37	55	36	36	24		
Proportion of patients spending more than 12 hours in A&E from time of arrival	Jan 2023	L	2%		13.2%	12.7%	16.2%	10.5%	11.7%	7%		
Number of 12 hour trolley waits	Jan 2023	N	0		0	0	41	55	96	0		
Proportion of same day emergency care	Jan 2023	L	33%		41.4%	39.6%	39.5%	41.4%	40.9%	39%		
<b>Cancer Care</b>												
2 Week Wait Cancer Performance	Dec 2022	N	93%		76.8%	76.5%	84.6%	89.0%	79.5%	97%		
2 Week Wait Breast Symptoms	Dec 2022	N	93%		100.0%	100.0%	91.7%	92.9%	91.2%	95%		
31 day first treatment	Dec 2022	N	96%		100.0%	100.0%	96.0%	96.2%	97.7%	93%		
62 Day Performance	Dec 2022	N	85%		68.3%	75.2%	61.5%	68.0%	70.0%	72%		
The number of cancer 62-day pathways waiting 63 days or more after an urgent suspected cancer referral	Jan 2023	L	80		100	69	69	75	75	-		
28 day faster diagnosis standard	Dec 2022	N	75%		68.5%	68.9%	68.4%	66.4%	68.9%	66%		
<b>Inpatient Care</b>												
Mean Length of Stay - Elective (excluding Day Cases)	Jan 2023				2.82	2.47	2.55	2.55	2.81	4.75		
Mean Length of Stay - Non-Elective	Jan 2023				6.08	5.93	5.65	5.99	5.88	5.63		
Length of Stay > 7 days (Snapshot Numbers)	Jan 2023	L	142		204	177	207	196	196	218		
Length of Stay > 21 days (Snapshot Numbers)	Jan 2023	L	42		64	59	61	64	64	84		
Right to Reside - % not recorded (Internal Performance from M)	Jan 2023	B	0%		5.6%	7.3%	6.5%	6.1%	6.1%	6%		
Discharges before 5pm (inc transfers to Dis Lounge)	Jan 2023	L	70%		57.5%	60.4%	56.4%	59.4%	57.9%	55%		
<b>Outpatient Care</b>												
Did Not Attend Rate (OutPatients)	Jan 2023	B	6.2%		10.5%	8.8%	9.5%	8.5%	9.4%	8%		
% of all Outpatient activity delivered remotely via telephone or video consultation	Jan 2023	N	25%		15.8%	14.5%	13.3%	13.4%	14.6%	17%		
Advice and Guidance - Metric still being worked up												
Number of patient pathways moved or discharged to PIFU, expressed as a proportion of all outpatient activity.	Jan 2023	N	5%		1.0%	1.2%	1.3%	1.3%	0.8%			
<b>Community Care</b>												
MusculoSkeletal Physio <4 weeks	Jan 2023	L	80%		9.4%	11.6%	15.8%	15.2%	13.9%	14%		
% urgent referrals contacted within 2 working days by specialist nurse (Continence)	Jan 2023	L	95%		67.5%	69.8%	82.3%	81.5%	59.7%	65%		
A&E attendances from Care Homes	Jan 2023	L	144		143	136	145	125	125	124		
Admissions from Care Homes	Jan 2023	L	74		91	93	101	88	88	85		
Patients assessed within 5 working days from referral (Diabetes)	Jan 2023	L	95%		80.0%	83.3%	66.7%	77.8%	82.4%	100%		
Urgent 2 Hour Community Response (one month behind)	Dec 2022	L	70%		87.9%	76.8%	75.9%	65.97%	79.79%	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	Aug 2022	B	As Expected		104.81	105.02	103.89	104.09	--	115.5		
Mortality index - HSMR (Rolling 12 months)	Sep 2022	B	As Expected		101.10	101.60	100.80	100.30	--	121.5		
Number of deaths (crude mortality)	Jan 2023		-		98	89	114	99	911	101		
<b>Infection, Prevention and Control</b>												
Clostridium-difficile Infections	Jan 2023		-		5	4	4	5	33	3		
Clostridium-difficile Infections (rate)	Jan 2023		-		23.5	24.8	23.4	24.7	24.7	16.1		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus)	Jan 2023	L	0		0	0	0	0	0	0		
MRSA Infections (Methicillin-resistant Staphylococcus Aureus) (Rate)	Jan 2023		-		0.00	0.00	0.00	0.00	0.00	0.7		
E.coli blood bacteraemia, hospital acquired	Jan 2023		-		4	3	3	3	38	1		
<b>Patient Safety</b>												
Incidents - severe or above (one month behind)	Dec 2022	L	0		1	1	5	2	17	6		
% Potential of Under Reporting of Pt Safety Incidents	Jan 2023		-		54	57	57	57	54	52		
Number of Patient Harms	Jan 2023		-		739	808	730	711	6,999	673		
Number of Patient Harms (Moderate and above)	Jan 2023		-		13	19	12	17	160	36		
Number of Patient Falls	Jan 2023		-		95	114	112	97	1033	119		
Number of Pressure Ulcers (G3 and above)	Jan 2023		-		0	4	1	0	15	1		
Medication Incidents	Jan 2023		-		110	121	74	124	1110	91		
Readmission Rates (one month behind)	Dec 2022	L	7.6%		8.4%	7.4%	6.8%	7.2%	7.8%	8.5%		
Venous Thromboembolism (VTE) Risk Assessment	Jan 2023	N	95.0%		97.5%	96.7%	96.6%	96.7%	96.6%	95.5%		
Number of complaints per 10,000 patient contacts	Jan 2023	L	8		9.38	12.61	4.79	9.60	10.20	11.93		
Proportion of complaints closed within 30 days	Jan 2023	L	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Hip Fracture Best Compliance	Jan 2023	L	65.0%		91.7%	73.1%	62.1%	80.8%	80.8%	41.7%		
F&F Postive Score - Inpatients & Day Cases	Jan 2023	N	95.0%		98.3%	96.9%	97.4%	97.8%	97.4%	98.5%		
F&F Postive Score - Outpatients	Jan 2023	N	95.0%		97.0%	96.3%	97.9%	98.4%	97.3%	97.9%		
F&F Postive Score - Maternity	Jan 2023	N	95.0%		97.4%	98.2%	92.5%	93.6%	97.0%	100.0%		
Care Hours per Patient Day	Jan 2023	L	7.3		6.20	6.30	6.40	6.40	6.40	6.2		
<b>Maternity</b>												
Bookings by 12 Week 6 Days	Jan 2023	N	90.0%		91.6%	94.9%	87.7%	88.8%	91.3%	91.7%		
Babies with a first feed of breast milk (percent)	Jan 2023	N	70.0%		58.1%	57.4%	47.1%	57.0%	56.6%	51.9%		
Stillbirth Rate per 1000 live births (Rolling 12 months)	Jan 2023	L	4.66		2.31	2.71	2.72	3.12	3.12	3.57		
1:1 care in labour	Jan 2023	L	75.0%		94.8%	95.6%	78.4%	73.4%	92.5%	97.1%		
Serious Incidents (Maternity)	Dec 2022	L	0		0	1	0	0	1	1		
Moderate and above Incidents (Harm Free)	Dec 2022		-		0	0	0	0	0	0		
Consultants on labour (Hours on Ward)	Jan 2023		-		62.50	62.50	62.50	62.50	62.50	--		
% 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	Jan 2023	L	-285		-436.9	-459.2	-474.9	-462.3	-462.3	-322.9		
Whole Time Equivalent plan - Nursing	Jan 2023	L	-98		-77.4	-86.7	-96.0	-85.9	-85.9	-35.5		
Total Headcount	Jan 2023		-		4,962	4,957	4,943	4,974	4,974	4,930		
Vacancy Rate - TOTAL	Jan 2023	L	6.40%		9.63%	10.09%	10.43%	10.14%	10.14%	7.30%		
Vacancy Rate - Nursing	Jan 2023	L	7.30%		5.69%	6.35%	7.03%	6.32%	6.32%	2.69%		
Time to Recruit	Jan 2023	L	34		35	35	37	36	36	33		
Sickness Rates (%) - inc COVID related	Jan 2023	L	3.95%		7.31%	6.62%	7.75%	6.60%	6.75%	9.13%		
Turnover	Jan 2023		0.63%		1.35%	0.74%	0.82%	0.94%	0.94%	0.75%		
Appraisals complete (% 12 month rolling)	Jan 2023	L	90.00%		84.00%	86.00%	84.00%	84.00%	84.00%	82.00%		
Appraisals Season Rates (%)	Jan 2023	L	90.00%		82.00%	85.00%	84.00%	84.00%		-		
MAST (% of staff up to date)	Jan 2023	L	85.00%		92.00%	92.00%	92.00%	92.00%	92.00%	90.00%		
% of jobs advertised as flexible	Jan 2023		-		87.13%	n/a	70.97%	70.21%	--	41.67%		

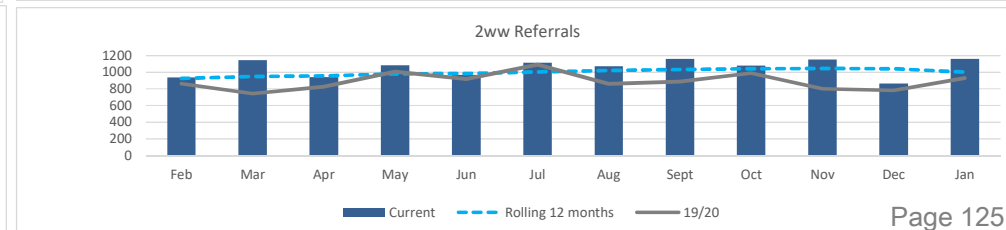
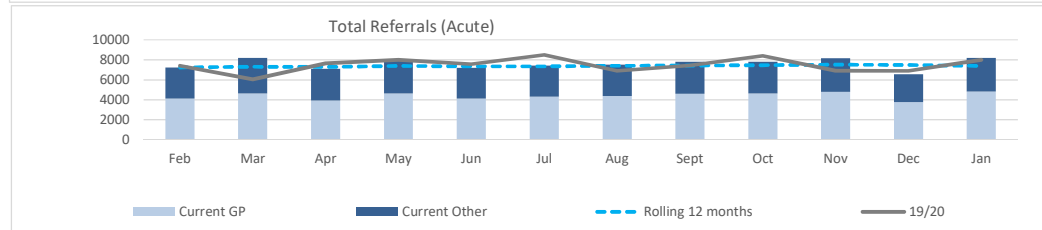
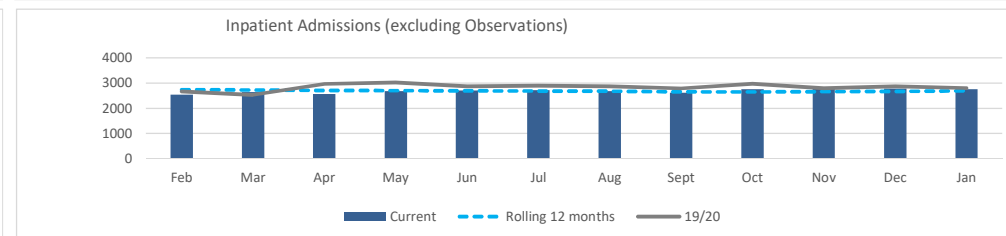
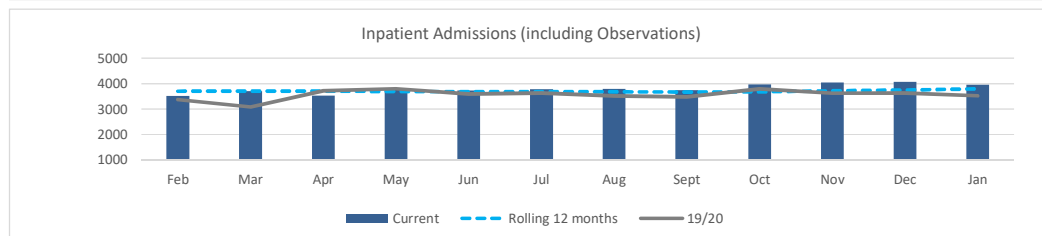
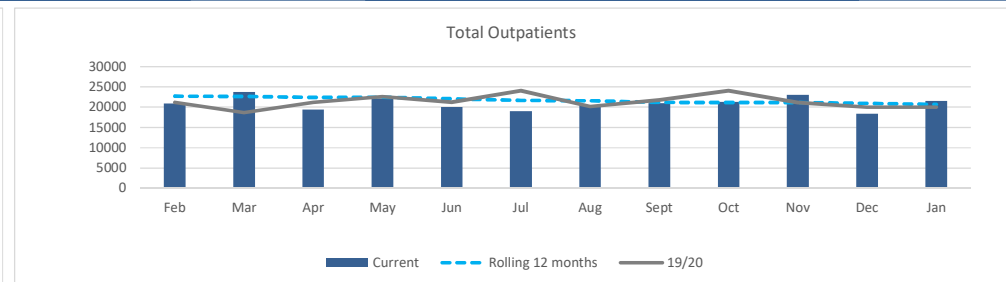
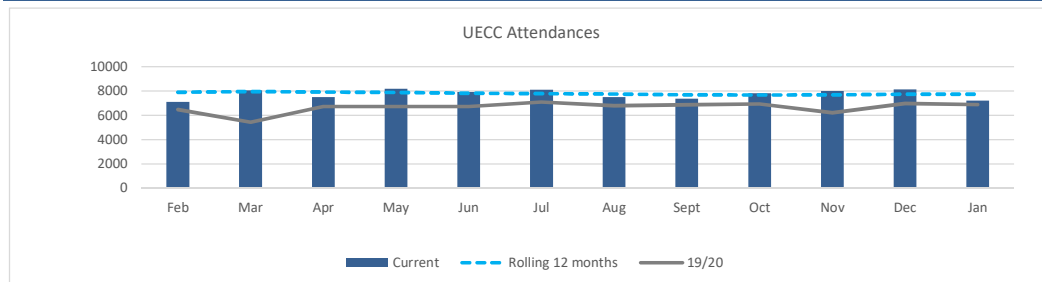


Trust Integrated Performance Dashboard - Finance

Apr 22 - Jan 23

	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)	(9)	135 <span style="color: green;">●</span>	144	(256)	455 <span style="color: green;">●</span>	720 <span style="color: red;">●</span>	(989)
 I&E Performance (Control Total)	(152)	(8) <span style="color: green;">●</span>	144	(2,384)	(1,673) <span style="color: green;">●</span>	711 <span style="color: red;">●</span>	(997)
 Efficiency Programme (CIP) - Risk Adjusted	1,003	655 <span style="color: red;">●</span>	(347)	7,142	6,374 <span style="color: red;">●</span>	(767) <span style="color: red;">●</span>	(692)
 Capital Expenditure	1,524	8 <span style="color: orange;">●</span>	1,516	7,579	5,382 <span style="color: orange;">●</span>	2,197 <span style="color: green;">●</span>	0
 Cash Balance	594	1,641 <span style="color: green;">●</span>	1,047	21,244	27,674 <span style="color: green;">●</span>	6,430 <span style="color: green;">●</span>	2,692

Trust Integrated Performance Dashboard - Activity



Trust Integrated Performance Dashboard - Activity

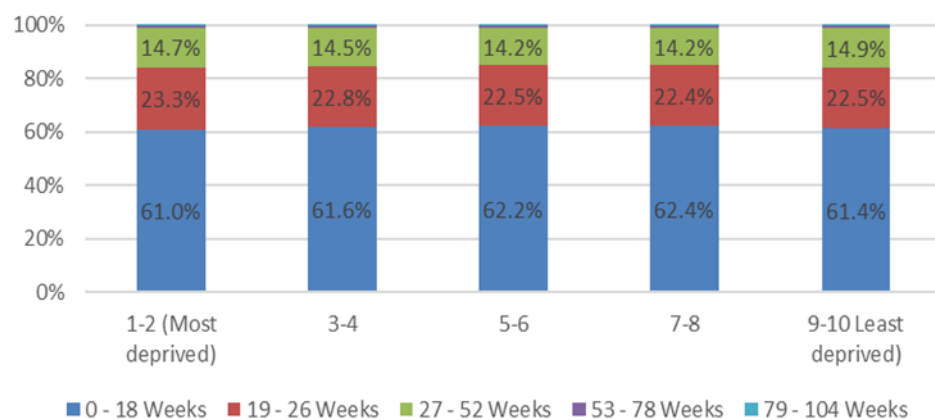
ACTIVITY			
OUTPATIENTS			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
January	21,558	22,656	-5%
YTD monthly average	20,937	22,016	-5%
DAYCASES			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
January	2,174	2,050	6%
YTD monthly average	1,853	2,060	-10%
ELECTIVE ACTIVITY			
	Activity 22/23	Activity 19/20 (WDA)	As % of 2019/20 WDA
January	294	282	4%
YTD monthly average	302	368	-18%

## Trust Integrated Performance Dashboard - Health Inequalities

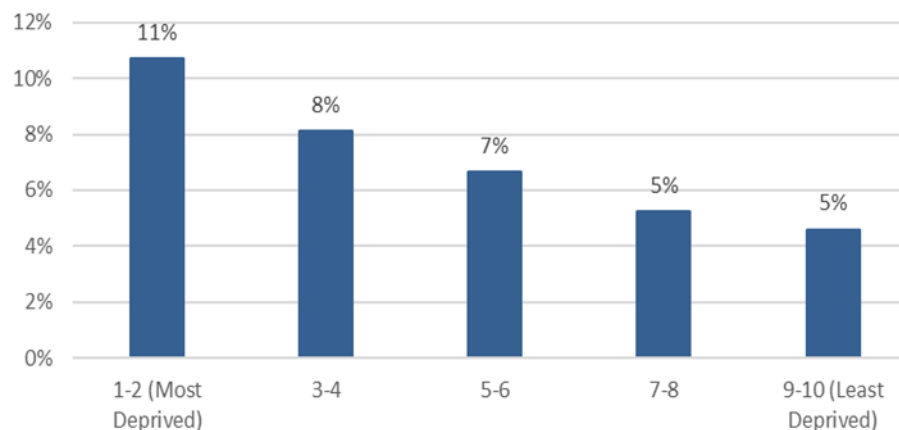
### RTT Snapshot 29/01/23

IMD Quintile	Patients on Waiting List	Median Wait (Wks)	% of All RTT Patients	% of Rotherham Population	% Proportion Difference to Rotherham Population
1-2	8903	12	37.1%	36.0%	1.1%
3-4	5585	12	23.3%	23.2%	0.0%
5-6	3707	12	15.5%	15.2%	0.2%
7-8	4376	12	18.2%	19.5%	-1.3%
9-10	1434	12	6.0%	6.0%	0.0%
Total	23981	12	100.0%	100.0%	0.0%

Patients on Waiting List by IMD Quintile & Waiting List Group



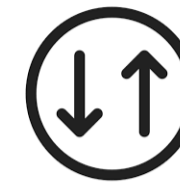
Percentage of Outpatient DNA's by Deprivation Quintile During January



Safer Staffing

<b>Trust Wide Scorecard Rolling 12 Months &amp; Year End position 21/22</b>	<b>Jan-22</b>	<b>Feb-22</b>	<b>Mar-22</b>	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>
Daily staffing -actual trained staff v planned (Days)	87.75%	87.62%	86.48%	86.33%	84.11%	83.95%	81.92%	83.54%	82.43%	83.69%	84.87%	87.47%	82.86%
Daily staffing -actual trained staff v planned (Nights)	87.06%	86.41%	84.29%	88.00%	85.52%	86.36%	81.28%	84.30%	90.41%	86.89%	83.94%	84.53%	84.97%
Daily staffing - actual HCA v planned (Days)	90.63%	89.55%	89.47%	96.05%	95.88%	91.45%	80.37%	83.13%	83.46%	86.96%	82.06%	81.44%	84.32%
Daily staffing - actual HCA v planned (Nights)	89.28%	89.06%	92.35%	89.51%	91.18%	94.30%	81.54%	83.77%	89.86%	93.64%	90.73%	85.46%	94.75%
Care Hours per Patient per Day (CHPPD)	6.2	6.5	6.2	6.5	6.5	6.6	6.3	6.0	6.3	6.2	6.3	6.4	6.4

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.
		Special cause of an improving nature where the measure is significantly <b>LOWER</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).



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

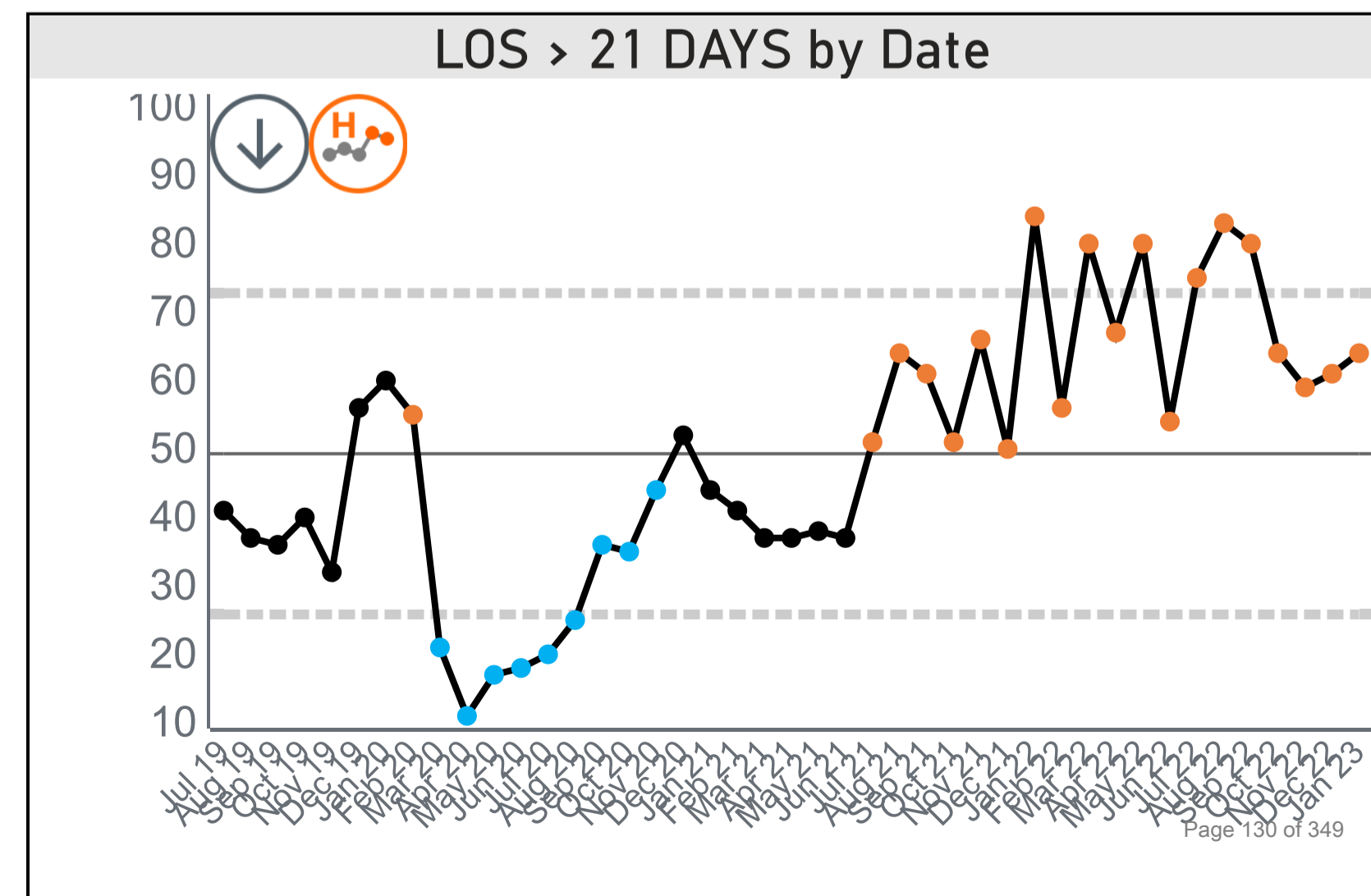
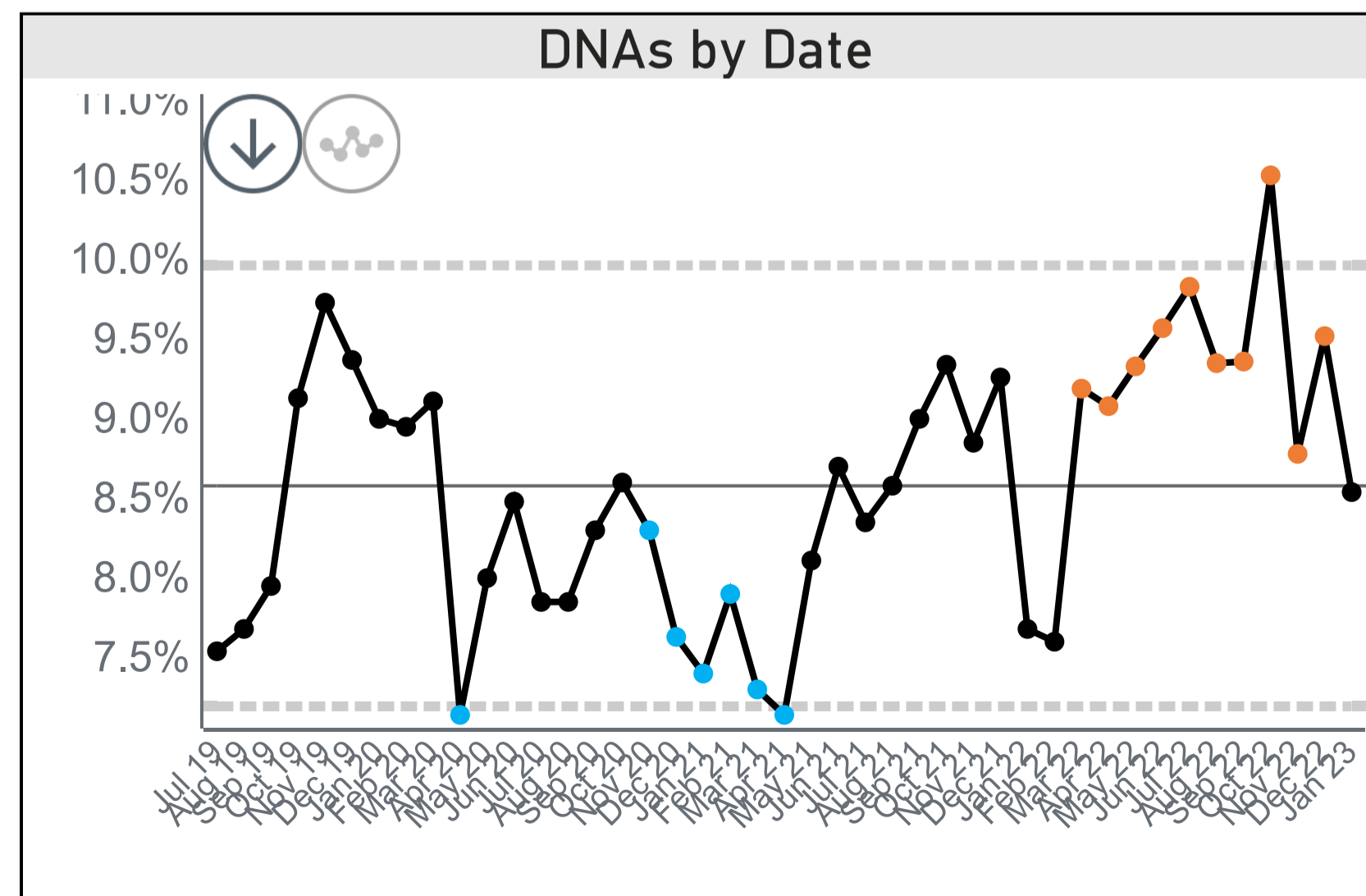
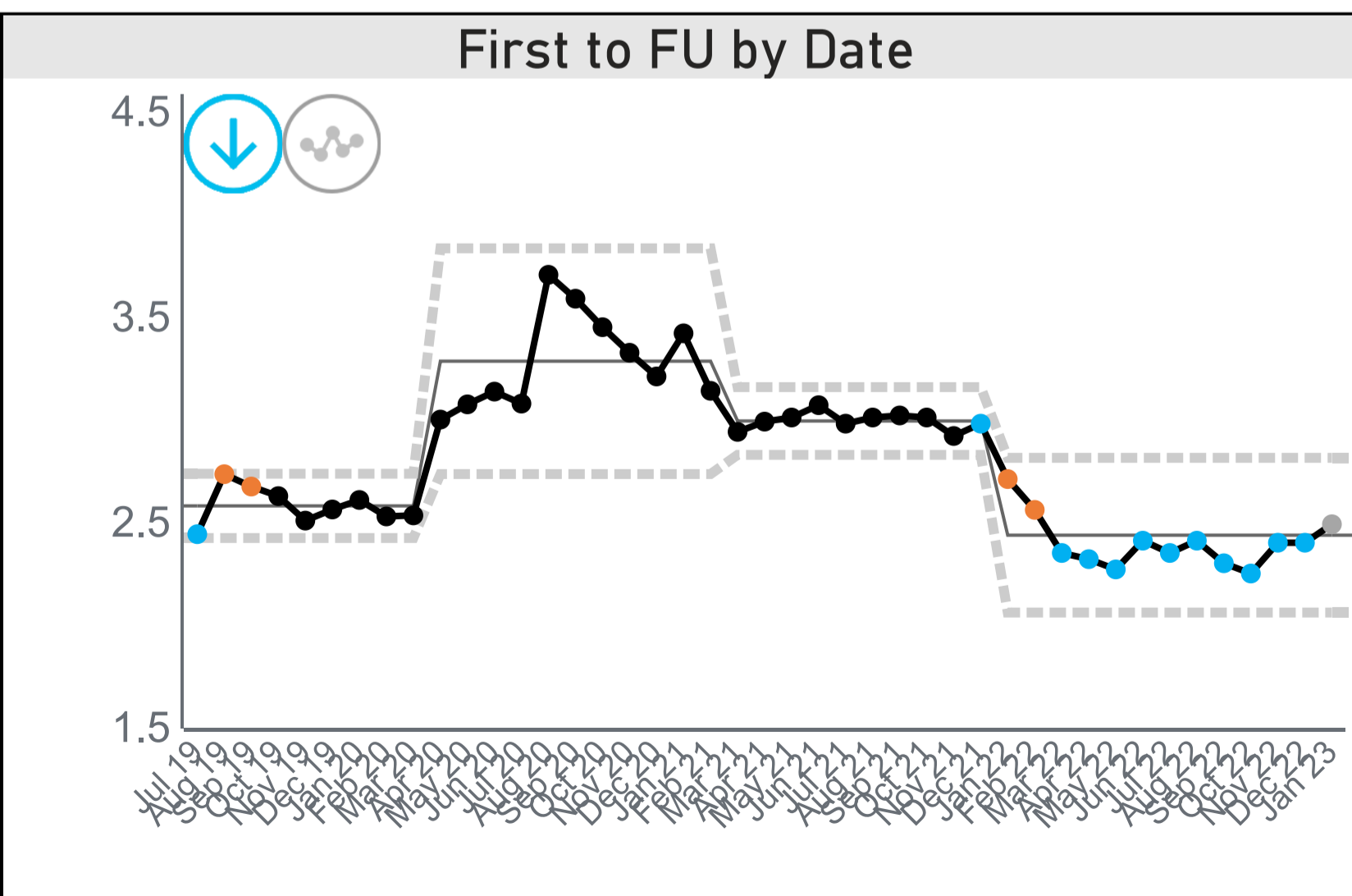
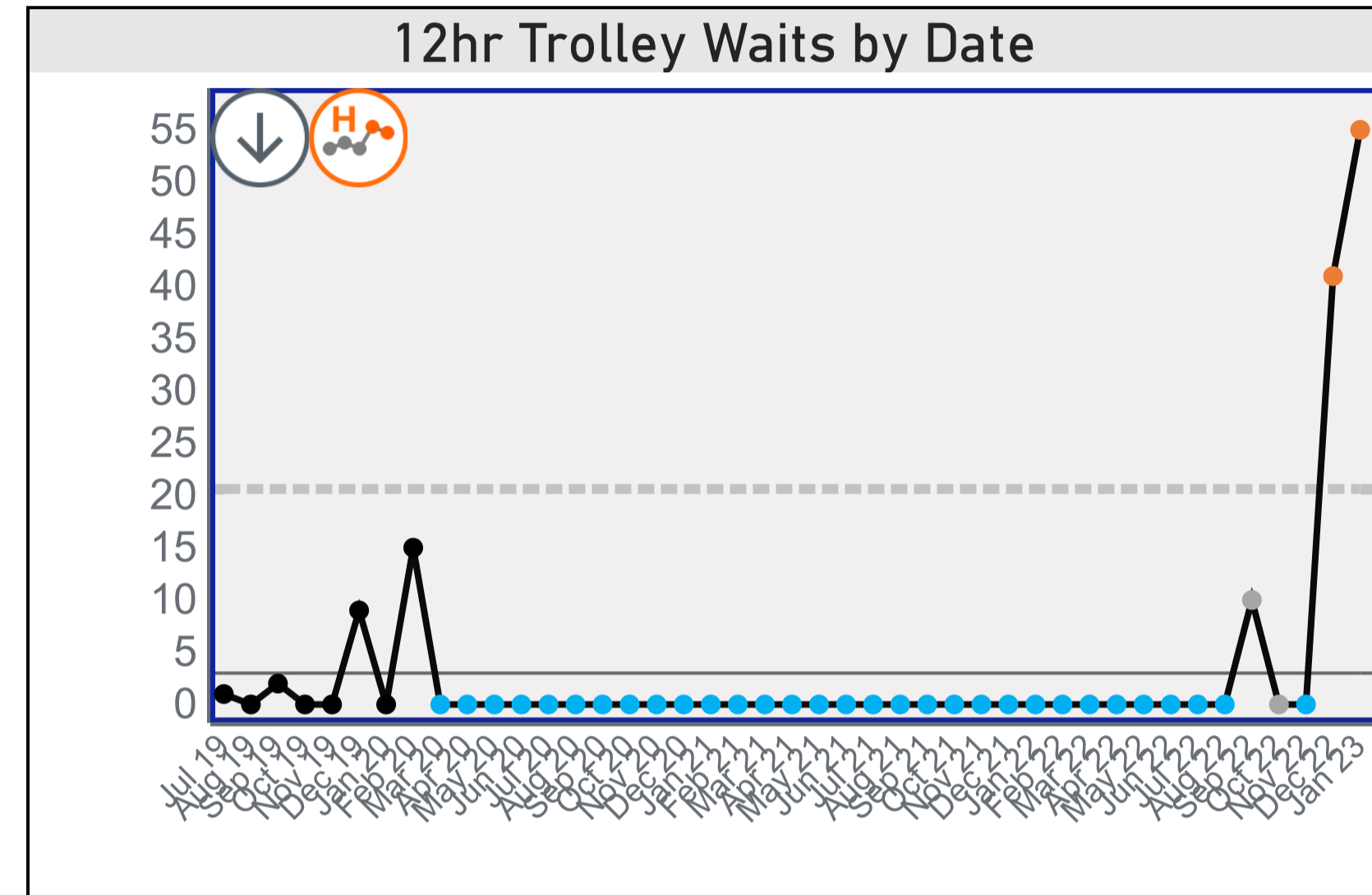
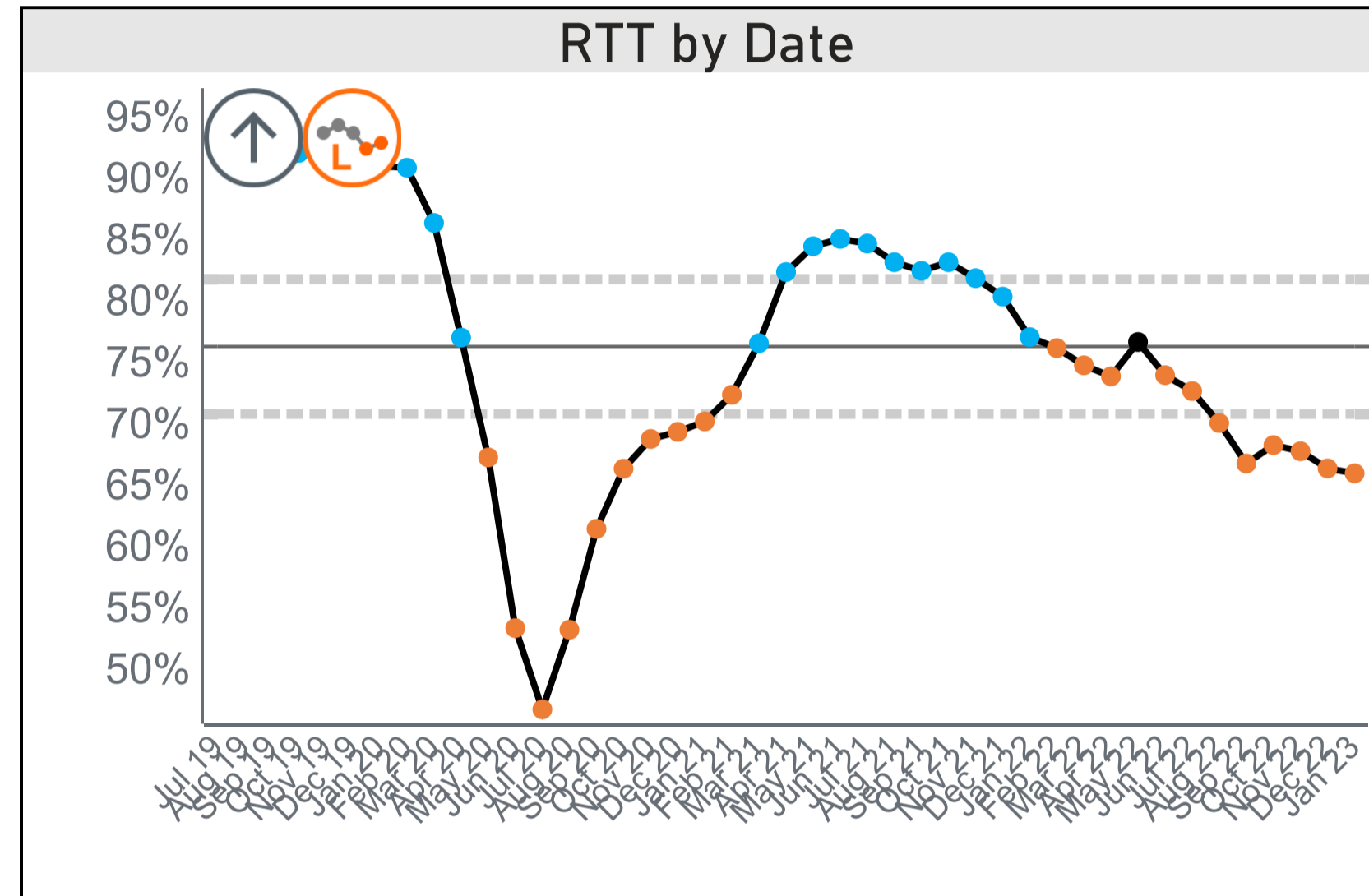
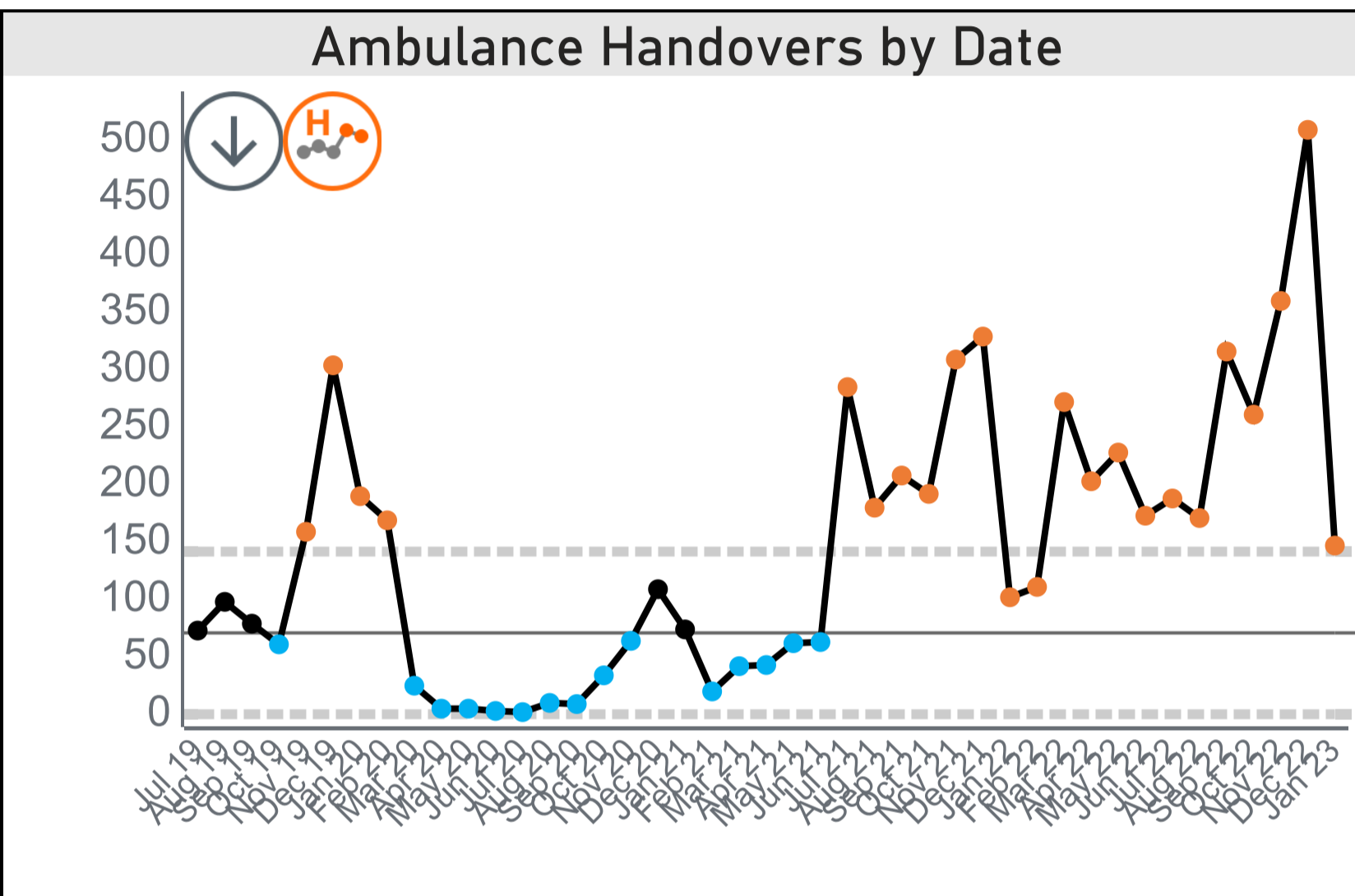
A run of values above or below the average (mean) line represents a trend that should not result from natural variation into the system

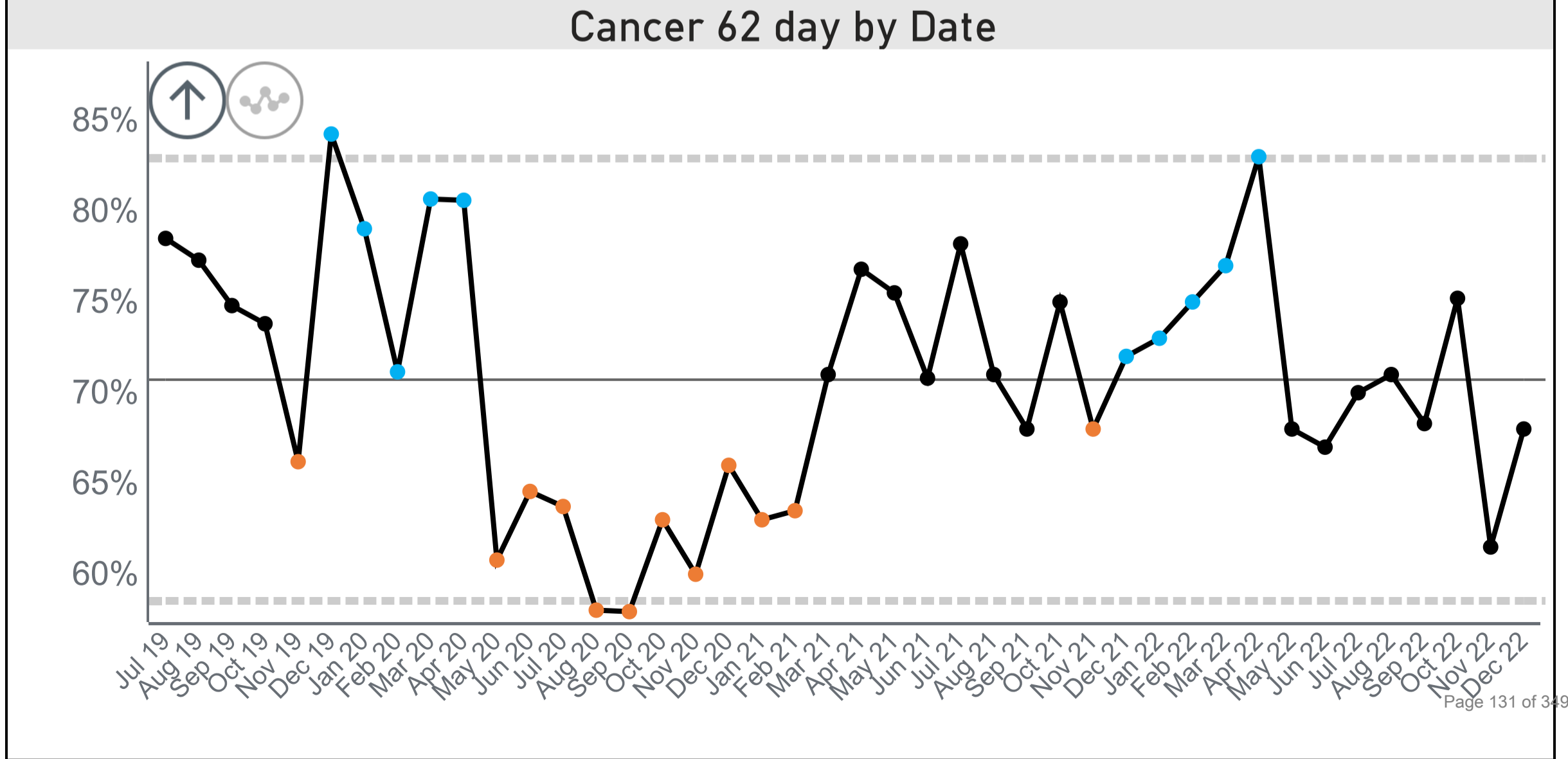
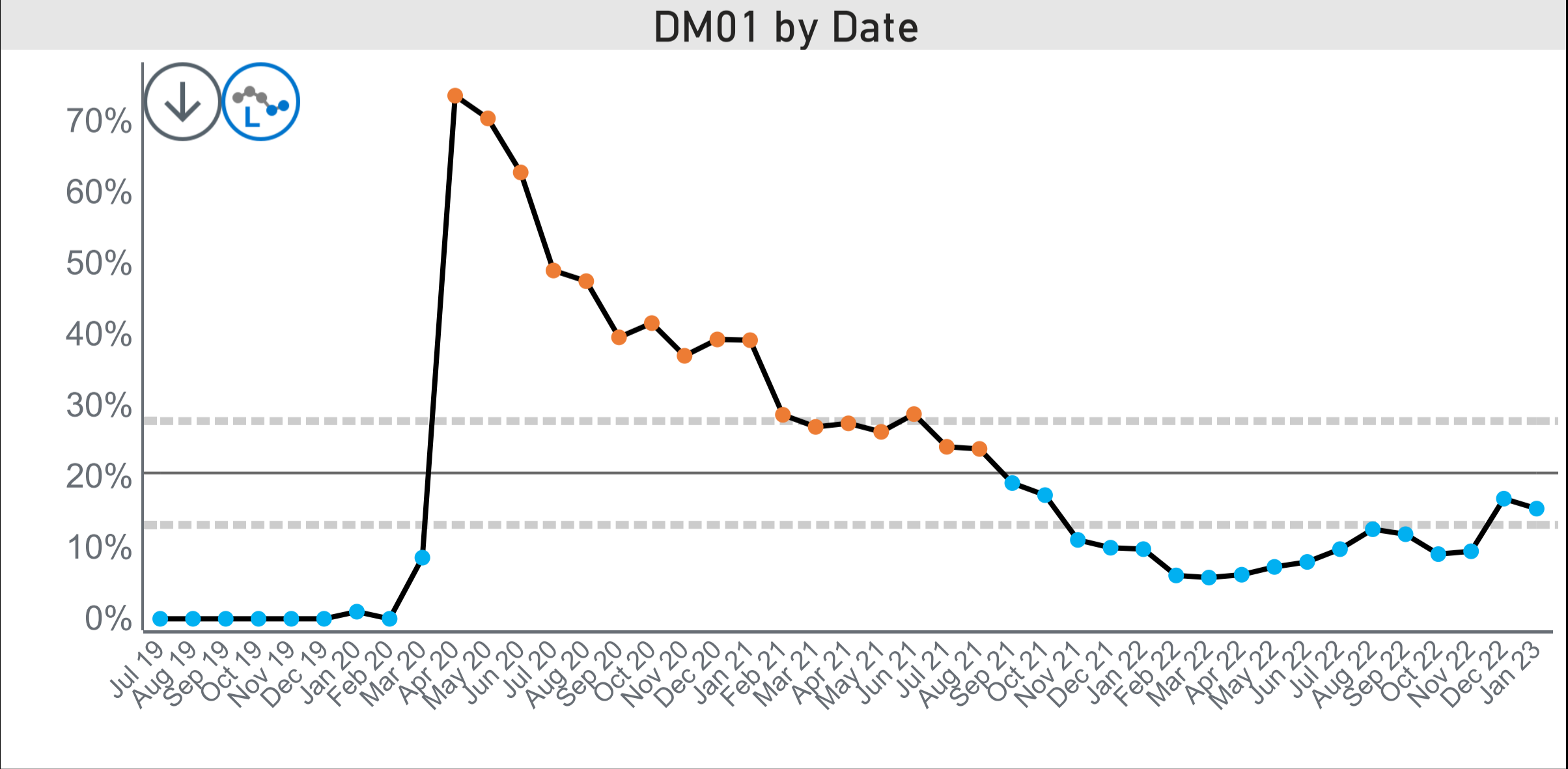
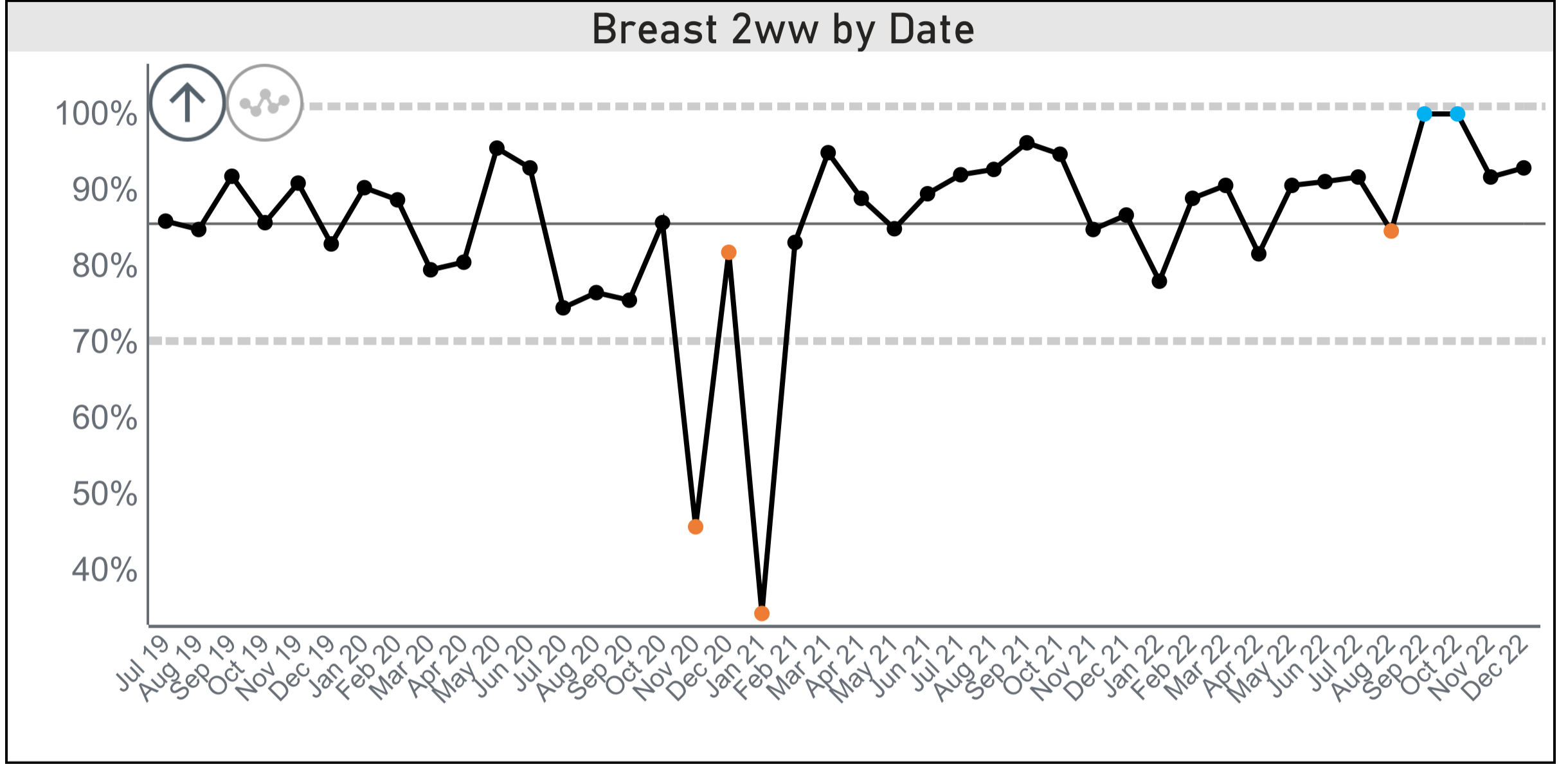
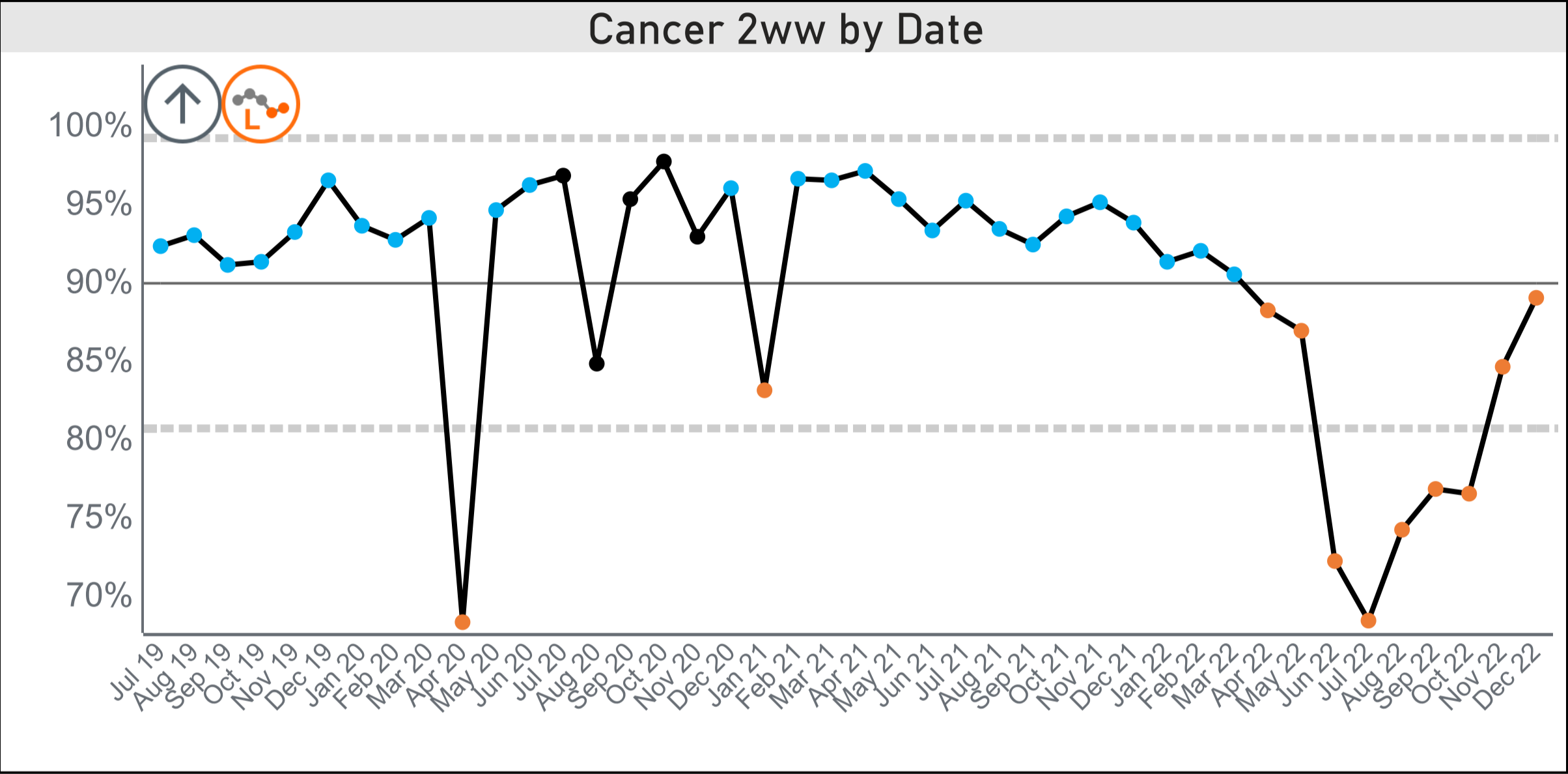
#### Consecutive points increasing or decreasing

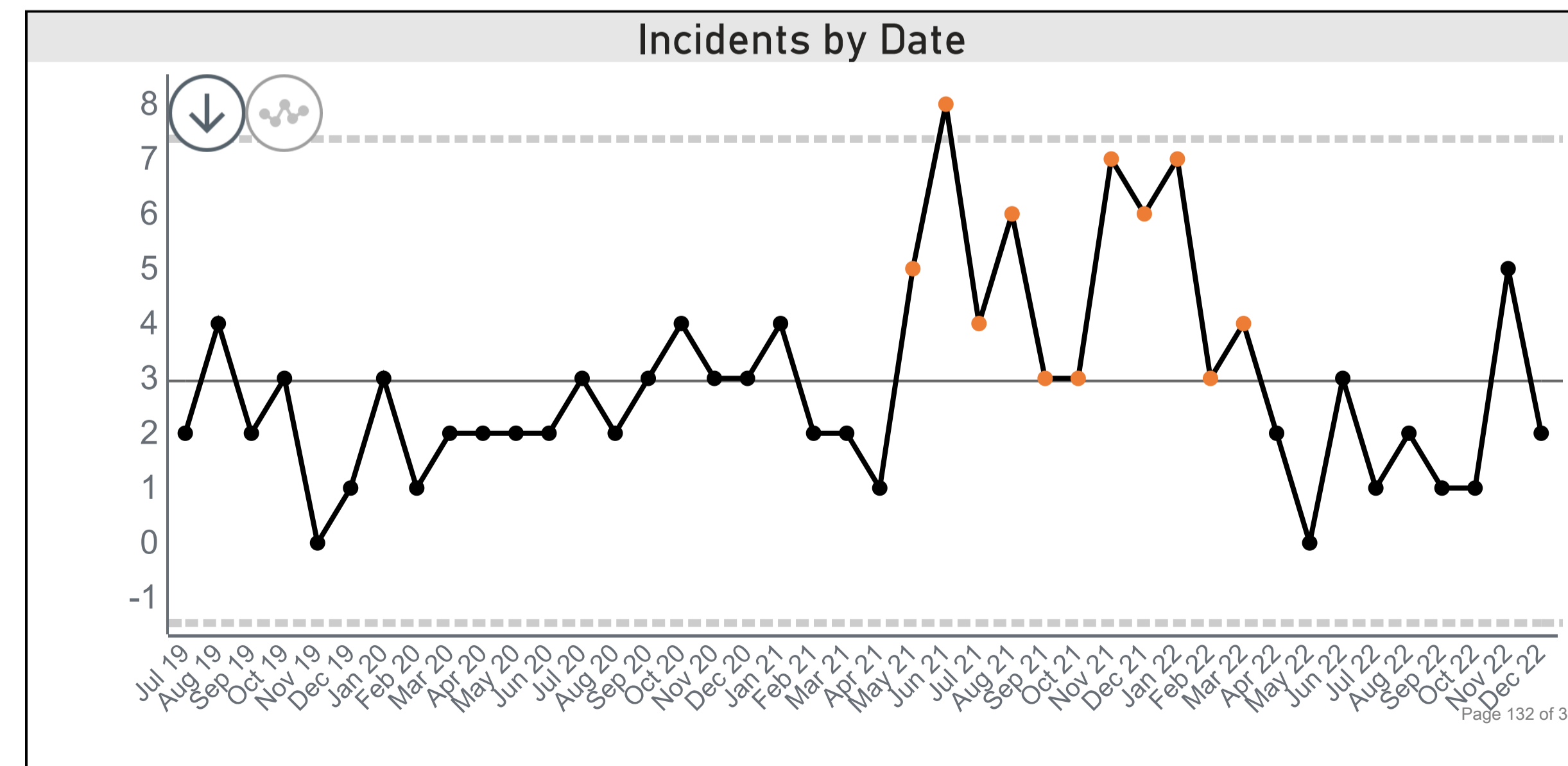
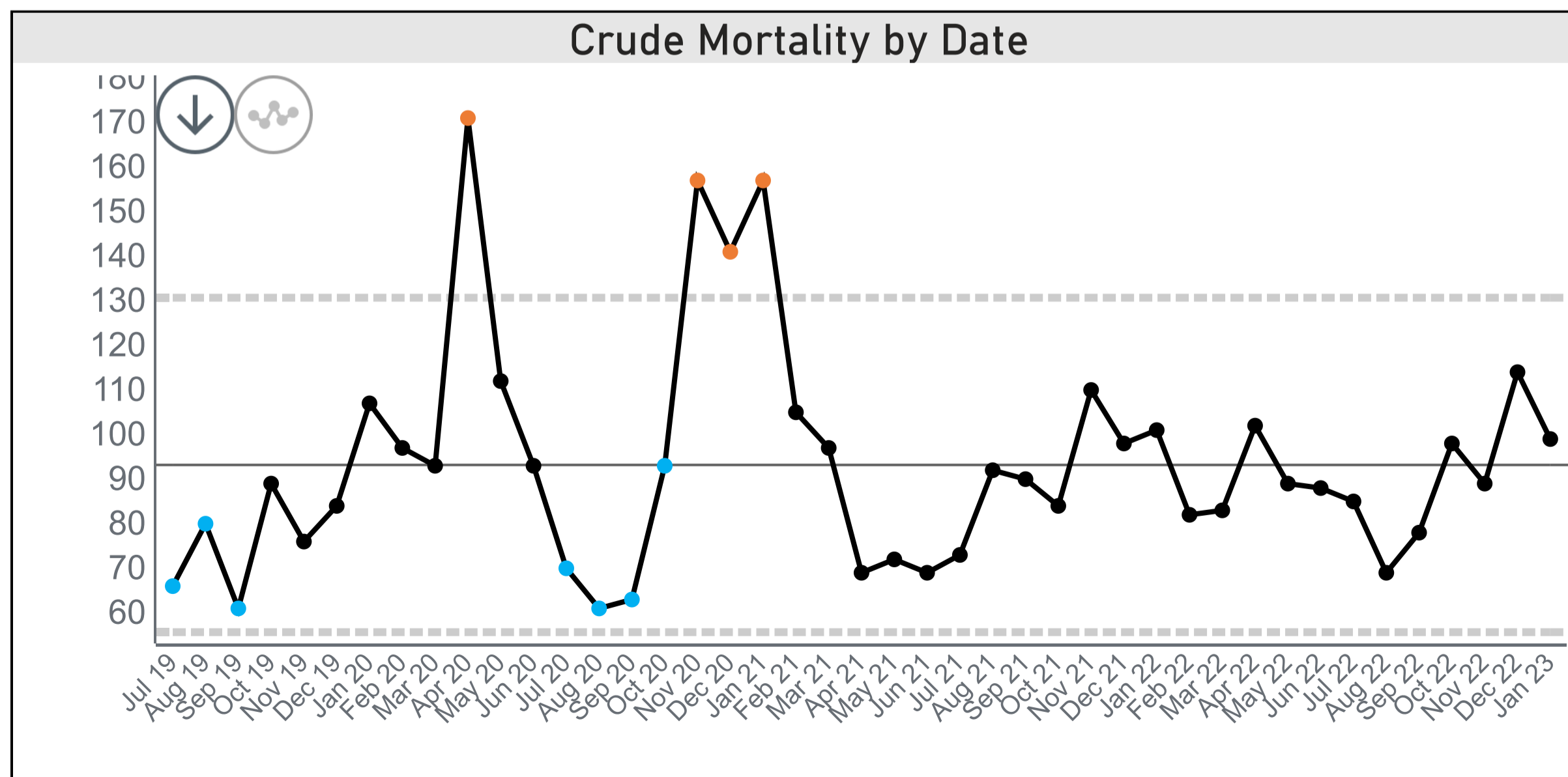
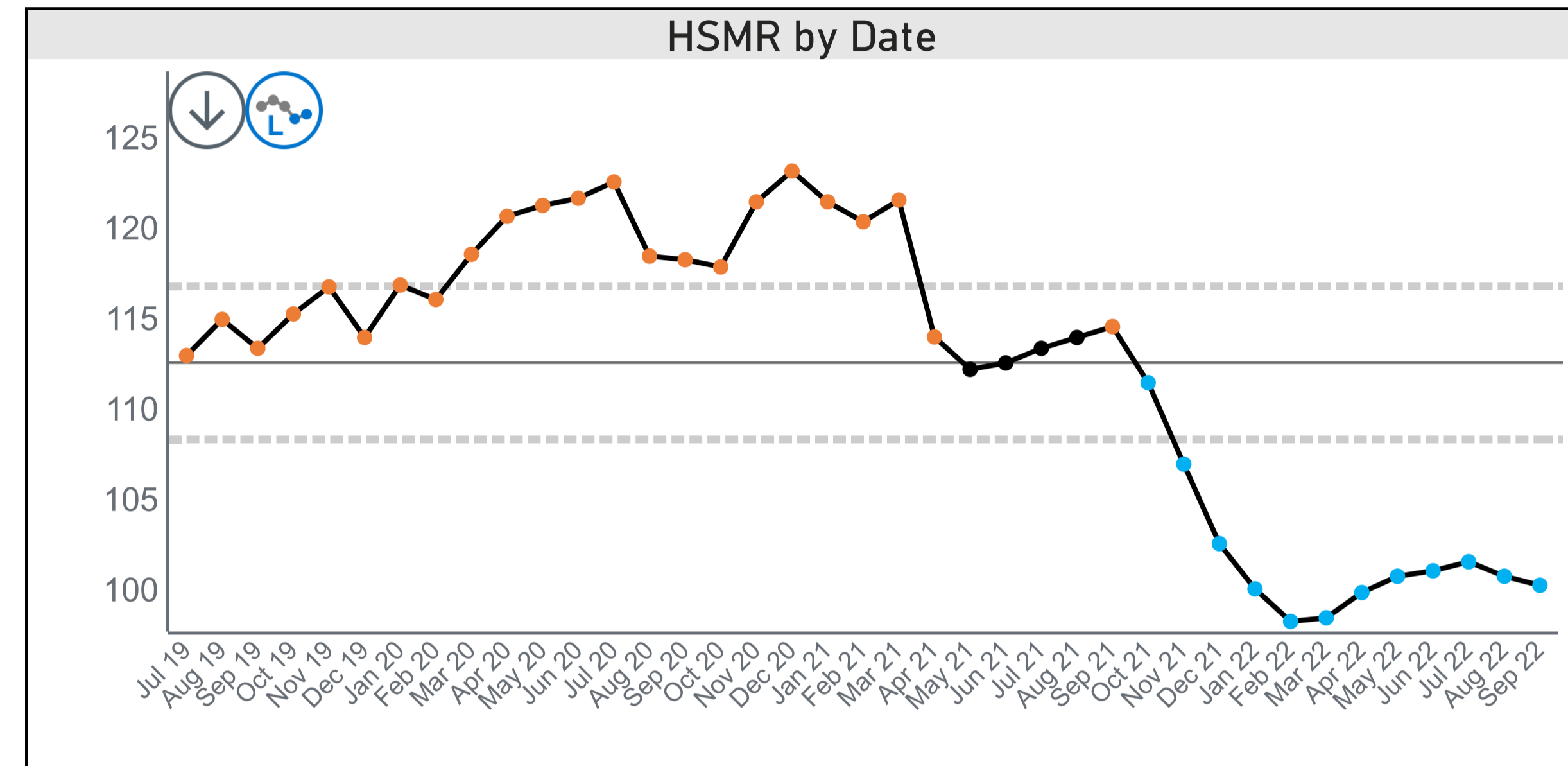
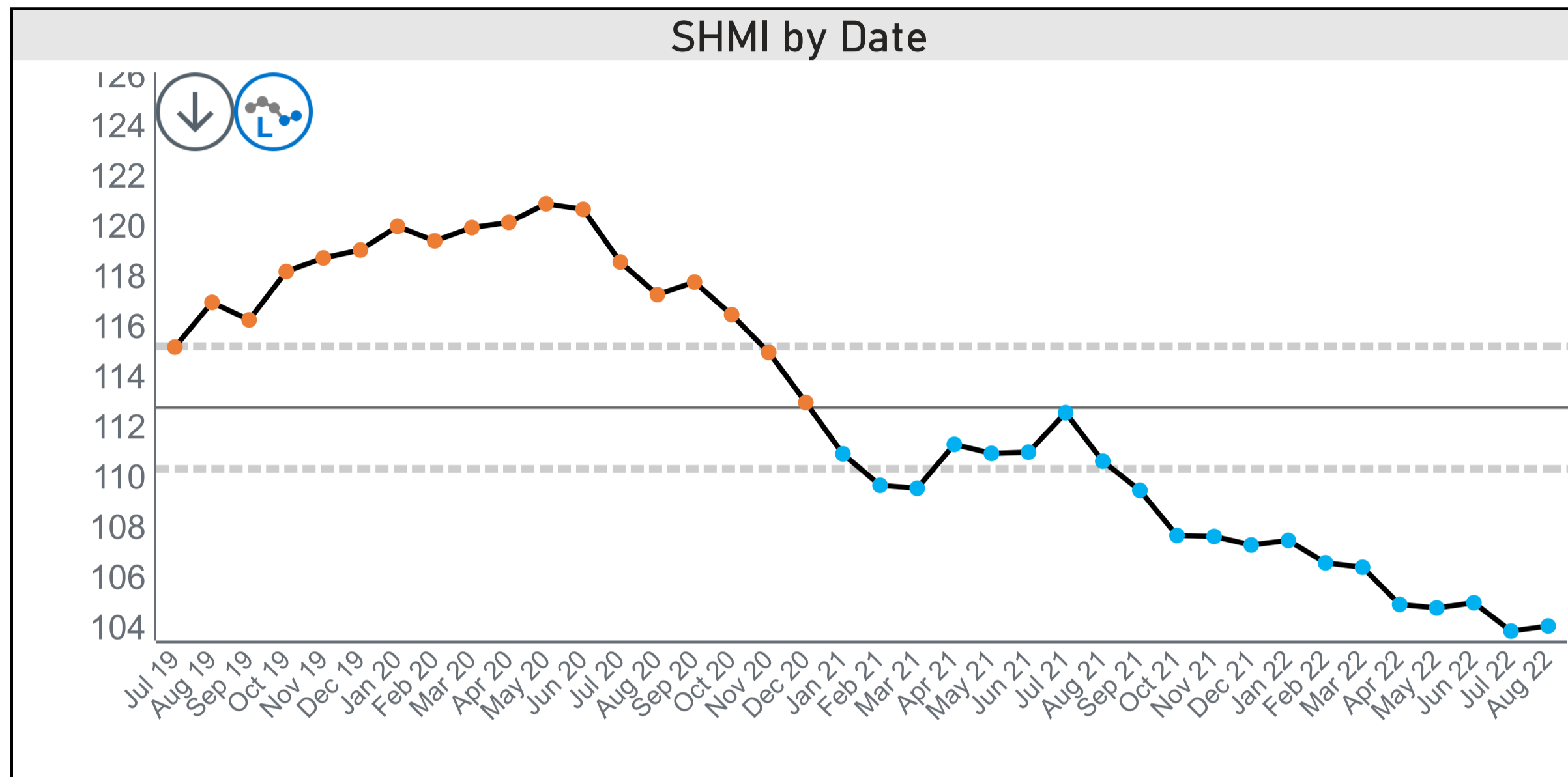
A run of values showing continuous increase or decrease is a sign that something unusual is happening in the system.

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

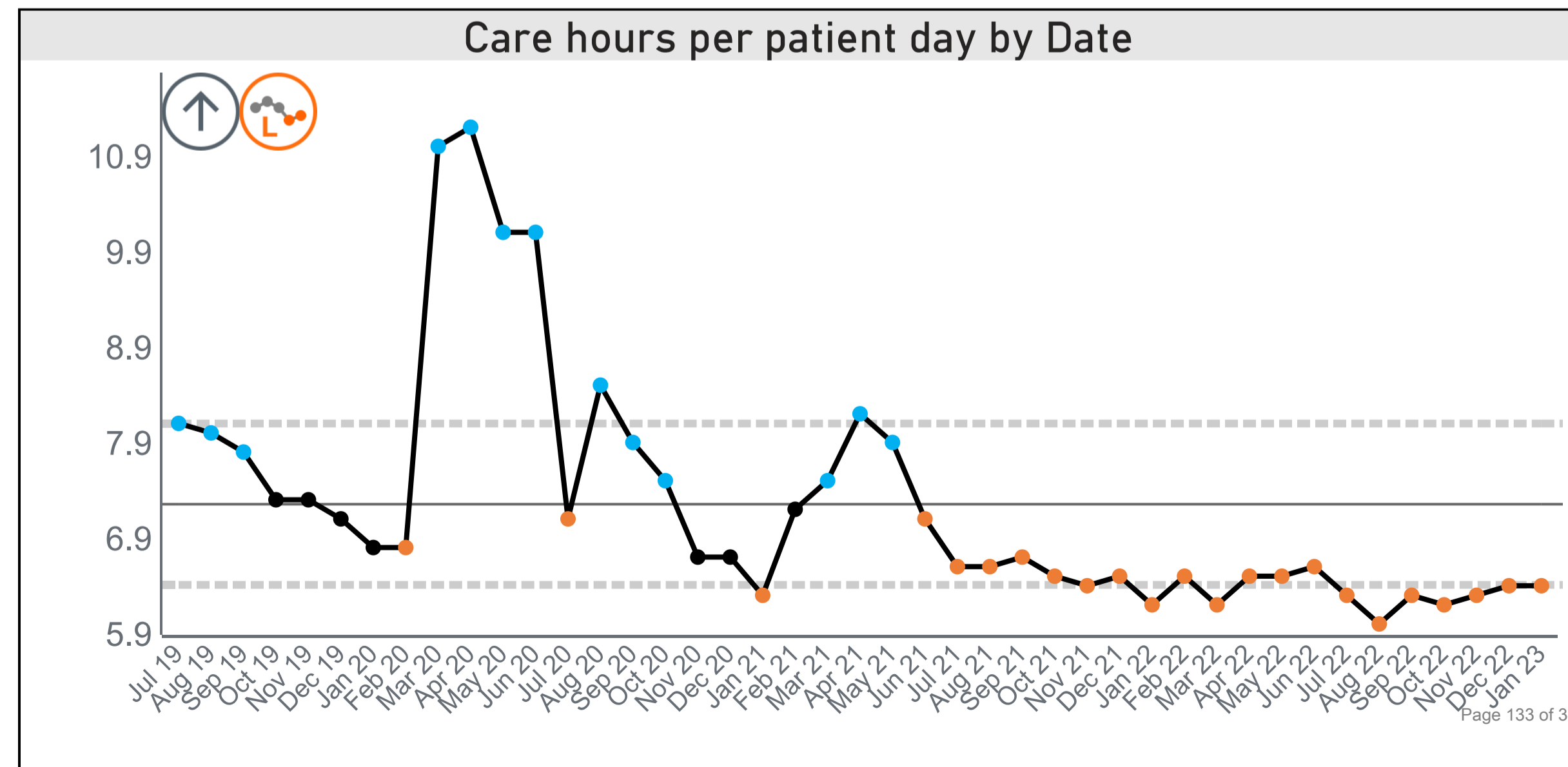
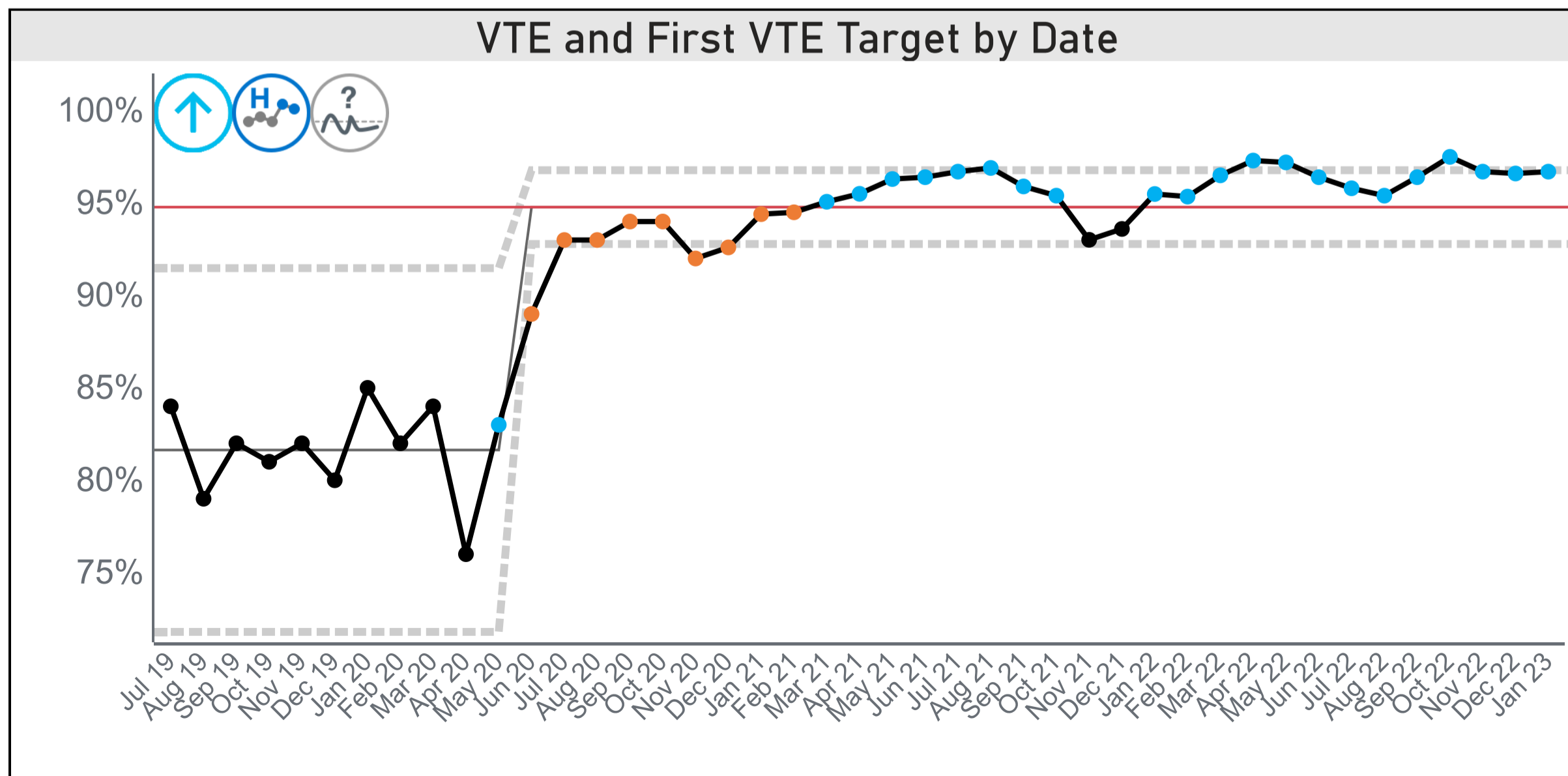
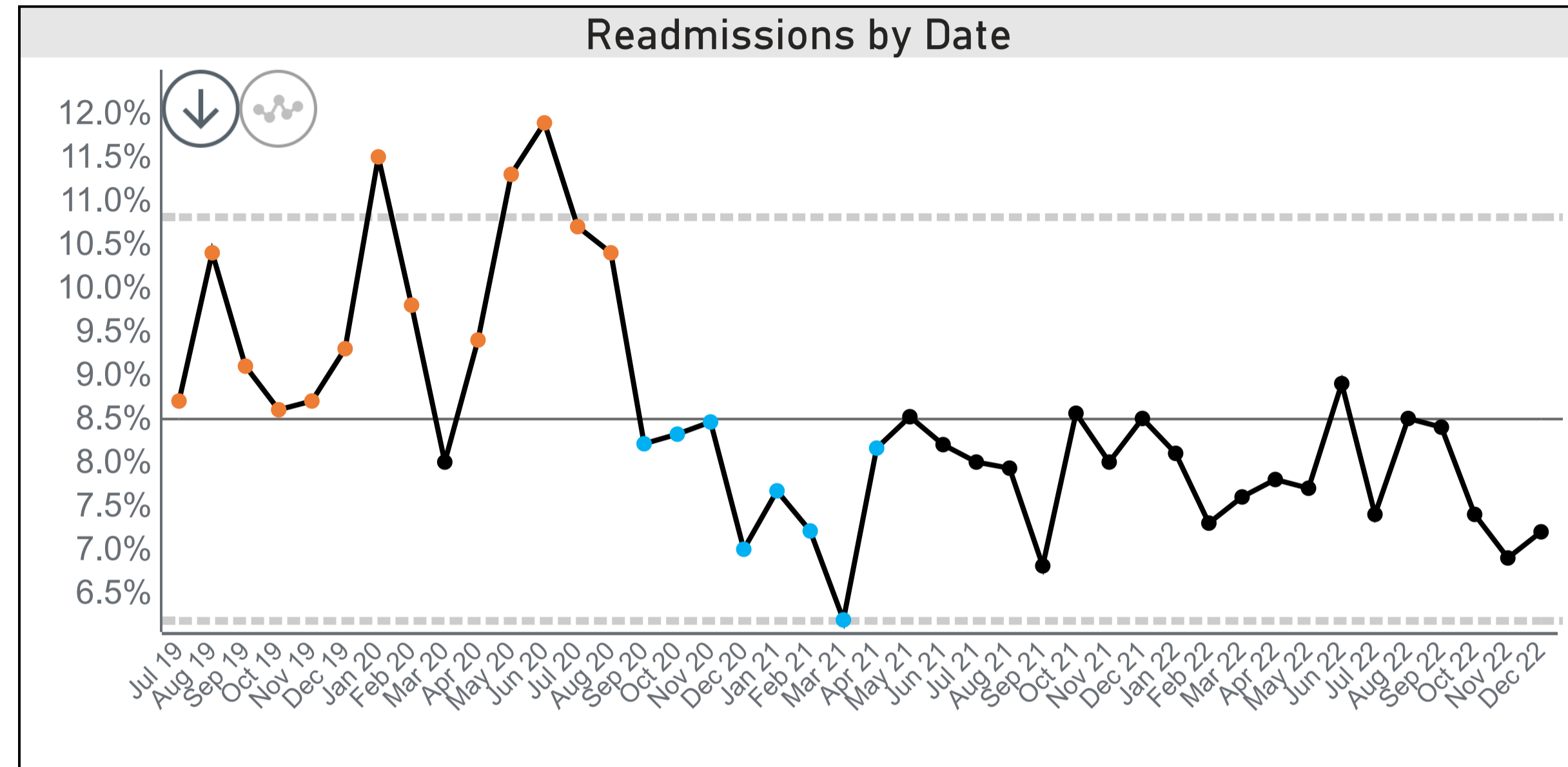
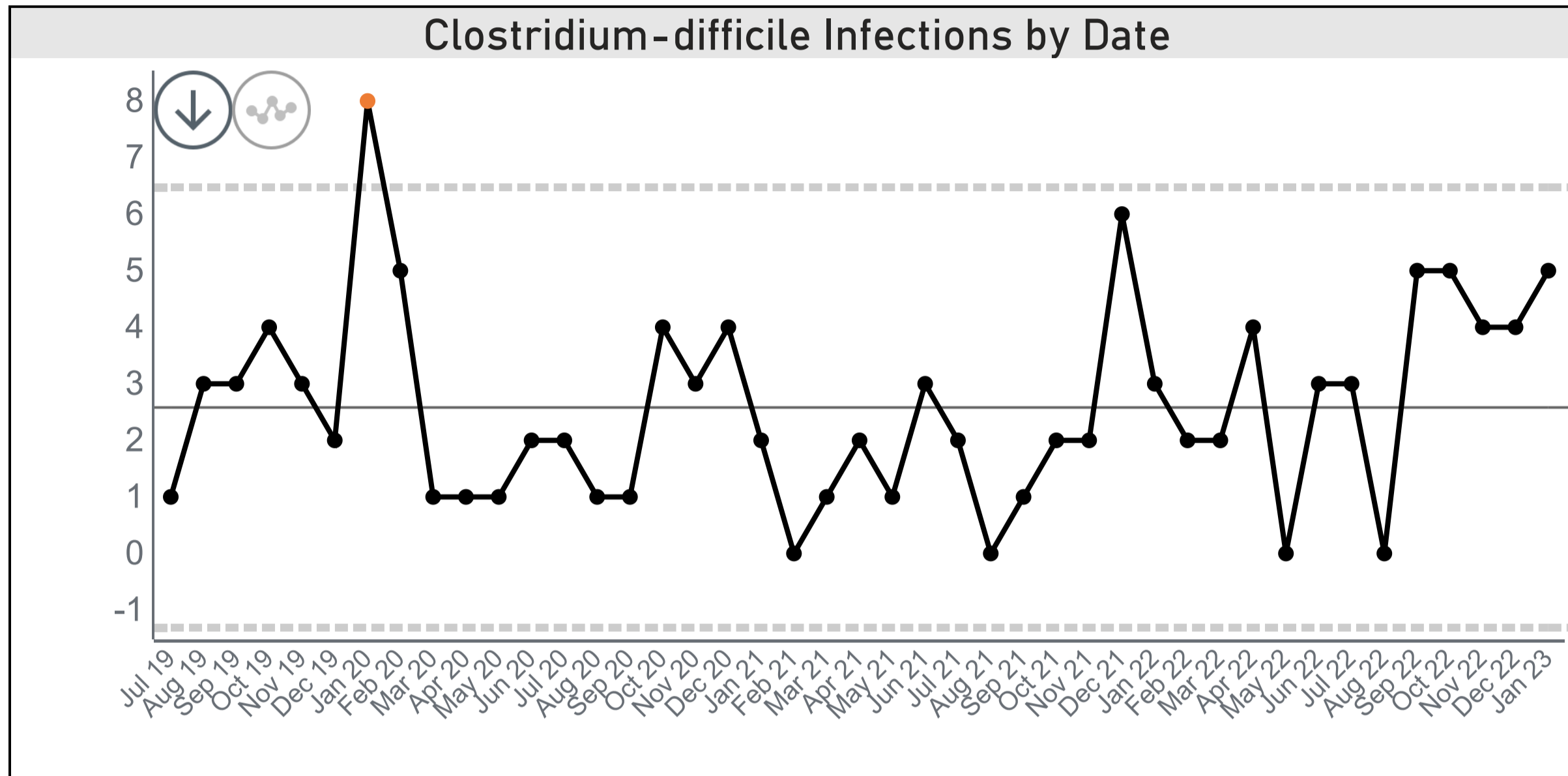
A pattern of two points in any three consecutive points close (in the outer third to the process limits).

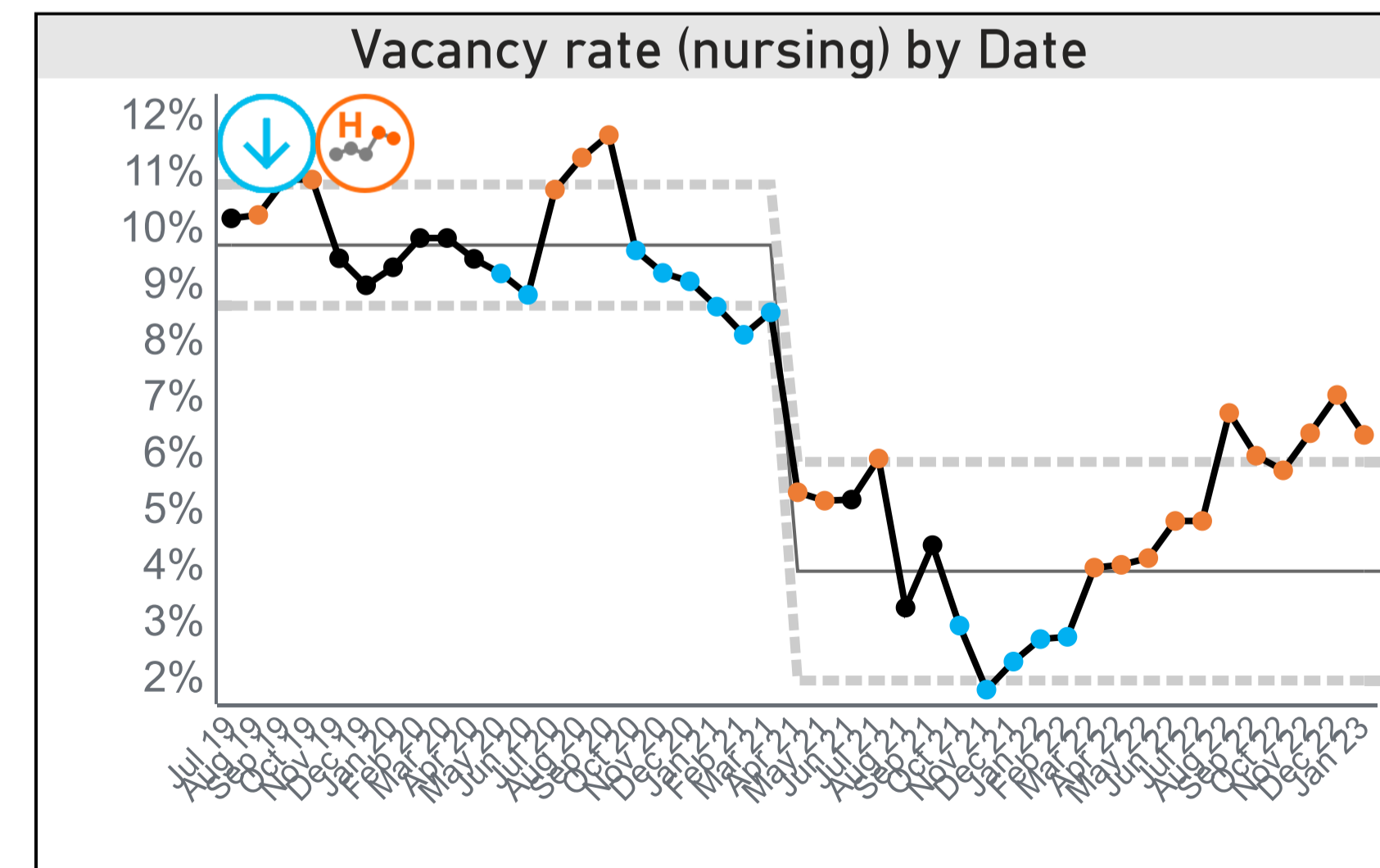
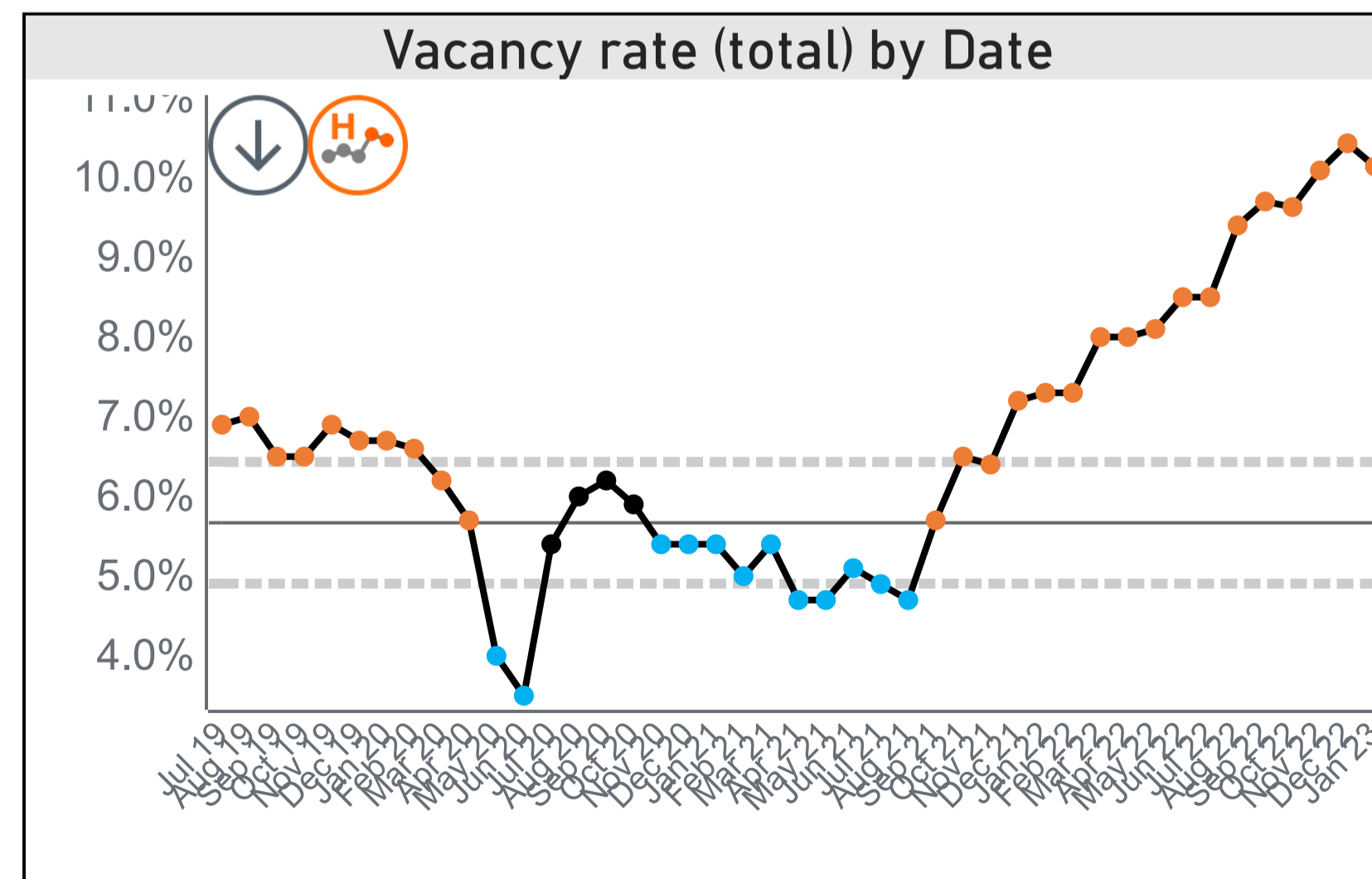
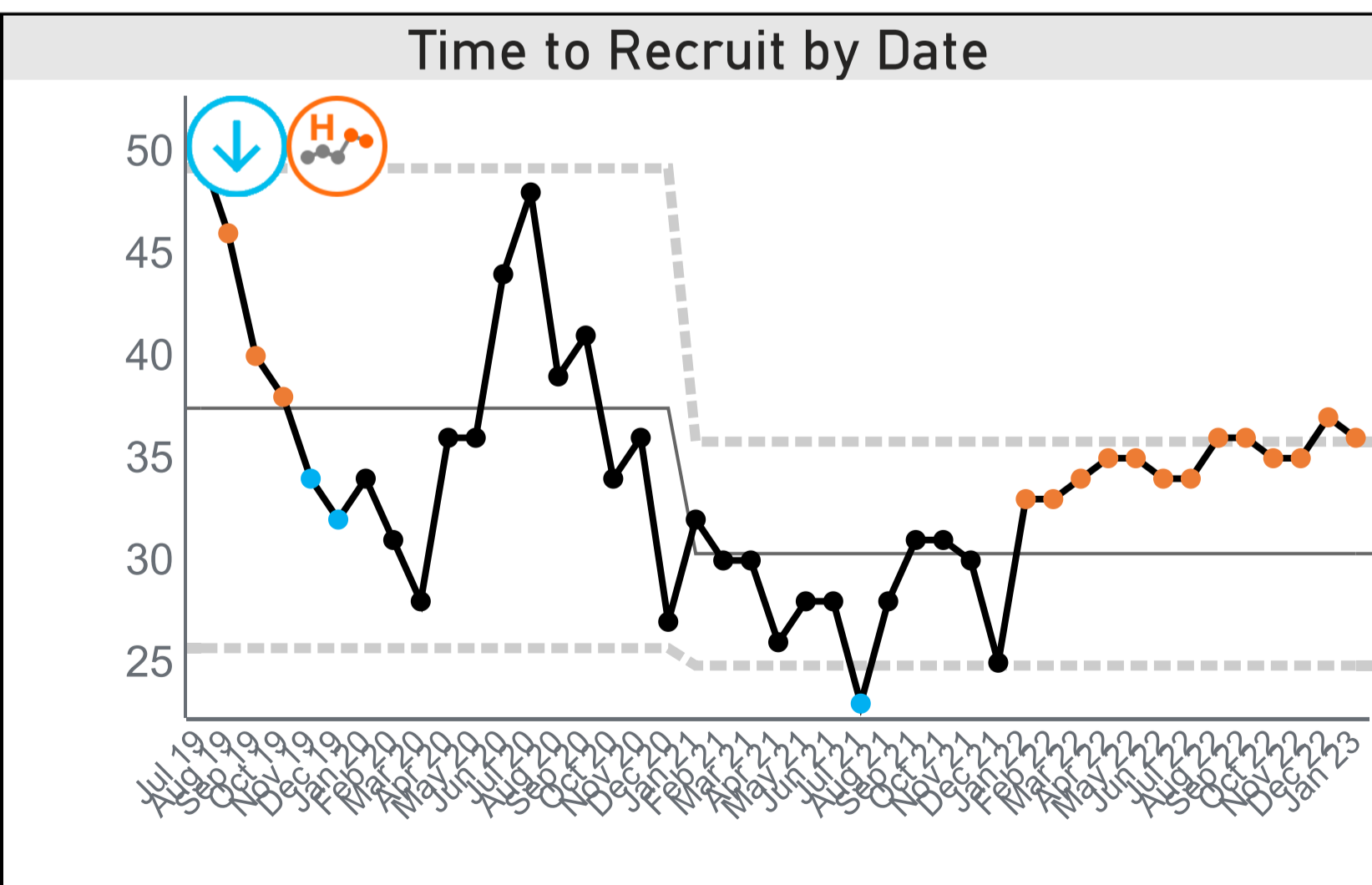
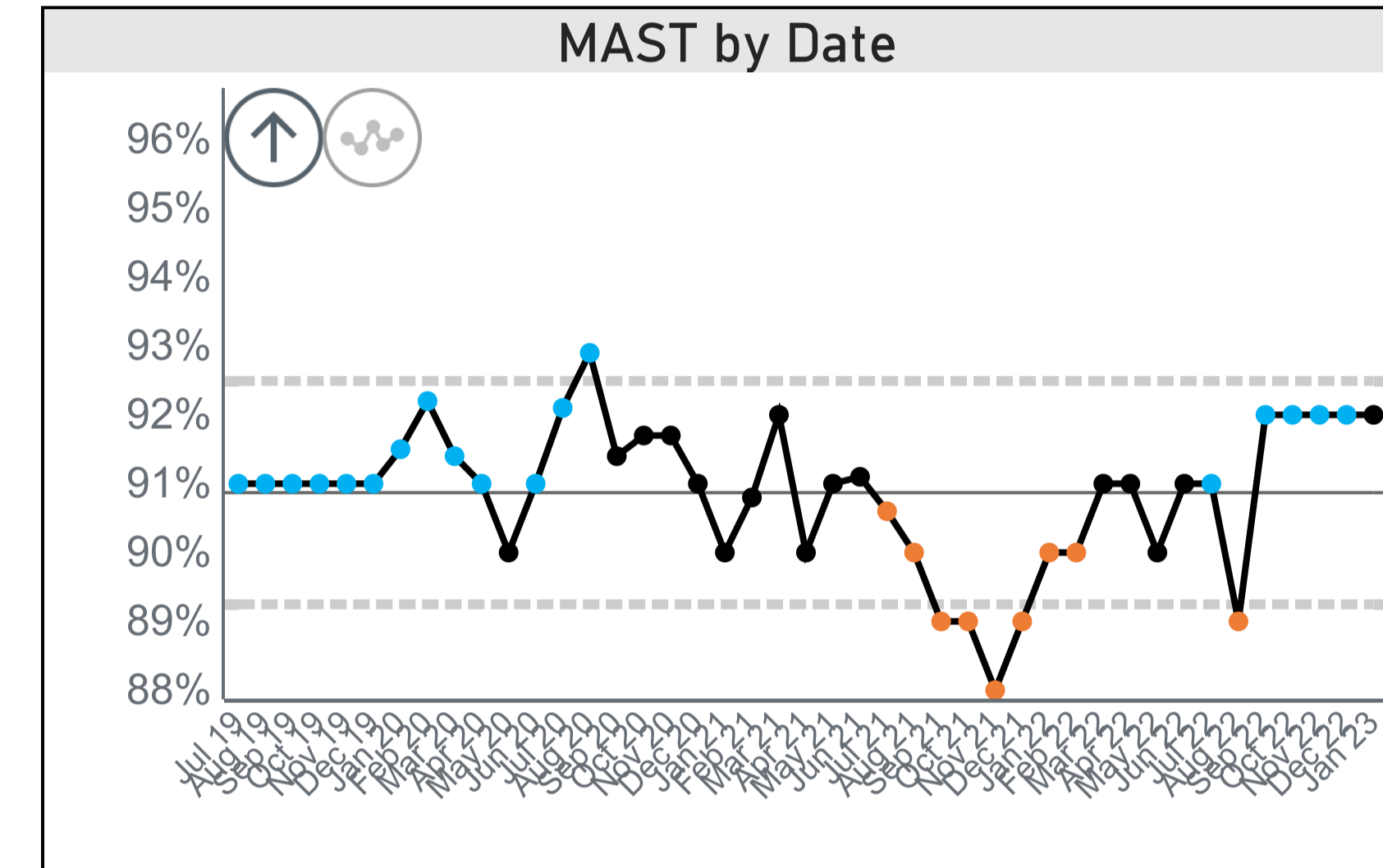
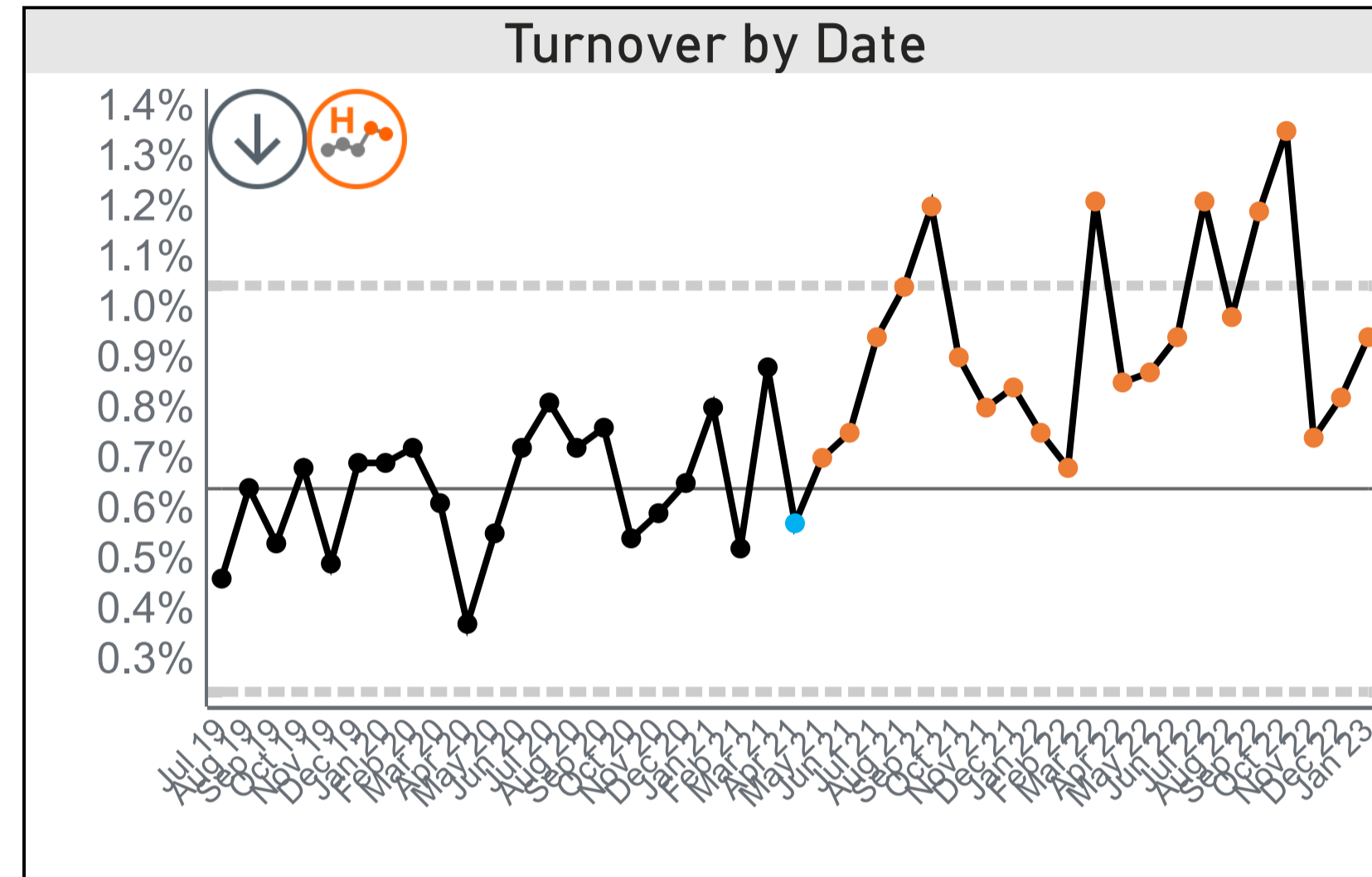
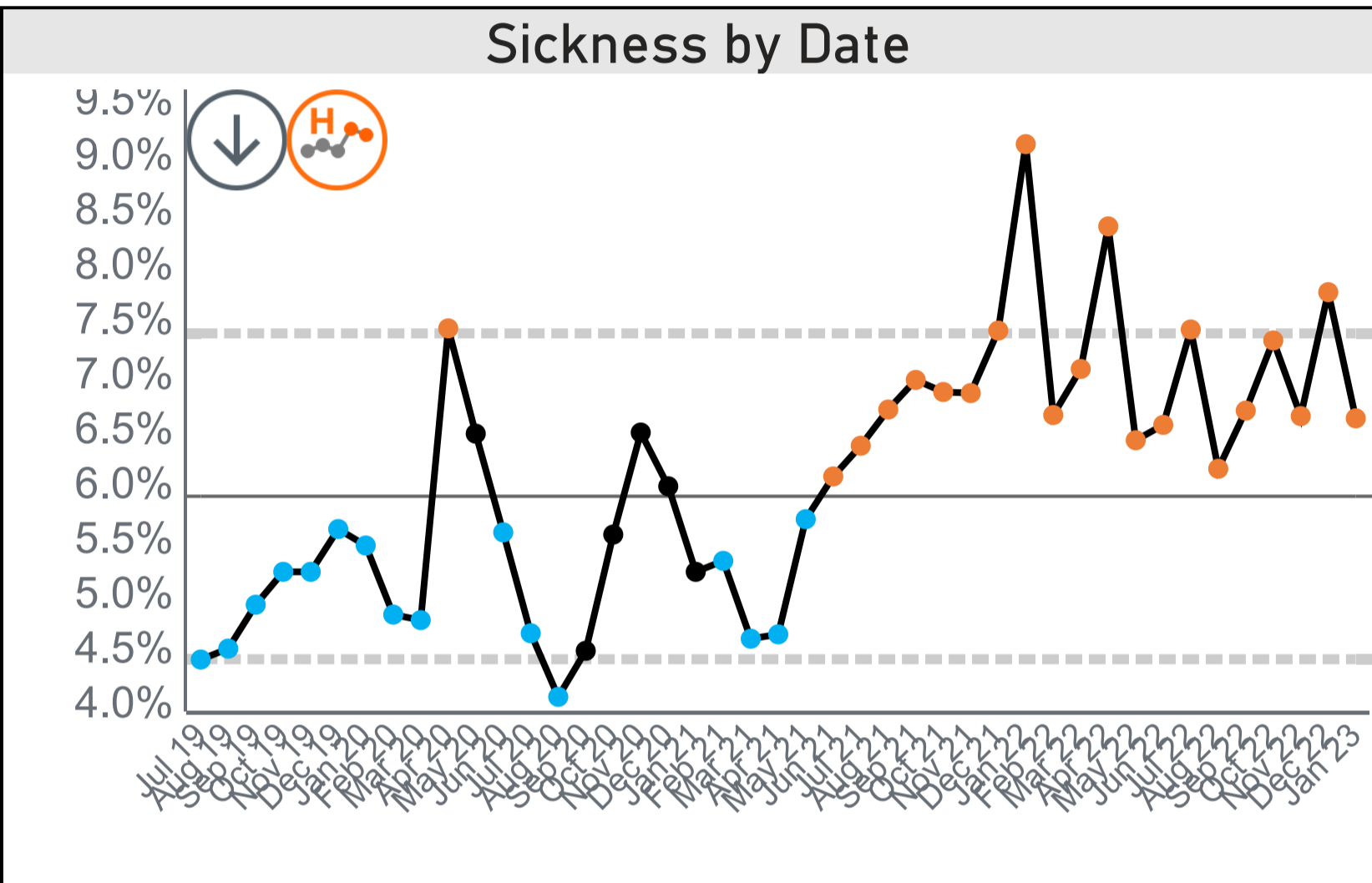












## Integrated Performance Report Commentary

### OPERATIONAL PERFORMANCE

#### Urgent & Emergency Care and Flow

- Demands on urgent care remained very challenging in December and early January with the Trust operating on OPEL Level 3 and 4 for the majority of this period. Whilst attendances were only slightly up on 2021 levels (+4%), they were 11% up on 2019/20, with admissions 12% higher than last year and 22% above 2019/20 levels for those two months. However, the vast majority of the increase in admissions was driven by zero length of stay activity, which demonstrates the value of the assessment units in the last few months.
- The numbers of long length-of-stay (21+ day) patients remained at the equivalent of two wards of patients for the latest two months. Regular meetings with partners including social care have taken place, to escalate key issues and take action to address the challenges.
- The proportion of ambulances exceeding a one hour handover in December rose to 29%, equating to more than 16 ambulances a day waiting more than 60 minutes. It is worth noting that the Trust still benchmarked in the middle of the North East and Yorkshire trusts for lost ambulance handover time despite this deterioration. Despite all of these increased challenges, the proportion of patients waiting over 12 hours in A&E remained at similar levels to previous months. In January 2023, the position has significantly improved, down to under 9% of ambulances waiting over an hour to handover. The focus on continuing to reduce these delays will continue in February and March.
- 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, flu-demand and high levels of staff sickness. These led to increasing complexity around cohorting of patients within the Trust, in order to minimise the cross-infection risk to both staff and other patients.

#### Elective Care

- The size of the waiting list again rose slightly in month, which is close to a 20% growth from a year earlier. Across October and November there were just over 200 more patients referred to our services than the same months in 2019 (a 1% increase), which is a slight reduction from the previous few months.

Of particular note, our Cardiology and Rheumatology services have seen a 20% increase in referrals in those two months, with Respiratory Medicine and Paediatrics also seeing significantly increased demand.

- The RTT position has deteriorated significantly over the last year, driven for the most part by capacity challenges within a few of the larger specialties as well as the constraints on our elective capacity for a number of weeks due to the non-elective pressures described previously. This represents more than a 75% increase in the number of patients waiting over the 18-week constitutional standard. A number of Recovery schemes have been implemented to mitigate the long waits for patients, and this work will need to continue into 2023/24 in order to ensure we drive recovery of waiting times within elective care.
- With the ongoing capacity constraints and operational pressures noted above, we have seen a further rise in the number of 52+ week waiters. However, the Trust now has only 2 patients waiting over 78 weeks and will achieve the national requirement to eliminate these long waiters by the end of March, with only a further two patients who could reach this point by the end of year, both with dates to come in for treatment agreed in the next few weeks. The Trust has committed to supporting other trusts with mutual aid for some patients in the last two months of the year where they are struggling to make the same commitment.

## Cancer

- The performance within cancer has remained relatively consistent, although is under-delivering against the national constitutional standards in a number of areas. However, the number of patients waiting over 62 days remains below the trajectory and on track to achieve our end of year commitment of no more than 56 patients waiting over 62 days. We are continuing to make a concerted effort to delivering timely care for patients on our PTL currently, particularly with the Urology and Lower GI pathways which remain challenging. We have recruited two Cancer Improvement Programme Officers to drive this work with our clinical and operational teams, and have already seen a number of improvements across our pathways.
- The Faster Diagnosis Standard (FDS) was not met for another month, driven by challenges in Lower GI and Urology in particular. This is the key area of focus for the Cancer Improvement Programme, with a number of improvement proposals being implemented to support faster diagnosis to patients on cancer pathways, particularly where we are able to rule out cancer for a patient. We continue to experience some challenges with our diagnostic capacity within the Prostate pathway, which is a key focus for our work. We are currently developing our plans for 2023/24 within this work, working with Cancer Alliance colleagues to identify where additional investment will support efforts to shorten the time to diagnosis.

## QUALITY SUMMARY

**Mortality**

- The latest Dr Foster data has now been updated to September 2022 for the HSMR and August 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 93.7, well within the 'as expected' category. The in-month HSMR for September 2022 was 110.5, 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 were 2 HSMR diagnosis groups that had a relative risk banded as statistically 'higher than expected' - Congestive heart failure, non-hypertensive and Poisoning by non-psychotropic agents. There will be a review of a sample of these cases. A business case has been approved for a change to the way in which we complete and compensate our clinicians for the structured judgement reviews.
- Crude mortality was 3.6% over the 12-month period, compared to 3.3% regional average (acute, non-specialist Trusts) and 3.3% national average (acute, non-specialist Trusts).

**Patient Safety**

- There were 2 incidents deemed to be severe or above in January and 5 in December, 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 increased prevalence of flu as well as vacancies against our establishment. This was particularly acute within the HCA (Healthcare Associate) workforce in the latest two months, with overnight fill rates falling to the lowest level since August in the month of December. However, this improved significantly in January.
- The increased complaint level has been sustained throughout the post Covid period, although did drop down just for the month of December. 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. A full review of the existing process has identified no immediate data quality issues based on the data recorded in e-roster, but it is recognised that there is further work to do amongst some teams to ensure e-roster is reflective of our actual staffing positions.

## WORKFORCE SUMMARY

### Recruitment and Retention

- Overall vacancies for Nursing & Midwifery deteriorated slightly to approximately 86 WTE. 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. The Trust has agreed a winter incentive with NHS Professionals which is due to run from 1<sup>st</sup> December 2022 to 31<sup>st</sup> March 2023, in order to support increased fill rates of shifts for our clinical staff. Following the introduction of the interview feedback questionnaire we have received some good positive feedback about adverts and the interview process. We have received 76 responses up to the end of December who rated the initial recruitment processes as very good averaging an 8.71 out of 10
- Work continues to prioritise in 2023 the Career Conversation to support the work around retention along with the quality of the conversation as part of the Appraisal process. Learning and Development staff are involved with facilitating an increase in team development and Organisational Development interventions
- 12 month rolling turnover was at 12%, which is above our target level. All colleagues are offered exit interviews to ensure we are learning how we can better support colleagues to remain at the Trust.

## Sickness

- Monthly sickness absence rate (inc COVID-19) decreased by 1.1% to 6.6% in January 2023, with sickness across Community Services, Medicine and Surgery the most pronounced in the month of December. 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.

## Appraisals and Mandatory Training

- Overall appraisal rolling 12 month compliance rate for the month of December is 84% which is a 2% reduction on November and below the Trust's target of 90%. Only the Division of Surgery is achieving the target, with 90% of colleagues receiving their appraisal as required by this date.
- Core MaST compliance has remained at 92% and is 7% above the Trust target (85%). All Divisions are above the Trust target for core training, with all divisions except Corporate Operations, Community Services and Medicine also delivering the target within job-specific MaST. 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.
- A new Divisional Senior Leadership Team procurement exercise is underway in partnership with Barnsley to undertake a development programme in the new financial year concentrating on working relationships within and across the divisions, with the Executive team/Board and external partners.
- A new consultant development programme is due to begin in March 2023, to support our clinical colleagues with their wider development. This is one element of the Medical Engagement Programme that has been launched, led by our new Medical Director, Dr. Jo Beahan.

## FINANCE SUMMARY

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

**Board of Directors' Meeting**  
**03 March 2023**

<b>Agenda item</b>	P47/23
<b>Report</b>	<b>Operational Performance Report</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>	Ambitious: Ensuring the Trust is delivering high quality services Caring: Ensuring patients are seen within the appropriate time frames Together: Working collaboratively with partners to achieve standards
<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>	<p>This report is presented to the Board of Directors for information regarding the Trust's performance against key operational performance metrics along with a high level update on the key operational issues.</p> <p>The attached summary shows the position against each of the key operational indicators which NHS England and the ICB are using to monitor the performance of the Trust. The Finance and Performance committee have received a more detailed update on each of these, along with the actions we are taking to improve our performance and ensure delivery of the year-end targets.</p> <p>During the first part of January, the Trust experienced significant pressures on urgent and emergency care, resulting in the Trust operating at OPEL level 3 or 4. Towards the end of the month the trust operated at OPEL level 3 and 2 and saw improved performance across all metrics, as operational pressures eased.</p> <p>The Trust has achieved all trajectories for the urgent care metrics for the first time in January. The Trust has seen a significant improvement in ambulance handovers, reduction of patients who have no right to reside and reduced bed occupancy. To support flow in the first part of January, additional escalation beds were opened in both SDEC and on ward B6. These have now been de-escalated and the winter escalation ward opened in early January on Sitwell in line with the winter plan.</p> <p>From an elective perspective, the Trust continued to see a positive trend and in line with planned trajectories in both of the two key elective care metrics of 62 day cancer patients and 78 week waiters. The Trust remains on track to achieve zero 78 week waiters by March 2022, with all of the remaining patients now appointed. To support the continuation of elective work during</p>



	<p>the challenging winter period, the Trust has ringfenced some of its elective capacity including some orthopaedic beds, which has been made possible with the relocation of the elective orthopaedic ward to Rockingham. The Trust is also offering mutual aid in some surgical specialties to partners in South Yorkshire to support delivery of 78 weeks.</p> <p>A key issue to note, which has impacted operationally, is the periods of industrial action. The Trust has experienced four episodes of Industrial action throughout the month. The Trust has been directly impacted by the action taken by the Yorkshire Ambulance service (GMB and Unison) and the Chartered Society of Physiotherapists (CSP). Significant plans have been in place to mitigate any risks associated with the industrial action. In line with our business continuity plans, full command and control structures have been stepped up during periods of industrial action.</p>
<p><b>Due Diligence</b> (include the process the paper has gone to prior to presentation at FPC Meeting)</p>	<p>This report is a high level of summary of the more detailed operational update that has been discussed at The Finance and Performance Committee in February 2022, with key escalations covered by the Chairs log.</p>
<p><b>Board powers to make this decision</b></p>	<p>The Board has delegated authority to the Finance and Performance Committee to review and feedback to the board any assurance issues, and breaches in SO, SFIs, scheme of delegation etc.</p>
<p><b>Who, what and when</b> (what action is required, who is the lead and when should it be completed?)</p>	<p>A monthly report is provided to the Finance and Performance Committee and to the Board of Directors and any actions required are the responsibility of the Chief Operating Officer with support from colleagues.</p>
<p><b>Recommendations</b></p>	<p>It is recommended that the Board of Directors note the report.</p>
<p><b>Appendices</b></p>	<ol style="list-style-type: none"> <li>1. Chief Operating Officer Operational Update Report</li> <li>2. Summary of Performance against National Key Metrics</li> </ol>

## **Chief Operating Officer Operational Update Report**

### **1.0 Summary**

1.1 January started in a challenged position across the trust with significant operational pressures across the acute and community footprint. The trust had additional beds open to support system pressures and ensure that ambulance handovers were kept to a minimum. The latter half of the month saw system pressures ease across a number of areas including delayed discharges, attendances to the UECC and bed occupancy. This improvement in operational pressures can be seen across the five key metrics where all trajectories were achieved for the month of January.

### **2.0 Operational Pressures Escalation Level (OPEL)**

2.1 The trust operated at OPEL level 3/4 for the first 2 weeks in January. Following this sustained period the trust had a significant reduction in operational pressures and operated between level 2 and 3 for the remainder of the month. Despite the challenges around non-elective flow, elective orthopaedic activity and general surgery was maintained to support some of the longest waiting patients in the trust.

### **3.0 Infection, Prevention and Control (IPC)**

3.1 Throughout the month we saw an increase in the IPC measures that were needed across site to manage norovirus, COVID, flu and other seasonal infections. This had an impact on flow at times. Despite these challenges the deep cleaning programme continued to be supported throughout the division of medicine.

### **4.0 Industrial Action**

4.1 Four periods of Industrial action across Yorkshire Ambulance Service (YAS), Royal College of Nursing (RCN) and Chartered Society of Physiotherapists (CSP) were managed in month. The industrial action taken by the Royal College of nursing did not directly impact the trust but other local providers across South Yorkshire were impacted by industrial action. The industrial action experienced by Yorkshire Ambulance Service did have an impact on the trust with significant planning and mitigating actions being needed to support and maintain patient safety. Some appointments were moved so that transport was not an issue, with additional transport procured by the trust to support discharges. The trust had additional staff on throughout the trust to support flow and ensure that there were no delays in ambulance handovers and that flow was supported both prior to and during the industrial action taken by the ambulance service. In line with our business continuity plans we had incident management arrangements in place.

4.2 The Chartered society of Physiotherapists took action on 26<sup>th</sup> January which directly impacted the trust. There was high rate of staff that did take part in industrial action. Plans were in place to support those staff who chose to take industrial action and support was in place to support those staff who were working alongside mitigations

to minimise risk to patients. Derogations were clear from the CSP which protected respiratory physiotherapy.

## **5.0 Winter Update**

5.1 The winter plan was approved in October 2022. Throughout the latter months of 2022 and into early 2023 the trust has experienced a number of significant pressures. This has been mirrored nationally and saw increased pressure on ambulance services, primary care, mental health and community providers along with acute trust providers. The winter plan has been enacted and has supported some of these pressures. Rockingham ward has been opened and has supported the elective orthopaedic programme alongside supporting the non-elective pressures. Sitwell discharge ward has been opened to support flow and those waiting for community services. Same Day Emergency Care (SDEC) has increased its opening hours and increased senior medical input, supporting admission avoidance. The virtual ward has started to take respiratory and frailty patients predominately supporting step up patients rather than discharge. Whilst the winter period is not over and the last couple of months of 2022 and early 2023 were extremely challenging some of the plans that have been put in place have supported in mitigating the increased operational pressures.

5.2 The winter months have been challenging and have been difficult for our teams, some additional support for health and wellbeing has been implemented over the winter months. The departments and teams have been supplied with food and drink hampers, an increased opening of the staff canteen to provide hot food and the addition of incentive payments to support operational pressures.

## **6.0 4 Hour Standard**

6.1 The trust has been notified by national team at NHSE that TRFT will be required to return to reporting the 4 hour access standard for emergency departments from May 2023. With a year end target of 76% of all patients being seen, treated, admitted or discharged from the emergency department within 4 hours.

6.2 Planning for re-introduction of the target is well underway.

## **7.0 Elective and Cancer Care**

7.1 Despite the significant non-elective pressures experienced across the system, January has seen the 2 key metrics for elective care perform well with plans in place to meet the year end trajectory.

7.2 Inpatient and day case activity exceeded plan at 106%. Potential 78ww waiters is down to 11 patients for TRFT with mutual aid being provided to Sheffield Teaching Hospitals (STH) for orthopaedic patients and 2ww breast patients. The 62 day PTL size has increased slightly and year end trajectory is challenged. Additional focus on cancer PTL will be led by the Director of Strategy, Planning and Performance to maintain focus and delivery.



## Urgent and Emergency Care and Flow

- Additional beds opened on SDEC and B6 for early part of the month
- SDEC pull model implemented for latter part of the month
- Challenges with IPC throughout the month with Flu, COVID and norovirus patients
- Virtual ward admitted increased numbers of patients throughout the month- predominately step up patients rather than step down patients
- Community teams continue to work with YAS pre hospital to reduce conveyance for level 1 and 2 falls
- Improvement in all 5 key metrics including ambulance handovers
- Improvement in right to reside numbers
- Discharge task and finish groups established for internal and external stakeholders

## Elective Care and Recovery

- Inpatient and daycase activity delivery exceeded 2019/20 levels for the first time since the start of the pandemic in January 2023 (106% in total), although outpatient activity dropped off slightly to 95%
- PTL size remained relatively stable at approximately 26,000; long waiters continue to increase, particularly in 26ww+ cohort
- Number of 78+ week wait patients at 2 in latest data. Potential 78-week waiters down to 11. New requirements from national letter from mid-January have all been met. Mutual aid agreed with STH for TRFT to take on up to 30 of their 78ww complex Orthopaedic patients, with treatment planned before the end of March – to date 10 have accepted the offer. Breast 2ww mutual aid also being provided given very extended waits for STH patients of 60 days for 1<sup>st</sup> appt
- 62-day PTL size was at 75 at end of January against original trajectory of 60 and revised trajectory of 80. End of year target will be challenging to deliver so additional Executive-led PTLs to commence from 20<sup>th</sup> February.
- Theatre Utilisation has fallen slightly in January due to reduction in Orthopaedic operating for the month (which has the highest levels of utilisation, in part due to ring-fenced beds). Theatre Improvement Programme has been launched, with six workstreams agreed and strong engagement from the operational and clinical teams to date.

# National Key Metrics – Performance Against Trajectories

Performance was on track across all of the five nationally submitted metrics in January, although the requirements for the next two months remain challenging

Bed occupancy							
General & Acute (G&A) Bed Occupancy – based on KH03 data submission							
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trajectory	95.6%	95.0%	93.2%	93.2%	94.0%	93.2%	92.6%
Actual	92.6%	92.2%	91.6%	92.5%	91.3%		

78 week waiters							
Number of patients waiting 78 weeks or more							
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trajectory	35	25	20	15	10	5	0
Actual	9	7	5	4	2		

Right to Reside							
Number of Patients with No Right to Reside							
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trajectory	65	65	65	62	59	56	53
Actual	56	57	52	68	44		

Cancer patients waiting over 62 days following a GP referral						
Number of patients on a cancer pathway waiting over 62 days (GP referrals)						
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Previous plan	75	70	64	60	58	56
Revised plan	110	105	100	80	70	56
Actual	98	69	69	75		

Ambulance handovers							
Daily Average Hours Lost from Ambulance Handovers							
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trajectory	18.0	15.0	15.0	13.0	13.0	10.8	10.8
Actual	24.0	20.7	24.5	40.3	11.8		

Theatre Utilisation						
Capped theatre utilisation (elective only)*						
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
National target	85%	85%	85%	85%	85%	85%
Actual	79%	78%	77%	75%		

\* For the purposes of this report, Capped Theatre Utilisation is estimated from Model Health System weekly figures, assuming an average distribution of lists across all four weeks e.g., if the four weeks are 75%, 80%, 78%, 79%, the reported figure for the month will be estimated at 78%

## Board of Directors' Meeting 03 March 2023

<b>Agenda item</b>	P48/23
<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 2022 to January 2023: <ul style="list-style-type: none"> <li>○ A summary of the key performance metrics linked to income and expenditure (including cost improvement performance), capital expenditure and cash management.</li> </ul> </li> <li>• Section 2.1 – Income &amp; Expenditure Account for April 2022 to January 2023:</li> </ul>

- Financial results for the first ten months of the financial year 2022/23.

- A surplus to plan of £144K in month and £720K year to date;
- A similar surplus to the (external) control total (additional £9K 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 (£2,579K) for the Public Sector Decarbonisation scheme.

- Section 2.2 – Income and Expenditure Account Forecast Out-Turn

- A forecast out-turn up to 31<sup>st</sup> March 2023 of £1,009K surplus to plan and £1,000K surplus to the control total in accordance with previous discussions and agreement at Finance & Performance Committee last month.
- At this point the ICB will not be amending the Trust's forecast when it reports formally to NHSE, but will be assuming delivery in line with the plan.
- 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 ten months of the financial year 2022/23 show expenditure of £5,907K year to date compared to a budget of £7,579K: an under-spend of £1,672K. However, these results are after actioning further capital to revenue transfers of £112K in month, as agreed by the Director of Finance in order to free up resources for further in-year priority capital commitments.
- The forecast out-turn for the full financial year is indicating expenditure of £115K less than the Trust's current CDEL value, in anticipation of a reduction in the latter as the Trust's contribution to the Yorkshire & Humber Care Record project.

- Section 4 – Cash Flow 2022/23

- A cash flow graph showing actual and forecast cash movements between April 2021 and March 2023. This includes:
  - Actual month-end values for April 2021 to January 2023, with a closing cash position of £27,674K as at 31<sup>st</sup> January 2023 - £6,430K better than plan;







	<ul style="list-style-type: none"> <li>- Planned month-end values for February and 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 £22,141K, which is £2,625K better 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 NHS England.</p> <ul style="list-style-type: none"> <li>○ 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>○ CIP performance has been discussed with the CIP (Efficiency) Board chaired by the Deputy Chief Executive.</li> <li>○ The capital expenditure position has been discussed and reviewed by the Capital Planning &amp; Monitoring Group, chaired by the Director of Finance.</li> <li>○ 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 will be reported verbally to the Board at the meeting, as necessary.</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)	(9)	135	● 144	(265)	455	● 720	● 1,009	● (989)
 I&E Performance (Control Total)	(152)	(8)	● 144	(2,384)	(1,673)	● 711	● 1,000	● (997)
 Capital Expenditure	1,524	402	● 1,122	7,579	5,907	● 1,672	● 115	● 0
 Cash Balance	594	1,641	● 1,047	21,244	27,674	● 6,430	● 2,625	● 2,692

- 1.2 The Trust has under-spent against its I&E plan in January 2023, leading to a cumulative under-spend of £720K year to date. The control total is what the Trust's performance is measured against with NHS England, 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 (£2,579K) for the Public Sector Decarbonisation scheme included in the year to date values.
- 1.3 The forecast out-turn is showing a surplus of £1,000K to plan, which is an improvement of £1,997K on last month's forecast. This now recognises the release of Reserves to formally achieve the under-spend figure agreed at last month's meeting.
- 1.4 Capital expenditure is behind plan in month and £1,672K year to date (22%). Future expenditure will need to be closely monitored by the Capital Planning & Monitoring Group chaired by the Director of Finance, who is confident of delivering against the Trust's current CDEL value of £13,992K.
- 1.5 The cash position at the end of January 2023 is still very strong. The Trust is now showing cash at £6,430K above plan year to date. This strong position is expected to be maintained throughout the financial year and the latest forecast assumes a year-end position £2,625K better than plan at £22,141K.

## 2. Income & Expenditure Account

### 2.1 In Month and Year to Date Performance for Month 10 (January 2023)

- 2.1.1 The table below shows the financial results both in month and year to date. The Trust has delivered a surplus to plan in January 2023 of £144K, resulting in a year to date surplus to plan of £711K.

Summary Income & Expenditure Position	AP £000s	Month			YTD			2022/2023 Monthly Trend / Variance
		P £000s	A £000s	V £000s	P £000s	A £000s	V £000s	
Clinical Income	310,266	25,963	25,958	(5)	259,069	259,512	443	
Other Operating Income	27,142	2,349	2,428	79	22,875	23,411	536	
Pay	(227,802)	(19,340)	(19,534)	(194)	(190,489)	(191,062)	(573)	
Non Pay	(92,812)	(8,615)	(9,169)	(555)	(77,699)	(79,617)	(1,918)	
Non Operating Costs	(4,705)	(396)	(333)	62	(3,914)	(3,606)	309	
Reserves	(12,366)	30	786	756	(10,106)	(8,183)	1,923	
<b>Retained Surplus/(Deficit)</b>	<b>(278)</b>	<b>(9)</b>	<b>135</b>	<b>144</b>	<b>(265)</b>	<b>455</b>	<b>720</b>	
Adjustments	(2,407)	(143)	(143)	(0)	(2,120)	(2,128)	(9)	
<b>Control Total Surplus/(Deficit)</b>	<b>(2,685)</b>	<b>(152)</b>	<b>(8)</b>	<b>144</b>	<b>(2,384)</b>	<b>(1,673)</b>	<b>711</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 (£280K), patient charges (including insurance) claims (£67K) and other miscellaneous commissioner non-recurrent allocations (£96K).
- 2.1.3 Other Operating Income has improved marginally in month and continues to exceed the plan year to date. The latter is a reflection of increased income from research, education & training (£267K), staff recharges (£407K) and non-clinical services recharges (£430K) 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 (£264K), which is currently well below pre-covid levels.
- 2.1.4 Pay costs are over-spending slightly in month and over-spending year to date by £573K. As in previous months, under-spends on substantive staff across most services is being offset by over-spends on bank and agency staffing, although at lower levels over recent months. However, the Trust's relatively small cumulative year to date overspend is being achieved despite having an outstanding CIP target of £2,014K year to date.
- 2.1.5 Non Pay costs have significantly over-spent in month increasing the year to date over-spend to £1,918K (+2%). In month this is linked primarily to increased expenditure on clinical supplies (£446K) – drugs (+£125K); medical & surgical equipment and consumables (+£168K) and increased cost of buying-in clinical services (+£153K), primarily in Radiology. Year to date the main areas of over-spend are in clinical supplies & services (£747K), general supplies & services (£258K); establishment costs (£368); transport (£338K) and premises (£682K) offset by an under-spend on depreciation charges of £163K an improved cost improvement position (£181K) and improvement in other miscellaneous services (£184K).
- 2.1.6 Non-Operating Costs reflect continuing increases on interest receivable on cash balances, linked to the increased Bank of England base rate.
- 2.1.7 Values of £756K and £1,923K have 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 and as part of moving towards the agreed year-end out-turn position of £1,000K better than plan.

## 2.2 Forecast Out-Turn Performance to 31<sup>st</sup> March 2023

- 2.2.1 The table below shows the forecast out-turn position for the financial year 2022/23. The Trust is forecasting to deliver a £289K surplus to plan during the remaining two months of the financial year resulting in a forecast out-turn surplus of £1,000K better than plan in

accordance with discussions that took place at last month's Finance & Performance Committee meeting.

Summary Income & Expenditure Position	AP £000s	FO (Full Year) £000s	AV (YTD) £000s	FV £000s	TV £000s	2022/2023 Monthly Trend / Variance
Clinical Income	310,266	310,723	443	13	456	
Other Operating Income	27,142	27,918	536	240	776	
Pay	(227,802)	(229,315)	(573)	(940)	(1,512)	
Non Pay	(92,812)	(95,399)	(1,918)	(668)	(2,586)	
Non Operating Costs	(4,705)	(4,331)	309	66	374	
Reserves	(12,366)	(8,866)	1,923	1,578	3,501	
<b>Retained Surplus/ (Deficit)</b>	<b>(278)</b>	<b>730</b>	<b>720</b>	<b>289</b>	<b>1,009</b>	
Adjustments	(2,407)	(2,415)	(9)	0	(9)	
<b>Control Total Surplus/ (Deficit)</b>	<b>(2,685)</b>	<b>(1,685)</b>	<b>711</b>	<b>289</b>	<b>1,000</b>	

- 2.2.2 Clinical Income is forecast to remain in accordance with plan with no further planned additional income expected from commissioners.
- 2.2.3 Other Operating Income is forecasting increases in income from education & training (£108K), staff recharges (£78K) and both SLA and non-SLA non-clinical income recharges (£125K), which is being offset by still further reductions in car parking income being below plan (-£52K) for patients and visitors, although the rate of under-performance on the latter is decreasing. 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 annual CIP budget reductions of £2,879K - £865K relating to the final two months of the year. There is also an anticipated decrease in substantive recruitment that is not expected to be backfilled by bank and agency.
- 2.2.5 Non Pay costs are similarly showing a significant deterioration in performance, linked to continued increasing costs in the current areas of over-spend, but most notably within drugs & clinical supplies, 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 increased interest rates, continuing the year to date trend.
- 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 plus the improvement required to achieve the previously agreed year-end target of £1,000K under-spend.

### 3. Capital Programme

#### 3.1 In Month and Year to Date Performance for Month 10 (January 2023)

- 3.1.1 During January 2023 the Trust incurred capital expenditure of £402K against a budget of £1,524K representing an under-spend of £1,122K resulting in a year to date under-spend of £1,672K (22%), as shown in the table below. However, this is after actioning a further £112K capital to revenue transfers as previously agreed, bring the year to date figure to £826K. This leaves significant capital expenditure still to be incurred in the remaining two months of the financial year.

Scheme Categories	AP	Month 10			YTD		
		P	A	V	P	A	V
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Estates Strategy	6,844	589	287	302	3,616	4,176	(560)
Estates Maintenance	1,720	378	37	341	979	478	501
Information Technology	1,816	75	5	70	1,407	529	878
Medical & Other Equipment	3,612	482	76	406	1,577	939	638
Contingency	0	0	(3)	3	0	(215)	215
<b>Surplus/(Deficit)</b>	<b>13,992</b>	<b>1,524</b>	<b>402</b>	<b>1,122</b>	<b>7,579</b>	<b>5,907</b>	<b>1,672</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. This leaves a balance showing against Contingency of £215K.

3.1.3 From the 1st 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 were increased in prior months by £1,592K as a consequence of lease periods being clarified (extended) and actual property rent increases being applied from 1st 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 Despite the year to date position the Trust is forecasting to use all its CDEL capacity and spend in line with budget on its capital programme, as any under-spend cannot be carried forward into 2023/24, as shown in the table below.

Scheme Categories	AP	A	F	FOT	V
	£000s	M1 - M10 £000s	M11 - M12 £000s	£000s	£000s
Estates Strategy	6,844	4,176	2,933	7,109	(265)
Estates Maintenance	1,720	478	1,213	1,691	29
Information Technology	1,816	529	1,281	1,810	6
Medical & Other Equipment	3,612	939	3,260	4,199	(587)
Contingency	0	(215)	(717)	(932)	932
<b>Surplus/(Deficit)</b>	<b>13,992</b>	<b>5,907</b>	<b>7,970</b>	<b>13,877</b>	<b>115</b>

3.2.2 However, the Trust is currently reporting a small under-spend of £115K in anticipation of a CDEL reduction as a contribution towards the Yorkshire & Humber Care Record project.

3.2.3 The position above shows that further credits of £717K are required (shown against the Contingency forecast) in order to ensure that expenditure remains within budget. This will be managed via further release of credits together with the balance of capital to revenue transfers. The ICB has already confirmed that a small over-spend against the Trust's current CDEL limit is manageable and the Trust certainly has the cash resources to fund any such over-spend, should this materialise.

3.2.4 Since the start of the financial year, the Trust's plan has increased by £1,259K in relation to agreed memoranda of understanding (MOUs) funded via additional PDC:

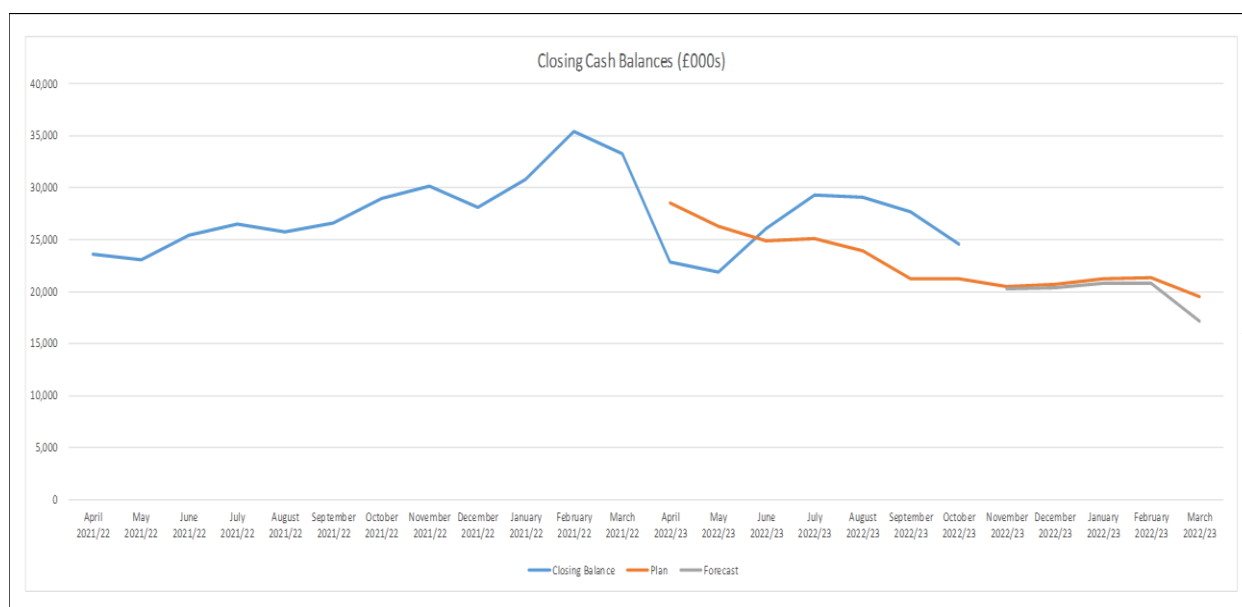
(a) Community Diagnostic Centre - £930K

- (b) Training equipment in Endoscopy - £47K
- (c) Upgrade to the MRI Scanner - £28K
- (d) Radiology home working stations - £23K
- (e) Cyber security - £125K
- (f) Cancer Alliance ultrasound scanners £106K.

3.2.5 Close management of the capital programme is important given that there are still risks to delivery approaching the year-end. Capital Planning & Monitoring Group, chaired by the Director of Finance is responsible for overseeing the capital programme and is constantly reviewing progress with individual scheme managers, who are providing a level of assurance around successful delivery.

#### 4. Cash Management

4.1 Cash remains buoyant as at 31st January 2023 (£27,674), which is £6,430K better than plan primarily due to significant non-committal of Reserves, which will now occur in the final two months of the financial year.



4.2 The forecast suggests that cash balances will continue to remain buoyant throughout the remaining two months of the year. Reduced depreciation charges and an increase in stock values will negatively impact upon cash, but this is likely to be more than offset by an increase in creditors above plan in the short-term leading to a forecast closing balance at 31st March 2023 of £22,141K. This assumes successful delivery of both the forecast positions for I&E and capital expenditure.

4.3 There will be a lot of additional transactions to take place during February and March 2023 as Reserves are expended and significant capital expenditure is incurred which could lead to an even higher closing cash position as at 31st March 2023 due to a higher level of creditor accruals above those currently forecast. However, this will only be temporary as creditor payments to suppliers are then discharged during the first quarter of 2023/24.

**Steve Hackett**  
**Director of Finance**  
**15<sup>th</sup> February 2023**

<b>Agenda item</b>	P49/23
<b>Report</b>	<b>Maternity Safety including Ockenden Update</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>	High Standards for the services we deliver, aim to be outstanding, delivering excellent and safe healthcare
<b>Purpose</b>	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
<b>Executive Summary</b>	<ul style="list-style-type: none"> <li>• It is a national requirement for Quality Committee and The Board of Directors to receive a monthly update on Maternity Safety.</li> <li>• The Ockenden 4 pillars provide an update on Maternity Safety.</li> <li>• The output letter from the Local Maternity System confirms that TRFT have achieved full compliance with the 7 IEAs from the first Ockenden report.</li> <li>• <b>Safe staffing:</b> the establishment has a marginal vacancy factor. Acuity for January 2023 reflects staffing meeting acuity for 86% of the time period. Sickness absence remains a challenge at 7.75%.</li> <li>• <b>A well trained workforce:</b> the Multidisciplinary Training continues for 23/24 including the core competency framework.</li> <li>• <b>Learning from incidents:</b> no serious incidents have been declared in January and TRFT have achieved no Off Pathway births for 2022, with 12 being reported across South Yorkshire and Bassetlaw.</li> <li>• <b>Listening to women:</b> There was one formal complaint logged in January. The MVP work plan has been agreed and shared for 2023.</li> <li>• The Maternity Incentive Scheme Board sign off has been submitted declaring compliance with 9 of the 10 safety actions. TRFT are awaiting the outcome of data validation for safety action 1 from MBRRACE.</li> </ul>
<b>Due Diligence</b>	This paper has been prepared by the Head of Midwifery and shared through Maternity and Family Health Divisional Governance, the Maternity and Neonatal Safety Champions, and Quality Committee.
<b>Board powers to make this decision</b>	The Trust Board are required to have oversight on the maternity safety work streams.

<b>Who, What and When</b>	Helen Dobson, Chief Nurse, is the Board Executive Lead. The Head of Midwifery attends Trust Board monthly to discuss the Maternity Safety agenda.
<b>Recommendations</b>	It is recommended that The Trust Board are assured by the progress and compliance to date with the Maternity Safety Work streams.
<b>Appendices</b>	<ol style="list-style-type: none"> <li>1. Ockenden Output letter</li> <li>2. January Labour Ward Acuity</li> <li>3. MVP Work plan</li> <li>4. "You Said We did poster"</li> </ol>



## Maternity Safety (including Ockenden Update)

### 1. Introduction

- 1.1 An output letter has been received by the Trust following the Ockenden confirm and challenge meeting on the 25<sup>th</sup> October 2022. Appendix 1 highlights the feedback and Trust position assessing the service as fully compliant with the 7 Immediate and Essential Actions (IEAs) from the first Ockenden report. The next steps are the publication of the consolidated delivery plan from NHS England (expected in the spring of 2023). The expectation is that this will consolidate into a single plan the recommendations from Better Births, Ockenden and East Kent; alongside the ambitions set out in the NHS Long Term and Maternity Transformation Programme Plans.

### 2 Safe Staffing

- 2.1 The Current position for workforce gaps is highlighted in the table below. The position has moved slightly from December due to 1.21 WTE leavers resulting in the vacancy position changing into a small negative. We are currently discussing the funding in the Division to support the recruitment of the Student Midwives who qualify in the summer. Recruitment will be centralised through the Local Maternity and Neonatal System (LMNS) following the feedback from the Chief Nurse meeting in February 2023 however, learning regarding student choice of employment will be supported and the allocation will not be based on vacancy rates against establishment. A survey has been completed to evaluate the role of the Pastoral Support Midwives in the Maternity Service and this highlights the positive impact of the role in Maternity Services for Early career midwives. (Appendix 2).

**31/01/2023**

Trajectory	Dec	Jan	Feb	Mar
Contracted Vacancies	<b>-1.54</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>
Maternity leave	4.27	3.47	2.03	2.03
Long term sickness	2.76	3.68	3.68	0.60
Upcoming Leavers	1.21	0.00	1.76	1.76
New Starters	0.00	0.00	0.00	<b>-2.00</b>
New Starters - students/NQM's	0.00	0.00	0.00	0.00
Other - see detail	1.52	1.52	1.52	1.52
<b>Total Gaps (not vacancies)</b>	<b>8.22</b>	<b>8.90</b>	<b>9.22</b>	<b>4.14</b>
<b>Trajectory - for planning</b>	<b>8.22</b>	<b>8.90</b>	<b>9.22</b>	<b>4.14</b>
<b>% Workforce Gaps</b>	<b>8.3%</b>	<b>9.0%</b>	<b>9.3%</b>	<b>4.2%</b>

- 2.2 Appendix 3 provides the acuity data for Labour Ward demonstrating that the midwifery staffing met the acuity for 86% of the time in January 2023.
- 2.3 The workforce data is highlighted in the table below:

## 2.4 Workforce Data January 2023

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
Supernumerary labour ward co-ordinator	100%	Data from Birth-Rate Plus acuity tool
Staff absence	7.75%	HR data, short and long term sickness December 22 data.
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

2.5 Obstetric cover gaps: The table below illustrates the locum breakdown:

Grade	No of Shifts	Reason	Internal / External
ST1/2	18	5x vacancy 13 x reduced duty	8 x internal 10 x external
ST3/7	26	9 x sickness 13 x vacancy 4 x entrustability	21 x internal 5 x external
Consultant	45	9 x vacancy 14 x annual/study leave 11 x additional ANC 7 x entrustability 2x Sickness 2x Reg Gaps	45 x internal

## 3. A Well-Trained Workforce

3.1 The training target of 90% has been achieved for all required disciplines during the reporting period. Multi-Disciplinary training covering the core competencies framework is included in the Maternity training programme, the training programme for 23/24 has commenced. The table below highlights training compliance for January 2023.

### 3.2. CNST Training data

Obstetric Consultants	Jan 23	92%
Obstetric Registrars	Jan23	61%
Obstetric Trainees	Jan23	82%
Midwives	Jan23	91%
Clinical Support staff	Jan23	100%
Anaesthetists	Jan 23	92%

## 4. Learning from Incidents:

4.1 During January 2022, there were 105 incidents reported on Datix for Obstetrics, of which 18 were graded as a moderate harm at the time of the incident. The table below highlights the moderate harm incidents reported for investigation following the Maternity specific

trigger list for reporting moderate incidents. No serious incidents have been declared in January.

Detail	Number of Incidents
Stillbirth	1
1 low cord gas	1
Postpartum Haemorrhage	16

Moderate cases are investigated and discussed at the weekly multidisciplinary Datix meeting, the harm rating for these has been downgraded to low harm due to appropriate management and actions taken.

- 4.2 The stillbirth reported above was at 36+3 weeks gestation and met the criteria for Perinatal Mortality review.
- 4.3 The 2022-year end reporting for off pathway births by the Neonatal Operating Delivery Network (ODN) for South Yorkshire and Bassetlaw has been shared recently and TRFT have achieved no off pathway births for 2022, 12 Off Pathway Births were reported for South Yorkshire and Bassetlaw LMNS.

**Off pathway births: Births of babies below 28 weeks gestation, where birth is recommended in a level 3 Neonatal intensive care unit. TRFT is a level 2 local Neonatal unit.**

- 4.4 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.

## 5. Listening to Women

- 5.1 There was one formal complaint logged in Maternity Services for January 2023. This is a joint complaint regarding communication and sharing information with 0-19. A joint meeting has been organised to listen and learn from the parent's experience in the Family Health Division. 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.
- 5.2 The Maternity Service is working in collaboration with the Rotherham Maternity Voice Partnership (MVP) to improve services. They are currently seeking feedback from Women from Black, Asian and ethnic minority backgrounds who have birthed at Rotherham in the past 2 years to support the improvement work and listening to women in Maternity services at TRFT. The MVP work plan for 2023/24 has been shared in the January meeting and a 'you said, we did' poster has been developed by the MVP to share

some of the work completed so far improving patient information for women and pregnant people (Appendix 3 and 4).

## **6. Maternity Incentive Scheme**

- 6.1 The Division has completed the Trust Board sign off process for the MIS scheme and the completed Board declaration has been submitted, The Trust has declared compliance with 9 out of the 10 safety actions, TRFT are awaiting the outcome of the data validation process from MBRRACE for safety action 1.

Sarah Petty  
Head of Nursing and Midwifery  
Family Health Division

<b>Subject:</b>	<b>Finance &amp; Performance Committee CHAIR'S ASSURANCE LOG</b> <b>Quorate: Yes</b>	<b>Ref:</b> P50/23i	<b>BoD: 03/03/2023</b>
-----------------	---	------------------------	------------------------

### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> Finance & Performance Committee	<b>Date:</b> January and February 2023	<b>Chair:</b> Mr Martin Temple
---	--	--------------------------------

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1	Divisional Performance Update: Family Health	<p>The Committee notes overspend on agency in order to cover paediatric services in UECC, however the Division have positively remodelled nursing services, along with other schemes to reduce spending in this area.</p> <p>Gynaecology on track to achieve compliance with 78 week waits with assistance from the Surgery Division.</p> <p>Division have been awarded the 0-19 service tender from 1<sup>st</sup> April 2023.</p>	Board of Directors	Assured
2	Operational Plan Priorities Update	<p>Challenges still with transformational efficiency work with Theatres Transformation still in its infancy due to early year workforce issues which have now resolved.</p> <p>Key staff have been requested to review Operational Objective 5.3 in terms of current BRAG rating and milestone metric from Green to Red due to the key Costing Analysis post remaining vacant.</p>	Board of Directors	Assured
3	Integrated Performance Report	<p>The Trust is working with STH on the DM01 position.</p> <p>The Committee noted that there has been an improvement in ambulance waiting times; audiology and ECHO also continue to</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
		improve and it was agreed that this has come about by the actions put in place by the Divisions, which the committee agreed was a good position to be in.		
4	Operational Performance Update	<p>The Committee noted that the Trust is now green rated against all 5 core metrics following a significant amount of work by staff involved.</p> <p>The Committee received assurance that there was confidence on meeting 78 week delivery targets, not so much against 62 day PTL but this is being managed and there have been additional actions put in place.</p>	Board of Directors	Assured
5	Integrated Financial Performance Report	Noted that at Month 10 the financial position is better than plan and this is expected to be the same at year end also.	Board of Directors	Assured
6	CIP Update Report	The Committee noted the significant positive effort displayed by the Divisions in achieving such a good CIP position, however also noted that the next financial year will be challenging.	Board of Directors	Assured
7	Draft Financial Plan 2023/24	This has previously been presented to the Board, plans were on track to achieve the various ICB and NHSE deadlines for submission of plans.	Board of Directors	Assured
8	Procurement Policy	Policy approved for onward approval at Board.	Board of Directors	Assured
9	Board Assurance Framework (BAF)	Committee approved reduction of D5 current score from 12 to 6 due to greater confidence in delivery targets.	Board of Directors	Assured

<b>Subject:</b>	<b>Quality Committee CHAIR'S ASSURANCE LOG</b> <b>Quorate: Yes</b>	<b>Ref:</b> P50/23ii	<b>BoD: 03/03/2023</b>
-----------------	---	-------------------------	------------------------

### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> Quality Committee	<b>Date:</b> January and February 2023	<b>Chair:</b> Dr Runit Shah
---	--	-----------------------------

<b>Ref</b>	<b>Agenda Item</b>	<b>Issue and Lead Officer</b>	<b>Receiving Body, i.e. Board or Committee</b>	<b>Recommendation / Assurance/ mandate to receiving body</b>
1	Divisional Reporting: UECC	<p>The Committee noted that Division was moving in a positive direction. There has been good teamwork displayed, alongside compassion during which has been a difficult time for all staff who have supported each other.</p> <p>Areas for development include body worn security cameras to reduce violence and aggression; in addition to an increased use of health informatics data in QI work and projects to keep staff involved.</p>	Board of Directors	Assured
2	Chief Nurse and Medical Directors Highlight Report	<p>Acuity and attendance have been much more settled since the last report.</p> <p>The recent industrial action has been managed well, however the junior doctor's actions might provide a sterner test particularly around the matter of no derogation being agreed - work is ongoing with regards to this.</p>	Board of Directors	Assured
3	Operational Objectives 2022/23	<p>Noted that with regards to QI work the ambition is to change the culture and set quality improvement as the norm.</p> <p>This will be tested in April 2023 when there is the start of a large multidisciplinary, multi-divisional project looking at Discharge Improvement Work.</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
4	Quality Priorities 2023/24	<p>The 9 Quality Priorities had been agreed at Executive Management Team in February 2023. The long list had already been presented to the Governors.</p> <p>Any priorities from the long list but not chosen in the final 9 priorities will still be actioned as monitored objectives. SMART action plans are yet to be finalised and agreed for all priorities, this will include a patient outcome also.</p> <p>There is an agreed template for tracking the Quality and progress will be monitored through Quality Committee.</p>	Board of Directors	Assured
5	Patient Experience Committee Report including update on Patient Experience and Inclusion Strategy	<p>The Deputy Chief Nurse presented a comprehensive overview of patient experience and engagement activities during Quarter 3 and the current position against the improvement plan.</p> <p>The Committee were assured by the range of activities undertaken, the positive feedback received and the use of metrics to demonstrate outcomes.</p>	Board of Directors	Assured
6	Safeguarding Committee	<p>The Committee noted that the Trust is now above 85% compliance with MAST training and work with ESR to cleanse data is ongoing.</p> <p>With regards to the Quality Priority, the Mental Health Policy will be circulated to the Mental Health Steering Group the second week of March 2023 and the Quality Committee and Board thereafter.</p> <p>Noted that the CQC is now signposting other trusts to TRFT as an example of good practice.</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
7	Board Assurance Framework	It was agreed that the current BAF score should remain at 16 awaiting feedback from the CQC regarding outstanding conditions.	Board of Directors	Assured
8	Health & Safety Committee Quarterly Report	<p>Noted the impact increased ligature training has had on staff and increased reporting as a result.</p> <p>Also the increased CRT training, which is having a positive impact on how staff treat violence and aggression in the workplace.</p> <p>There is a full refurbishment of the Special Care Baby Unit proposed for the new financial year and a business case brief will be presented to the Executive Team for consideration in March.</p> <p>The Trust is on target to complete the HSE action plan for the end of March 2023.</p>	Board of Directors	Assured
9	Maternity Safety Report	<p>The Trust is now fully compliant with the Local Maternity System 7 Immediate Essential Actions (IEAs).</p> <p>There were no Off Path births at TRFT in 2022, this is after 4 in 2021.</p> <p>The Trust reported compliance with 9 of the 10 CNST targets. The outstanding target is linked to missing a reporting timescale and this will be reviewed by the external quality assurance team.</p> <p>The Maternity Service is working in collaboration with the Rotherham Maternity Voice Partnership (MVP) to improve services. They are currently seeking feedback from Women from Black, Asian and ethnic minority backgrounds who have birthed at Rotherham in the past 2 years to support the improvement work and listening to women in Maternity services at TRFT. The MVP work plan for 2023/24 has been shared in the January meeting and a 'you said, we did' poster has been developed by the MVP to share some of the work completed so far improving patient information for women and pregnant.</p>	Board of Directors	Assured

<b>Subject:</b>	<b>PEOPLE COMMITTEE CHAIR'S ASSURANCE LOG</b> <b>Quorate: Yes</b>	<b>Ref:</b> P50/23iii	<b>BoD: 03/03/2023</b>
-----------------	--	--------------------------	------------------------

### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> People Committee	<b>Date:</b> January 2023: No meeting in February 2023	<b>Chair:</b> Jo Bibby
--	--	------------------------

<b>Ref</b>	<b>Agenda Item</b>	<b>Issue and Lead Officer</b>	<b>Receiving Body, i.e. Board or Committee</b>	<b>Recommendation / Assurance/ mandate to receiving body</b>
1	Operational Plan	The Committee received an update on progress against the Operational Plan metrics aligned with the People Committee noting that the overall metric is rated as green.	Board of Directors	Assured by the information provided and reiterated the importance that the Trust continues with an open and transparent culture.
2	Workforce Report	The Committee discussed the metrics in detail in particular the level of sickness absence of 7.5% against a target of 4.5% and that a deep dive had been carried out into levels of sickness.  The Committee was pleased to note that Core MAST training and Job specific training remain above the Trust target at 92% and 88% respectively.	Board of Directors	Limited Assurance against some metrics but clear on the actions being taken.
3	Learning and Development Report	The Committee was assured by the detail provided within the Learning and Development Report highlighting that during Apprenticeship Week the Trust had the 200 <sup>th</sup> fully complete Apprenticeship.	Board of Directors	Assured

<b>Subject:</b>	<b>Audit &amp; Risk Committee 27 January 2023 CHAIR'S ASSURANCE LOG – PART 1 AGENDA</b> Quorate: Yes	Ref: P50/23iv	<b>BoD: 03/03/2023</b>
-----------------	---	------------------	------------------------

### CHAIR'S LOG: Chair's Key Issues and Assurance Model

<b>Committee / Group:</b> Audit & Risk Committee	<b>Date:</b> 27 January 2023	<b>Chair:</b> Kamran Malik
--	------------------------------	----------------------------

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
1.	Losses and Special Payments	<p>The Committee in receiving the losses and special payments report noted that there had been ex-gratia expenditure of £15.5k for 2 cases of PHSO (<i>Parliamentary and Health Service Ombudsman</i>) compensatory payments.</p> <p>Due to the value they would require approval by the Board of Directors.</p>	Board of Directors	Board required approval
2.	End of Life Care	<p>As part of the report from the Internal Auditor, the Committee noted the review undertaken of end of life care services.</p> <p>The review had received a limited assurance rating, with three medium and one low risk finding. These were:</p> <ul style="list-style-type: none"> <li>• There is no Trust vision and strategy for End of Life Care which links in with organisational strategy and is in line with National Ambitions/Policy and best practice.</li> <li>• The End of Life Care (Adults) Operational Group is not able to demonstrate that it is effective in meeting its</li> </ul>	Board of Directors	

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	Recommendation / Assurance/ mandate to receiving body
		<p>primary purpose. The Terms of Reference for the group are overdue for review.</p> <ul style="list-style-type: none"> <li>The assessment of End of Life Care services identified some key areas which require improvement, with the action having already been implemented</li> </ul>		
3.	Board Assurance Framework	<p>In receiving the Board Assurance Framework, the Committee noted that three BAF risks P1, D5 and D7 were outside the Board risk appetite / risk tolerance scores. As such they would be highlighted to the Board of Directors as part of the BAF report.</p>	Board of Directors	

## Board of Directors' Meeting 03 March 2023

<b>Agenda item</b>	P51/23
<b>Report</b>	<b>Quality Assurance Report (including Care Quality Commission)</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 Outstanding rating</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 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 purpose of the Quality Assurance Report is to provide an overview of quality activities across the Trust, with a focus on Care Quality Commission (CQC) requirements, since the last report to the Board of Directors in November 2022 and to set out the Quality Assurance Framework, to support our delivery of outstanding care.</p> <p>There are four key elements that collectively describe how the Trust will move forward on its 'Journey to Outstanding'. The narrative is divided into four pillars, which will form the framework for future reporting:</p> <ul style="list-style-type: none"> <li>• Quality Assurance</li> <li>• Quality Governance</li> <li>• Quality Improvement</li> <li>• CQC Relationship/ future inspection methodology</li> </ul> <p>Progress against all existing CQC actions is provided, alongside a proposal for the approach to Quality Assurance monitoring over the next year.</p> <p>The Quality Governance section of the report describes progress to remove the final conditions within the Urgent and Emergency Care Centre (UECC) and indicates that it is now timely to move away from a retrospective, reactive approach and reconfigure the current CQC Delivery Group to a Quality Delivery Model.</p>

	<p>To support the Quality and Governance agendas, the Trust is implementing Quality Improvement methodology at pace. Early details are shown in Section 4 and this is an area where substantial development is expected over the next twelve months.</p> <p>The Quality Improvement Plan, Qi Intranet Page on the Hub and Qi Branding are all under development and will be presented to the Executive Team during quarter four.</p> <p>The relationship with the Trust CQC engagement team continues to strengthen, with a sustained 100% achievement on enquiries being responded to within time and closed down on first submission. Zero enquiries have been received through January and February 2023.</p> <p>CQC are in the process of developing their Single Assessment Framework, which will replace the traditional way in which Trusts are inspected and rated. This has been delayed at present; however, as further information becomes available it will be shared with the Board and wider organisation.</p>
<p><b>Due Diligence</b> (include the process the paper has gone through prior to presentation to the meeting)</p>	<p>Elements of the paper were presented to the Quality Committee on 25 January 2023.</p>
<p><b>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>N/A</p>
<p><b>Recommendations</b></p>	<p>It is recommended that the Board of Directors:</p> <ul style="list-style-type: none"> <li>Note the content of the Report and are assured by the progress that has been made to implement a framework to support our Journey to Outstanding.</li> </ul>
<p><b>Appendices</b></p>	<p>Appendix 1 - Quality Assurance Programme (February 2023) Appendix 2 – Tendable Audit System</p>

## 1. Introduction

- 1.1 The paper sets out the Quality Assurance Framework, to support our delivery of outstanding care. Previously identified as a 'Journey to Good, it is recognised that we must be ambitious and aim for 'Outstanding' and the language has therefore been amended.
- 1.2 There are four key elements that collectively describe how the Trust will move forward on its 'Journey to Outstanding'.
- Quality Assurance
  - Quality Governance
  - Quality Improvement
  - CQC Relationship/ future inspection methodology

## 2. Quality Assurance

- 2.1 An Action Plan consisting of the 82 Must and Should Take Actions identified following the CQC inspections in May 2021 and March 2022, has been robustly monitored on a monthly basis by the executive-led CQC Delivery Group. The plan has focussed on the four core services inspected at the time, including four actions identified in the well-led element of the visit.
- 2.2 Progress has been made throughout this time with achievement as at 14 February 2023 demonstrated in Table 1 below. It is expected to improve further by the end of the financial year. A definition of the ratings is illustrated in Table 2.

Core Service	Red	Amber	Green	Blue	Grey
Trustwide	0	0	2	2	0
UECC	1	0	27	1	1
Medicine	0	0	1	17	0
Maternity	0	0	2	4	0
Children and Young People	0	0	4	18	2
<b>Total</b>	<b>1</b>	<b>0</b>	<b>36</b>	<b>42</b>	<b>3</b>
<b>Percentage</b>	<b>1%</b>	<b>0%</b>	<b>44%</b>	<b>51%</b>	<b>4%</b>

Table 1






	RAG Definitions
	Has failed to deliver by target date/Off track and now unlikely to deliver by target date
	Off track but recovery action planned to bring back on line to deliver by target date
	Completed / On track to deliver by target date
	Delivered and embedded so that it is now business as usual and the expected outcome is being routinely achieved. This has to be supported by appropriate and approved evidence.
	Subject to external input to fully achieve

Table 2

- 2.3 Of the 27 actions rated as green within UECC, 8 are directly attributable to the regulatory conditions currently in place within the Division. It is expected that once the conditions have been removed these actions will be deemed embedded and as such will be re-rated Blue, increasing the embedded achievement to 37.5% for the Division. A significant shift

in culture and engagement within the Urgent and Emergency Care Centre (UECC) has been noted and this has enabled the successful embedding of improvement.

- 2.4 UECC will continue to focus on the outstanding Green actions. The one Red action within the plan relates to the UECC adherence to the Trust Consent Policy. A quality improvement programme has been initiated, facilitated by the Trust Head of Quality Improvement, with a comprehensive plan in place to drive the required progress. This includes key objectives to be achieved each month with a three month trajectory for completion supported by clearly identified data measurements for improvement. A proposal will be made to the March CQC Delivery Group for the action to be re-rated as Amber to reflect the improvement work underway.
- 2.5 A presentation made to the Quality Committee on 22 February by the UECC Senior Leadership Team provided further assurance of quality improvements that have been embedded over the last 6 months.
- 2.6 It is expected that supporting evidence will be provided to the March CQC Delivery Group to demonstrate that the two remaining green actions within the Trustwide category are embedded and as such will be rated Blue. This will take the overall percentage of embedded actions across the Plan (including the UECC actions described above) to 65% by the end of the financial year.
- 2.7 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, the focus on the delivery of safe, quality services must be wider than those core services that were the subject of a formal inspection almost two years ago.
- 2.8 The Quality Assurance Programme presented to the Board of Directors in November 2022, and updated at Quality Committee in January, is now progressing, following some slight delays due to the operational and staffing pressures experienced throughout December and January. In moving away from a focus only on those core services that were visited in 2021, the Quality Assurance Programme sets out the plans to assess all core services, not just in preparation for a regulatory visit but also to identify areas of good and outstanding practice and those areas that will require further attention going forward. An updated timetable is attached at Appendix 1, ensuring that all core services will have been reviewed in 2022/23.
- 2.9 In order to provide an un-biased validation of the Quality Assurance process, colleagues from Barnsley Hospital NHS Foundation Trust (BHNFT) continue to provide support to our teams. In return, TRFT staff offer reciprocal support for a similar programme underway in Barnsley.

### **3. Quality Governance**

- 3.1 The Trust has submitted a response to each of the five conditions currently in place within UECC in September, October, November, December 2022, January, and February 2023. Positive feedback has been received for each submission, with confirmation that the supporting evidence provided has fully answered each concern and is demonstrating that the changes and improvements required are now sustained and embedded across the Department.
- 3.2 As a direct consequence of the feedback, the Application(s) requesting the removal of the five conditions were submitted on 26 January 2023. The applications are due to be



considered at the CQC management meeting on 27 March, with a decision expected shortly after.

- 3.3 If successful, this will be the first time the Trust has not had any formal regulatory sanctions imposed since 2015. It will therefore be the time to consider how the Trust receives continuous assurance that safe, high quality care is being consistently delivered and that each core service meets the requirements of the individual quality and safety frameworks.
- 3.4 A proposal to reconfigure the current CQC Delivery Group to a Quality Delivery Group, including the transition of residual actions from the Must Take Plan into a wider Quality Improvement Plan will be presented to the CQC Delivery Group on 14 March.
- 3.5 We need to move away from a retrospective, reactive approach, to one of continuous quality improvement. The Improvement Plan needs to align to other quality and safety initiatives – for example, the Quality Priorities, where collectively, change is supported by evidence and intelligence based information that will ultimately deliver the overall Trust Strategy and drive forward the Journey to Outstanding.
- 3.6 A key element of the Journey to Outstanding will be to ensure that local governance systems and processes reflect the care provided, identifying further improvement opportunities. The Tendable Audit System is a valuable tool to support this and is described in Appendix 2.
- 3.7 The current transition to a Quality Governance Assurance Unit, which has evolved from the previous Patient Safety Team, will provide a solid basis for this, ensuring robust corporate oversight and standardisation of governance issues with strengthened links to and between clinical divisions.

#### **4. Quality Improvement**

- 4.1 The Head of Quality Improvement came in to post on 3 January. The following describes the further roll out of the Quality Improvement approach across the organisation to date.
- 4.2 Circa 60 individuals from a wide range of services and staff groups will have completed the full five day Quality Improvement, Service, Redesign (QSIR) Programme by 31 March 2023. A further four cohorts are planned for May, June, September and October with 15 places available on each course.
- 4.3 Five one-day QSIR Fundamentals sessions are planned in April, July, November and December to provide a basic overview of the principles of the QSIR programme and Quality Improvement in general. This will be delivered face to face and again 15 places are available on each session.
- 4.4 Three staff members have completed the QSIR College Associate accreditation, with a further member of staff due to complete in March. All four associates will be active participants on Cohort 3 and subsequent QSIR Training programmes through the remainder of the year. There is an expectation that each QSIR cohort will identify a minimum of two members of staff to go on to undertake the associate accreditation and join the QSIR Faculty.
- 4.5 The Trust Quality Improvement approach is now embedded into the Nursing Preceptorship programme, setting out the commitment to continuous improvement at the very early stages of employment. Quality Improvement is also part of the Healthcare

Training curriculum and will be a key element of the Medical Leadership Development Programme for 2023/24.

- 4.6 The first draft of the Quality Improvement Plan was presented to the Executive Team on 9 March and is in development following comments. To support this, the Chief Nurse and Head of Quality Improvement are undertaking a Trustwide self-assessment against the Quality Improvement progress, in March, the outcome of which will be presented to the Executive Team on completion.
- 4.7 An example to date of a successful Quality Improvement Project is the implementation of an Orthopaedic Shoulder School. The rationale and outcome of the Project is illustrated in Table 3 below. Feedback from the Orthopaedic Matron who initiated the Project, reiterated that the Project would have taken a considerable amount of time to implement had he not applied some of the learning from undertaking the five-day QSIR Programme.

Improvement Project Aim	Improvement Project Outcome
Extension of the 'Hip and Knee' school to include Shoulder Surgery within Orthopaedics	<ul style="list-style-type: none"> <li>• Cycle and stakeholder mapping for Hip and Knee School pre-op.</li> <li>• Developed classes to include shoulders and ankles.</li> <li>• If had not been to QSIR training would have had many meetings - now had one meeting with all right stakeholders and implemented it.</li> <li>• Set up appointment on Meditech to ensure appropriate payment for attendance and to be able to review bookings.</li> <li>• Measuring patient feedback and review length of stay as an ongoing measure.</li> <li>• Aiming for 100% patient throughput.</li> <li>• First class was early February 2023</li> </ul>

Table 3

- 4.8 The first large scale Quality Improvement event is planned for April 2023 and will focus on the discharge process. This will run over four days and is expected to involve more than a hundred members of staff from a variety of disciplines with input from patient representatives as well. Impact of this intervention will be measured and reported through Quality Committee.
- 4.9 As Quality Improvement continues to embed, quarterly reports will focus more on impact and outcomes for patients rather than the current process driven approach. This is expected to evolve over time, as greater numbers of projects are undertaken, completed and evaluated.
- 4.10 Work is ongoing to develop the Quality Improvement page on the Hub and the overall Quality Improvement branding.

## 5. CQC Engagement

- 5.1 The Trust continues to foster a productive and effective relationship with the local CQC team. This relationship is built on mutual trust and has directly positively influenced actions taken by CQC. This was particularly evident in October 2022 when concerns were raised relating to care provided on the Acute Medical Unit. CQC were assured that the evidence provided by

the Trust demonstrated the immediate response to the concerns, thus preventing an unannounced visit.

- 5.2 There have been zero CQC enquiries received through January and February at the time of writing this report.
- 5.3 Monthly engagement meetings between the Trust and the CQC have remained positive and the approach we have taken has been recommended by the CQC for other organisations to adopt.
- 5.4 CQC are changing the way they will assess and rate healthcare providers in the future. They have developed a Single Assessment Framework. The Framework applies to providers, local authorities and Integrated Care Systems (ICS). The ratings and five key questions will stay central to their approach. They will continue to use:
  - The five key domains of safe, effective, caring, responsive and well-led
  - The four-point ratings scale of outstanding, good, requires improvement and inadequate
- 5.5 Under each key question, there will be a set of topic areas and quality statements. These statements describe what good care looks like and will link to the Health and Social Care Act (2008) Regulations (2014).
- 5.6 The implementation and roll out of the Single Assessment Framework was due to be launched in January 2023 but is currently delayed. As more information becomes available, this will be shared across the organisation and will dove-tail in to the Quality Assurance process planned for 2023/24.

## **6. Conclusion**

- 6.1 Significant progress has been made to adopt a framework to support our Journey to Outstanding.
- 6.2 By building a programme of continuous quality improvement, supported by a robust quality assurance programme, effective governance and a productive and collaborative working relationship with all stakeholders, we will meet the requirements of our regulators and importantly, those of our patients and staff.

## 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. The Quality Assurance Programme for the Core Service is set out below:</p> <p>The Service has been sub-divided into the following:</p> <ul style="list-style-type: none"> <li>• Acute Medicine – this incorporates the Acute Medical Unit (AMU), Same Day Emergency Care (SDEC) and the Short Stay Unit (SSU) – it will be useful to test out some of the issues that have been raised by our regulators over the past few months that have been addressed but good to validate things are still as they should be</li> <li>• Cardiology, Respiratory</li> <li>• Stroke – this service has recently changed location, which is hopefully a much nicer environment for our patients</li> <li>• General Medicine</li> <li>• Medical Care for the older person</li> </ul> <p>Timetable:</p> <ul style="list-style-type: none"> <li>• 22/02/23 – Multidisciplinary Table Top Self-Assessment against the Medical Care Inspection Framework</li> <li>• Variety of dates through February/March for Focus Groups – to include Divisional Triumvirate, clinical leads, governance leads, matrons, ward managers, consultants, junior doctors, service managers, registered nurses, healthcare support workers</li> <li>• 24/03/23 – On-site visit supported by a team from Barnsley Hospitals NHS Foundation Trust</li> <li>• 27/03/23 – Feedback to Leadership Team/ Executive</li> </ul>	<p>December 2022 – Due to Operational Pressures the Medical Care Assurance process is taking pace through February and March 2023.</p>

<b>Children &amp; Young People</b>	<p><b>Children and Young People – Community</b> - The planning for the Community Children and Young People commenced on 28 October. There are assessment meetings in place every two weeks, with a final assessment session on 09/03/23.</p> <p><b>Children and Young People – Acute</b> - a re-assessment of the Children and Young People Inspection Framework is planned for 15/03/23.</p>	<p>October 2022</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>	<p>Completed July 2022</p>
<b>End of Life Care</b>	<p>360 Assurance Audit – The final Report has been received and provided to Quality Committee on 25 January.</p> <p>Two workshops have taken place with multidisciplinary representation to agree initial priorities and set the basis of the End of Life Strategy.</p> <p>Progress against the 360 Assurance Action Plan and development of the End of Life Strategy are monitored via the Trust Patient Experience Committee and reported to the CQC Delivery Group and Quality Committee</p>	<p>Completed October 2022</p>
<b>Outpatients</b>	<p>Planning has commenced with an initial review of the Outpatient Inspection Framework taking place on 03/11/22.</p> <p>07/03/23 - A further table top assessment to identify and collate the supporting evidence 08/03/23 – site visit to be supported by Barnsley Hospital NHS Foundation Trust</p> <p>The final assessment to 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>	<p>November 2022</p> <p>March 2023</p>



### Tendable Audit System

- 1.1 In 2020, the Trust purchased an application based audit tool called Tendable. This is a tool which enables the Trust to create audits, collect the data through hand held devices and analyse results either at local or centralised level. Due to the pandemic, the roll out of the system was delayed until 2021. Analysis is undertaken centrally by the Governance and Assurance Team with reports then being generated for service users as required – this may be corporate teams or specific wards or divisions.
- 1.2 The system works in real time, allowing actions to be taken immediately to rectify problems with the outcome recorded. To accompany yes / no answers, narrative detail and photos can be added which provides richer, qualitative detail.
- 1.3 Ten different audits were initially rolled out to in patient areas but the success of the programme led to an extended programme being introduced in 2021/22 so that all clinical areas now participate with an increased variety of audits. The majority of audits are similar to enable comparison between areas but there are bespoke questions as well to support local relevance.
- 1.4 It is important to remember that this is a tool to gather evidence and data to provide governance and assurance – it is not a stand-alone initiative. The findings from Tendable audits are therefore woven through many of the quality initiatives and reporting infrastructures rather than forming a separate report.
- 1.5 The key benefit of Tendable is being able to use the data generated to identify areas where intervention is needed, drive improvement and monitor the impact of changes. The audits provide a valuable record of continuous assessment and form a key part of submissions of evidence that we submit to external bodies such as CQC when required.
- 1.6 The current audits registered with Tendable are as follows:
  - Falls
  - Nutrition and Hydration
  - Venous Thromboembolism
  - Tissue Viability
  - Patient Experience
  - Deteriorating Patients
  - Documentation
  - Medication
  - Environment
  - Infection Control
  - Daily Assurance

**Board of Directors' Meeting**  
**03 March 2023**

<b>Agenda item</b>	P52/43
<b>Report</b>	<b>Corporate Governance Report</b>
<b>Executive Lead</b>	Angela Wendzicha, Director of Corporate Affairs
<b>Link with the BAF</b>	Not applicable for this report
<b>How does this paper support Trust Values</b>	Supports all 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)	The following report provides an update to the Trust Board on matters relating to Corporate Governance.
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This is the first presentation to the Trust Board.
<b>Board powers to make this decision</b>	Not applicable as no decision is required of the Trust Board.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	The gap analysis relating to the new Code of Governance will be presented to the Executive Team Meeting in early March 2023.
<b>Recommendations</b>	It is recommended that the Board note the contents of the report.
<b>Appendices</b>	Governance Report.



## Corporate Governance Report

### 1. Introduction

- 1.1 The following report provides an overview of some regulatory and statutory developments and updates relevant to healthcare.

### 2. Provider licence

- 2.1 The Board is already aware that NHS England launched a consultation on the proposed modifications to the NHS Provider Licence which subsequently closed on 09 December 2022. The final version of the updated Provider Licence is awaited.

- 2.2 Changes brought about by the Health and Care Act 2022 mean that changes are required to support system working within the new statutory framework. Further clarity has been made available as to what the changes may look like as follows:

#### **Requirements that reflect system working**

- 2.3 System working and collaboration between providers are key to delivering NHS objective and the success of NHS Trusts and Foundation Trusts will increasingly be judged against their contribution to the objectives of integrated care systems. The proposed modification relating to this includes:
- New co-operation Condition – outlining expectations on NHS Trusts and Foundation Trusts and NHS Controlled Providers on system working and co-operation to deliver core system objectives;
  - New Triple Aim Condition – expectations that we will consider the Triple Aim and health inequalities in our work (Triple Aim places an obligation on the Trust to consider the effects of decisions on the health and wellbeing of the people of England; the quality of services provided and the sustainable and efficient use of resources);
  - New digital requirement – this will reflect digital obligations through a condition and an amendment to the existing governance condition (details yet to be published);
  - Amended Integrated Care Condition – reframing the condition to encourage providers to actively participate in service integration and reduce inequalities;
  - Amended Patient Choice Condition – this will be expanded to reflect the importance of personalised care and
  - Removing the Competition Condition – this will reflect the move in healthcare priorities from competition to collaboration and the removal of NHS England’s statutory duty in relation to competition oversight.

#### **Changes to reflect statutory requirements to address climate change**

- Delivering Net Zero is integral to population health and environmental sustainability. Under proposed changes, we will be expected to have regard to guidance on tackling climate change and delivering net zero emissions and take

all reasonable steps to minimise the adverse impact of climate change on health. These requirements are also mirrored in the NHS Standard Contract.

### **Removal of self-reporting requirements**

- General Condition 6 (G6) and Foundation Trust Condition 4 (FT4) both require licence holders to report on their compliance with a number of licence conditions and legislative requirements. The intended effect of this is to reduce duplication and reduce the regulatory burden on providers.

2.4 The Board of Directors will be kept updated in relation to imminent changes to the Provider Licence.

## **3. Code of Governance for NHS Provider Trusts**

3.1 The final version of the revised Code of Governance for NHS Provider Trusts has been published and will come into effect from 1 April 2023.

3.2 A full gap analysis has been carried out against the previous Code of Governance and a number of additional requirements have been highlighted. A report of the findings will be presented to the Executive Team Meeting early March 2023, following which details will be shared with the Board of Directors and the Council of Governors.

**Angela Wendzicha**  
**Director of Corporate Affairs**  
**24 February 2023**

**Board of Directors Meeting**  
**03 March 2023**

<b>Agenda item</b>	P53/23
<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 on a monthly basis. 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> <p>The attached report illustrates the position in relation to the Board Assurance Framework for the beginning of Quarter 4 (February 2023).</p>
<b>Due Diligence</b>	The Board Assurance Framework position has been discussed at the relevant Board Committees in addition to receiving further scrutiny at the Audit and Risk Committee in January 2023. The Audit and Risk Committee will further review the year end position with the Board Assurance Framework in April 2023.
<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 Quarter 2 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 at the commencement of Quarter 4.
- 1.3 The Board Assurance Framework was discussed at that Audit and Risk Committee on Friday 27 January 2023 concluding that the Committee was assured around the development and evidence of discussions around the BAF which was again supported by colleagues from Internal Audit. The updated Board Assurance Framework will be further scrutinised at the next Audit and Risk Committee in April 2023.

## 2. Outcome of the Reviews carried out in early Quarter 4.

**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 continuing review of the BAF, monthly discussions take place with the Chief Nurse, Medical Director and Director of Corporate Affairs. The Quality, Risk and Compliance Manager also attends to facilitate the linkage with the BAF and the current Risk Register.

### Updates to the Controls and Mitigations

- 2.2 **C5:** A total of 13 of 15 actions from the 360 Assurance Learning from Deaths Report have been completed with details reported through the Patient Safety Committee.
- 2.3 **C6:** Additional dates have been received for peer review of Medicine, Outpatients and Community therefore all services will have been peer reviewed during the financial year 2022/23.
- 2.4 **C8:** The new Serious Incident Investigation process is in place from January 2023.

### Updates to the Gaps in Controls and Mitigations

- 2.5 **G1:** The creation of a Quality Improvement Strategy is expected by April 2023.
- 2.6 **G4:** It is expected that recruitment for resource to support completion of the Structured Judgement Reviews will be completed by the end Quarter 4.
- 2.7 **G7:** Evidence of an increase in compliance with resuscitation training is apparent therefore the gap has been closed.

- 2.8 **G18:** A new gap relating to the lack of evidence of compliance with National Audits has been added with a plan to improve the position by March 2024.
- 2.9 **G19:** Lack of assurance regards quality of end of life care has been added as a new gap as a result of report received from 360 Assurance. An action plan has been developed with the intention this has been completed by May 2023.

### 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).
- 3.3 The Board approved the risk appetite pertaining the Quality is Very Low (Score 1-5). The Quality Committee has noted that the current risk score is out with the agreed risk appetite. In addition, a review has taken place in relation to the target score and the likely timeframe for achieving this. Following discussion, it has been proposed that the current target score remains at 12 with an expectation this is achieved by the end Quarter 4. Whilst this remains outside of the agreed risk appetite, the BAF risk is aligned to the Five Year Strategy of which the Trust is currently in Year One. This position will be reviewed again going into Year Two of the Strategy.

Taking the above into consideration, it is recommended the risk score remains at **16**.

### 4. Risk aligned to the Board

**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.**

#### Update to the Controls and Mitigations

- 4.1 **C5:** A shared Public Health Consultant between RMBC and the Trust commences in early March 2023.
- 4.2 **C6:** Meetings three times a week have been instigated by the Trust to review the Integrated Discharge position.
5. It is recommended that the score remains at **12** however there is an expectation that the likelihood score will reduce towards the end of Quarter 4 thus reaching the target score for the end of Quarter 4.

**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.**

#### **Update to the Controls and Mitigations**

6.1 **C5:** The Strategic Partnership is in place with an updated report to the Board in March 2023.

7. It is recommended that the score remains at **12** with an expectation that the likelihood will be reduced at the end March 2023 thus meeting the target score by the end of the financial year.

**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**

8.1 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 early Quarter 4 on a monthly basis with the last review being in February 2023. Following the aforementioned review, the conclusion was that the existing Control C4 was further strengthened with the Board of Directors signing off the WRES Action Plan at the Board meeting in January 2023.

8.2 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.'

8.3 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 had previously been reduced to a score of 2 which is 'unlikely, do not expect it to happen/recur but it is possible it may do so.'

8.4 Following further discussions at the People Committee in January and the subsequent Gap 6 within BAF Risk D5 relating to the challenges around sufficient workforce to support the recovery plan, it is recommended that the likelihood score is increased to 3 (Possible – expected to occur at least monthly). Taking the above into consideration it is recommended that BAF Risk U4 remains at **12**.

8.5 The Board will note that despite the risk score, the risk remains within the current approved risk appetite with a continuing acceptance of a greater degree of inherent risk in pursuing workforce innovation with the caveat that we could potentially improve the skills and capabilities of our workforce.

**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**

- 9 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 monthly at the beginning of Quarter 4 resulting in the following amendments:
- 9.1 At the time of the review, waiting times in UECC had improved (**C1**) in addition to an improvement seen in the right to reside (**C3**). Based on this, the recommendation is to reduce the score to a **6** due to greater confidence in delivery targets.

**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**

- 10 The Director of Finance is the Executive Director Lead for Strategic Risk D6 and monthly reviews take place with the Director of Corporate Affairs. Following the review of the risk in early February and due to the improved financial position predicted for year end, it is recommended that the score remains at **6** which is within the approved risk appetite and target score.

**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.**

- 11 BAF Risk D7 is a new risk identified during Quarter 2 that looks ahead to the potential future financial situation for the Trust.
- 12 Given the current position, the risk has been graded initially at **15** and following further discussion it is recommended the score remains at 15 and further reviewed at the end March 2023 when the Financial Plan is submitted to the ICB.

**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 the beginning Quarter 4.

**Angela Wendzicha**  
**Director of Corporate Affairs**  
28 February 2023



Board Assurance Framework Overview for Quarter 4

Ambition	Strategic Risk			Original Score LxC	Score Q1	Score Q2	Score Q3	Score Q4	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	16	3(L)x4(C) =12		Moderate (12-15)
<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	12	2(L)x4(C) =8		Moderate (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	12	2(L)x4(C) =8		Moderate (12-15)
<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	12	12	2(L)x4(C) =8		Moderate (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	9	2(L)x2(C) =4		Low (6-10)
	<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	6	2(L)x2(C) =4		Low (6-10)
	<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>...further financial instability.</b>	<b>...further financial instability.</b>	3(L)x 5(C) = 15	N/A	15	15	15	3(L)x5(c) =15	

Strategic Theme: Patients		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	Q4		
<p><b>Strategic Ambition:</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</p> <p><b>Link to Operational Plan:</b> P1: Empower out teams to deliver improvements in care</p>	P1	4(L)x4(C)=16	16	3(L)x4(C) =12  Achieve target score by end Quarter 4	Moderate (12-15)  Very Low (1-5)						16	16	16	16	16	
<b>BAF Risk Description</b>						<b>Linked Risks on the Risk Register &amp; BAF Risks</b>					<b>Assurance Committee &amp; Lead Executive Director</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.						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.					Quality Committee Chief Nurse and Medical 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	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	January 2023	Deputy CEO	Level 1					December meeting cancelled due to operational pressures however, work will continue outside the meeting with sign off by the Executive Team Meeting.						
		Quality Assurance Report to Quality Committee (Quarterly)	January 2023	Chief Nurse	Level 1											
		Monthly reporting to CQC in relation to Conditions on Registration.	January 2023	Chief Nurse	Level 1											
C2	Established Tendable Audit Programme	Outcome reports received by Quality Committee		Chief Nurse	Level 1					Imminent changes to the oversight of the audits will not affect the completion of the audits but may impact on the reporting.						
		Audit reporting programme now established, now included in Patient Experience Committee report to Quality Committee – next report due February 2023	February 2023	Chief Nurse	Level 2 – Medication Safety Audit completed											
C3	Agreed Quality Priorities in place	Progress reports received by Quality Committee quarterly	January 2023	Chief Nurse	Level 1 Progress reports on Quality Priorities presented within each quarter											
C4	Implementation of actions following Patient Surveys	Progress reports received by Patient Experience Committee and monitored via Quality Committee	February 2023	Chief Nurse	Level 1											
C5	Coordinated approach for learning from deaths	360 Assure Report with Limited Assurance – completed 13 of 15 actions from report Learning from Deaths Report to Patient Safety Committee	July 2022  December 2022	Medical Director	Level 3 (negative) Business Case has been agreed at ETM relating to resources.											

C6	Partnership working with Barnsley NHSFT	Quarterly peer reviews carried out re Quality Assurance (Q1 – Surgery)	Quarter 1	Chief Nurse/Medical Director	Level 1 – Awaiting final outcome report Medicine will be reviewed in December 2022 - revised date Medicine and Outpatients in February 2023, Community in March 2023, meaning all services will have been reviewed in financial year 2022/23																																																										
C7	Quality Improvement & Quality Governance Assurance Priority within Operational Plan	Bi-monthly updates to Quality Committee	February 2023	Chief Nurse	Revised Quality Improvement and Quality Assurance Report with new format from October 2022 incorporating the CQC assurance report.				Presented in October and will continue quarterly.																																																						
C8	New Serious Incident Investigation process in place.			Chief Nurse	New process of Panel sign off for final reports introduced and final SI Reports for sign off in December will be subject to the new process from January 2023																																																										
C9	Developed agreed Strategy for Journey to CQC Good rating	Quarterly progress reports to Quality Committee (links with Gap 14)	January 2023	Chief Nurse	Level 1																																																										
<table border="1"> <thead> <tr> <th>Gaps in Controls or Assurance Quarter 1 2022-23</th> <th>Actions Required</th> <th>Action Owner</th> <th>Date Action Commenced</th> <th>Date Action Due</th> <th>Progress Update</th> </tr> </thead> <tbody> <tr> <td rowspan="3">G1</td> <td>Lack of suitable Quality Improvement methodology linked to the Operational Plan</td> <td>Complete business case for Quality Improvement Faculty</td> <td>Chief Nurse</td> <td>June 2022</td> <td>Completed</td> <td>Business Case Brief discussed at the Executive Team meeting June 2022 with partial approval. Approval for recruitment to Head of Quality Improvement and MD (2 PAs) for Quality Improvement. Completed.</td> </tr> <tr> <td></td> <td>Complete Job Descriptions for Head of Quality Improvement and MD for Quality Improvement (2 PA's)</td> <td>Chief Nurse &amp; Medical Director</td> <td>July 2022</td> <td>September 2022 Completed</td> <td>Head of Quality Improvement commenced in post January 2023.</td> </tr> <tr> <td></td> <td>Review next stage Business Case</td> <td>Chief Nurse &amp; Medical Director</td> <td>August 2022</td> <td>September 2022 June 2023</td> <td>Recruitment for MD for Quality Improvement (2PA's ) to be completed</td> </tr> <tr> <td></td> <td></td> <td>Creation and implementation of QI strategy</td> <td>Chief Nurse &amp; Medical Director</td> <td>January 2023</td> <td>April 2023</td> <td>Draft strategy going to ETM February 2023, organisational self assessment to be completed March 2023</td> </tr> <tr> <td>G2</td> <td>Lack of Quality Service Implementation and Redesign (QSIR)</td> <td>QSIR methodology agreed</td> <td>Chief Nurse &amp; Medical Director</td> <td>June 2022</td> <td>June 2023</td> <td>Cohort 1 completed the training. Cohort 2 to commence in October 2022 and Cohort 3 in March 2023. Update presentation to Board undertaken. Cohort 2 starts 19/10/2022 Cohort 3 has been fully recruited to for March 2023 – Gap to close.</td> <td>Closed</td> </tr> <tr> <td rowspan="2">G3</td> <td rowspan="2">Embed strengthened Serious Incident Investigation Process</td> <td>Complete review of the Serious Incident Investigation Process</td> <td>Chief Nurse &amp; Medical Director</td> <td>June 2022</td> <td>July 2022</td> <td>Scoping exercise has been completed by external team supporting Quality Improvement work</td> <td></td> </tr> <tr> <td>Embed approved SI Process</td> <td>Chief Nurse &amp; Medical Director</td> <td></td> <td>October 2022 January 2023</td> <td>A paper was submitted to the Executive Team Meeting on 20 October 2022. Move to a control as new process in place. (November 2022)  Revised incident review process commenced January 2023. Monthly meetings established. Review at end of Q4 to assess if embedded.</td> <td></td> </tr> </tbody> </table>										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	Completed	Business Case Brief discussed at the Executive Team meeting June 2022 with partial approval. Approval for recruitment to Head of Quality Improvement and MD (2 PAs) for Quality Improvement. Completed.		Complete Job Descriptions for Head of Quality Improvement and MD for Quality Improvement (2 PA's)	Chief Nurse & Medical Director	July 2022	September 2022 Completed	Head of Quality Improvement commenced in post January 2023.		Review next stage Business Case	Chief Nurse & Medical Director	August 2022	September 2022 June 2023	Recruitment for MD for Quality Improvement (2PA's ) to be completed			Creation and implementation of QI strategy	Chief Nurse & Medical Director	January 2023	April 2023	Draft strategy going to ETM February 2023, organisational self assessment to be completed March 2023	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. Update presentation to Board undertaken. Cohort 2 starts 19/10/2022 Cohort 3 has been fully recruited to for March 2023 – Gap to close.	Closed	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 January 2023	A paper was submitted to the Executive Team Meeting on 20 October 2022. Move to a control as new process in place. (November 2022)  Revised incident review process commenced January 2023. Monthly meetings established. Review at end of Q4 to assess if embedded.	
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	Completed	Business Case Brief discussed at the Executive Team meeting June 2022 with partial approval. Approval for recruitment to Head of Quality Improvement and MD (2 PAs) for Quality Improvement. Completed.																																																									
		Complete Job Descriptions for Head of Quality Improvement and MD for Quality Improvement (2 PA's)	Chief Nurse & Medical Director	July 2022	September 2022 Completed	Head of Quality Improvement commenced in post January 2023.																																																									
		Review next stage Business Case	Chief Nurse & Medical Director	August 2022	September 2022 June 2023	Recruitment for MD for Quality Improvement (2PA's ) to be completed																																																									
		Creation and implementation of QI strategy	Chief Nurse & Medical Director	January 2023	April 2023	Draft strategy going to ETM February 2023, organisational self assessment to be completed March 2023																																																									
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. Update presentation to Board undertaken. Cohort 2 starts 19/10/2022 Cohort 3 has been fully recruited to for March 2023 – Gap to close.	Closed																																																								
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 January 2023	A paper was submitted to the Executive Team Meeting on 20 October 2022. Move to a control as new process in place. (November 2022)  Revised incident review process commenced January 2023. Monthly meetings established. Review at end of Q4 to assess if embedded.																																																									

<b>G4</b>	Lack of thematic reviews following Structured Judgement Reviews	Implement actions from 360 Assure Learning from Deaths report	Medical Director		July 2022 <del>End December 2022</del> End Q4			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. Business case approved at ETM – awaiting recruitment. SJR Roles out to advert.	
<b>G5</b>	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			<b>Completed</b>	
		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 Extend to December 2022				
		Additional Clinical Education posts from CPD funding on a temporary basis.	Deputy Chief Nurse	July 2022	November 2022			<b>Completed</b>	
<b>G6</b>	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			<b>Completed</b>	
		Recruit into key posts to support the central Governance Team	Chief Nurse	August 2022	<del>October 2022</del> Extend to June 2023			Business case approved Executive Team Meeting 15 September 2022, follow up paper to identify governance structure to ETM 20/10/2022.  Business case approved in principle Established Quality Governance Assurance Unit and are recruiting to all posts except the lead role	
<b>G7</b>	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			Completed On the August Committee Agenda –  Training Needs Analysis has been completed for levels 3 and 4.  Second Resus Officer now in post – showing an increase in compliance with resus training.  Recommend to close gap	<b>Close Gap</b>
<b>G8</b>	Safeguarding: Evidence required on adherence to relevant policies and procedures	Annual Self-Assessment submitted to RMBC.	Chief Nurse	August 2022				Completed – positive written feedback received	
		Confirm and Challenge Meeting	RMBC & Chief Nurse	12 September 2022				Completed	
		External Review Commissioned by the Trust of Safeguarding	Chief Nurse	September 2022	September 2022	Report due in October 2022		External review took place 05/10/2022, positive preliminary feedback received for Maternity and Paediatrics. Opportunities identified for improvements in Adults. Report due end January 2023. Lack of report escalated to NHSE by Chief Nurse,	

								verballing informed report will be sent by end of February 2023
<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 May 2023			<b>First meeting in September 2022 Completed</b> <b>New database procured to monitor compliance data currently being migrated, target date for completion May 2023</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. End Quarter 4 2024			Initial Report to be sent to Quality Committee Reported to Quality Committee December 2022 <b>Clinical Effectiveness Manager has been recruited, start in May 2023</b>
<b>G11</b>	Potential industrial action	Gap in lack of agreed plan at local and national level	Director of Workforce	Planned ballots underway	Ongoing			Mitigations in place, strategic command and control in place
<b>G12</b>	Increased CQC scrutiny	5 non urgent conditions on UECC Weekly reporting required for AMU	Chief Nurse	Weekly and monthly	<del>October 2022</del> March 2023			AMU weekly reporting requirement now closed with no further action.  Monthly reporting re evidence from UECC continues.  Submission for lifting of conditions was sent 27 January 2023. Anticipated that conditions will be lifted
<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					<b>Close – currently at Level 2</b>
<b>G14</b>	Organisational position against Journey to Good Strategy.	Map all Divisions against Journey to Good (linked to C9)	Chief Nurse	November 2022	January 2023 March 2023			Slipped by one month due to CQC work
<b>G15</b>	Quality Priorities for 2023-24	Process to be established	Chief Nurse, Medical Director	End December 2022	End March 2023			First two meetings held, long list to be distributed to QC, Divisions and other stakeholders – 28 priorities identified, to be condensed to 9 quality priorities following stakeholder engagement work. Progress on track. <b>Paper going to QC in February 2023 identifying chosen priorities, outcomes to be developed and presented at March 2023 QC</b>
<b>G16</b>	Successful recruitment to support Learning from Deaths process	Complete recruitment process	Medical Director	November 2022	End December 2022 March 2023			Out to advert for SJR currently, closed end of Jan 23 – links to G4; <b>interviews planned</b>
<b>G17</b>	Increased outbreak of CPE Infection	Weekly Incident meetings in place	Chief Nurse	Ongoing	Ongoing			Weekly oversight meetings have ceased and moved to Heads of Nursing with oversight at ETM. Deep clean process remains ongoing with Executive oversight.
<b>G18</b>	Lack of evidence of compliance with National Audits and subsequent lack of assurance	To monitor through Clinical Effectiveness Committee	Medical Director	January 2023	March 2024			<b>Appointed Clinical Effectiveness Manager and AMAT database procured.</b>
<b>G19</b>	Lack of assurance regards quality of end of life care	Completion of action plan that has been created in response to 360 assurance report and NACEL 2022 alarm outlier status report	Medical Director and Chief Nurse	January 2023	May 2023			<b>Action plan created and shared internally and with external organisations</b>

Strategic Theme: Patients		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	Q4		
<b>Strategic Ambition:</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>Link to Operational Plan:</b> R2: Ensure equal access to services	R2	3(L)x4(C)=12	12	2(L)x4(C) =8  Expectation to reduce the likelihood score at the end Q4 thus reaching score.	Moderate (12-15)						12	12	12	12	12	
						<b>BAF Risk Description</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>Linked Risks on the Risk Register &amp; BAF Risks</b>  Risk					Assurance Committee  Trust Board 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	Trust is a current member at PLACE Board	Trust Board receives reports from PLACE Board		December January 2023	Board minutes	Level 1										
C2	Trust is a member of Prevention and Health Inequalities Group			July		Level 1										
C3	Trust is a member of the Health and Wellbeing Board			July		Level 1										
C4	Deputy Chief Executive attends the Health Select Commission			July												
C5	Shared Public Health Consultant between RMBC and the Trust commences March 2023			March												
C6	Meeting with PLACE colleagues to review IDT position.	Meet three times a week to review integrated discharge position.														
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				Deputy Chief Executive	Ongoing		Paper expected for the September Board No change to position								

	which is continuing to evolve and mature.							
<b>G3</b>	Incomplete data driven identification of Health Inequalities across elective and non-elective pathways.		Deputy Chief Executive		End Quarter 1			Data relating to access to services available in Trust Integrated Performance Report – suggest close this gap.

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	Q4	
<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> D7: Implement sustainable change to deliver high quality, timely and affordable care	D7	3(L)x5(C)=15	3 (L) x 5(C) =15	1(L)x5(C) =5  For further review end March when Financial Plan is submitted to ICB	Low (6-10)						Current	Q1	Q2	Q3	Q4
												-	15	15	15
<b>BAF Risk Description</b>						<b>Linked Risks on the Risk Register &amp; BAF Risks</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.						Risk					Finance and Performance Committee 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		November 2022		L1									
C2	CIP Track and Challenge in place			November 2022	ETM minutes	L1									
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	Q1	Ongoing								



<b>G4</b>	Potential reduction of cash balances due to expenditure higher than income which would result in late payments to suppliers. Impact to invest in capital projects. (Future Risk)	Situation acceptable currently, future risk	Director of Finance					For Gaps G4-G7 awaiting further national guidance to fully assess the position.	
<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						
<b>G8</b>	Risk that payment by results returns on elective activity with a lack of understanding of the potential impact on elective activity.	Deputy Director of Finance assessing the potential impact in conjunction with the planning guidance expected by the end Quarter 3.	Deputy Director of Finance						
<b>G9</b>	No financial allocations available	Future income risk	Director of Finance						

Strategic Theme: Patients		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	Q4	
<p><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.</p> <p><b>Link to Operational Plan:</b> P3: Our Partners: Work together to succeed for our communities.</p>	O3	3(L)x4(C)=12	12	2(L)x4(C) =8  Review at end Quarter 4 with an expectation likelihood is reduced and target score is met.	Moderate (12-15)		12	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				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	In place. Reports to Finance and Performance Committee				Level 1					
C5	Strategic Partnership in place	Paper to Board		March 2023	Minutes						
<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	ICB becomes a legal entity on 01 July 2022	Confirmation required of emerging governance arrangements		Deputy CEO			September 2022	Paper to September Board.			Completed



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	Q4	
<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	<p><del>2(L)x4(C)=8</del></p> <p>3(L) x 4(C) = 12 Increased December 2022</p>	2(L)x4(C) =8	Moderate (12-15)							12	8	12	12
<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					<b>People Committee Director of Workforce</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	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  WDES and WRES signed off by Trust Board  Revised WRES action plan signed off by the Board of Directors		21 July 2022  October 2022  January 2023	Reports to People Committee  Board minutes  Board minutes	Level 1  Level 2  Level 2									

<b>C5</b>	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				
<b>C6</b>	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  Reciprocal Mentoring Workshop completed.  Reciprocal Mentoring Workshop Report to Trust Board	 8 Sept 2022  November 2022  December 2022	Ongoing	Level 1    Level 1  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>C12</b>	2022 Annual NHS Staff Survey	Initial embargoed results returned an improvement in a number of Trust areas including Equality, Diversity, Inclusion and Compassionate Leadership.	December 2022	Executive Team and People Committee	Level 3				
<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>	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	Scope to be revised and intensive programme to be agreed.	End November 2022			Awaiting final sign off by Deputy CEO.	

Strategic Theme: Delivery		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	Q4																																								
<p><b>Strategic Ambition: 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></p> <p><b>Link to Operational Plan: D5: Implement sustainable change to deliver high quality, timely and affordable care</b></p>	D5	3 (L)x3(C)=9	4 (L)x3=12  2x3=6  Reduce due to greater confidence in delivery targets	2x2=4  2x3=6 by end Quarter 4	Minimal (1-5)  Very low (1-5)	<table border="1"> <caption>Risk Score and Target Risk Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Risk</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>9</td><td>4</td></tr> <tr><td>May</td><td>9</td><td>4</td></tr> <tr><td>Jun</td><td>9</td><td>4</td></tr> <tr><td>Jul</td><td>12</td><td>4</td></tr> <tr><td>Aug</td><td>12</td><td>4</td></tr> <tr><td>Sep</td><td>12</td><td>4</td></tr> <tr><td>Oct</td><td>12</td><td>4</td></tr> <tr><td>Nov</td><td>12</td><td>6</td></tr> <tr><td>Dec</td><td>12</td><td>6</td></tr> <tr><td>Jan</td><td>12</td><td>6</td></tr> <tr><td>Feb</td><td>6</td><td>6</td></tr> <tr><td>Mar</td><td>6</td><td>6</td></tr> </tbody> </table>	Month	Risk Score	Target Risk	Apr	9	4	May	9	4	Jun	9	4	Jul	12	4	Aug	12	4	Sep	12	4	Oct	12	4	Nov	12	6	Dec	12	6	Jan	12	6	Feb	6	6	Mar	6	6	12	9	12	12	9-6
Month	Risk Score	Target Risk																																																
Apr	9	4																																																
May	9	4																																																
Jun	9	4																																																
Jul	12	4																																																
Aug	12	4																																																
Sep	12	4																																																
Oct	12	4																																																
Nov	12	6																																																
Dec	12	6																																																
Jan	12	6																																																
Feb	6	6																																																
Mar	6	6																																																
<b>BAF Risk Description</b>					<b>Linked Risks on the Risk Register &amp; BAF Risks</b>																																													
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																																													
<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 Daily review of position and weekly through the ACT meeting and ETM Waiting times have improved in UECC		November December 2022	Minutes of F&P & ETM minutes	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		November December 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 Waiting times have improved with regards to right to reside, greater confidence in delivery targets on 62 day cancer and 78 week long waiters		November 2022	Minutes of F&P  Weekly ETM minutes	Level 1																																												

<b>C4</b>	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	<b>July 2022</b>	<b>Notes of the panel</b>	Level 1				Deputy CEO to chair
<b>C5</b>	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 2 focuses on transformation and is led by TRFT Deputy CEO and Director of Adult Social for RMBC.	<b>November 2022</b>		Level 1				A&E Delivery Board
<b>C6</b>	Executive Team oversight	Weekly receipt of Performance Report and Recovery Report	<b>December 2022</b>	<b>ETM minutes weekly</b>	Level 1				
<b>C7</b>	New weekly Acute Performance Meeting chaired by CEO	Weekly oversight	<b>December 2022</b>		Level 1				
<b>C8</b>	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)	<b>COO</b>	<b>Ongoing</b>					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 Currently meetings three times a week with action notes by PLACE and ICB team

<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>	Insufficient acute inpatient beds	Finalise Business Cases and service model for SDEC (Completed and approved by FPC in September 2022) and AGU	COO	Q1	Q4	No need for business case for AGU; Implementation Plan required for the service model Increase in bed base as part of the Winter Plan Additional capacity for winter in place in December with additional capacity in January 2023
<b>G2</b>	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 Link to C3 – both internal and external monitoring in place	COO			Close as no longer a gap as guidance received with monitoring in place
<b>G3</b>	Ring-fence interim frailty assessment beds	ICS SDEC pathways confirmed.	COO		<b>Q4</b>	Frailty model and delivery plan commenced with weekly engagement meetings
<b>G4</b>	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

							Weekly meetings in place - no longer a gap
<b>G5</b>	Absence of movement nationally to urgent care metrics	Trust continuing to operate as a Field Test site.	COO	Ongoing	TBC nationally		<p>Lack of clarity given new Health Minister announcement regards remaining with 4 hour standard</p> <p>Indications from NHSE are to move away from the 4 hour targets and for new urgent care metrics to be introduced – awaiting final position.</p> <p>Latest position likely to move back to 4 hour target – awaiting planning guidance and timeframes.</p> <p>The Trust will move to 4 hour urgent care target with a 76% compliance rate by the end March 2023.</p>
<b>G6</b>	Challenges around sufficient workforce to support the recovery plan	<p>Locum and Insourcing arranged</p> <p>Longer term plan required to recruit a sustainable workforce (link with BAF Risk U4)</p> <p>Ongoing negotiations with JLNC regards extra contractual payments for medical and dental staff.</p>	<p>Divisional Leads</p> <p>Director of Workforce</p>	<p>Ongoing</p> <p>Commenced</p>	End of March 2023.		<p>Director of Corporate Affairs discussed with Director of Workforce and will further assess need for a new BAF risk relating to a sustainable workforce.</p> <p>Discussion has taken place resulting in the agreement that the People Committee has sight of the BAF Risk and has oversight of the actions to mitigate this gap once confirmed with the Divisional leads.</p> <p>Development of workforce plan for UECC as a result of Acute Care Transformation work, monthly meetings held with CEO and COO.</p> <p>Improvements seen in nursing, support and doctor recruitment and retention.</p>



Strategic Theme: Delivery		Risk Scores				Risk Appetite/Risk Tolerance	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	Q4		
<p><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</p> <p><b>Link to Operational Plan:</b>                      D5: Implement sustainable change to deliver high quality, timely and affordable care</p>	D6	3x3=9	3x3=9 2x3=6	2x2=4 2(L)x 3(C)=6 Plan to meet by late Quarter 3, early Quarter 4	Low (6-10)		9	9	9	9	6	
<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		December 2022	Minutes of F&P	Level 1						
C2	System wide delivery of Recovery On plan with mitigations in place to manage winter pressures.	Director of Finance attends South Yorkshire DoF Group		December 2022		Level 1						
		Monthly Finance Report to CEO Delivery Group		December 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		November 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 Report	Level 3						
		Review of HFMA Improving NHS Financial Sustainability checklist		December 2022			Level 3					
C7	Monthly challenge on performance	Monthly Divisional Assurance meetings		November 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						
						Confirmed forecast for year end £1m better than plan leading to £1.7m deficit rather than £2.7m.						



**Board of Directors' Meeting**  
**03 March 2023**

<b>Agenda item</b>	P54/23
<b>Report</b>	<b>Risk Management Policy</b>
<b>Executive Lead</b>	Angela Wendzicha, Director of Corporate Affairs
<b>Link with the BAF</b>	This Policy links with all BAF Risks
<b>How does this paper support Trust Values</b>	Supports Trust value Ambitious to ensure any risks are clearly identified that may prevent progression of any operational matters.
<b>Purpose</b>	<b>For decision</b> <input checked="" type="checkbox"/> <b>For assurance</b> <input 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 has in place an approved Risk Management Policy setting out the process and procedure in which all risks are assessed and monitored by the Trust.</p> <p>Work has been carried out in conjunction with Internal Audit to strengthen the Policy. In addition, the Trust Board reviewed and approved an updated Risk Appetite Statement during Quarter 3 which has now been reflected at Appendix 2 of the Policy.</p>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	The updated Policy was approved at the Risk Management Committee and Executive Team Meeting in November 2022. In addition, the Policy was recommended to Trust Board for approval at the Audit and Risk Committee in January 2023.
<b>Board powers to make this decision</b>	Within the Standing Orders
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	Subject to Trust Board approval, the Policy will be published on the Trust website and training will continue on the details contained within.
<b>Recommendations</b>	<p>It is recommended that the Trust Board:</p> <ul style="list-style-type: none"> <li>• Note the approval process carried out to date and</li> <li>• Approve the Risk Management Policy</li> </ul>
<b>Appendices</b>	Risk Management Policy



Ref No: 609

## RISK MANAGEMENT POLICY

### SECTION 1 PROCEDURAL INFORMATION

Version:	4
Ratified by:	Trust Document Ratification Group
Date ratified:	September 2022
Title of originator/author:	Quality Governance, Compliance and Risk Manager
Title of responsible committee/individual:	Board of Directors
Date issued:	2022
Review date:	September 2025
Target audience:	All Trust Staff

Copyright © 2022 The Rotherham NHS Foundation Trust

## Document History Summary

Version	Date	Author	Status	Comment
1a	Apr 2017	Quality Governance, Compliance and Risk Manager	Draft	Risk Management Guidelines To be discussed at the April 2017 Risk Management Committee
1b	June 2017	Quality Governance, Compliance and Risk Manager	Draft	Risk Management Guidelines Approved – subject to amendments at DRG in May 2017 and so rediscussed in June 2017 Risk Management Committee
1	July 2017	Quality Governance, Compliance and Risk Manager	Final	Risk Management Guidelines Ratified by Trust Document Ratification Group
2a	June 2019	Quality Governance, Compliance and Risk Manager	Draft	Risk Management Guidelines To be reviewed by the Risk Management Committee & The Risk Analysis Group
2	June 2019	Quality Governance, Compliance and Risk Manager	Final	Risk Management Guidelines Ratified by Trust Document Ratification Group
3a	September 2020	Quality Governance, Compliance and Risk Manager	Draft	Converted to Risk Management Policy
3	December 2020	Quality Governance, Compliance and Risk Manager	Final	Ratified by Trust Document Ratification Group
4	September 2022	Quality Governance, Compliance and Risk Manager	Draft	

## Section 1 Contents

Section	Title	Page
1	Introduction	5
2	Purpose & Scope	5
2.1	Purpose	5
2.2	Scope	6
3	Roles & Responsibilities	6
4	Procedural Information	11
4.1	Systematic Risk Assessment Process	11
4.1.1	Stage 1 - Identify the Risk	11
4.1.2	Stage 2 - Evaluate the Risk	12
4.1.3	Stage 3 - Control Measures	14
4.1.4	Stage 4 - Recording and Approval of the Assessment	16
4.1.5	Stage 5 - Reviewing the assessment	17
4.2	Risk Reporting / Escalation and Assurance	17
4.3	Risk Appetite	19
5	Definitions & Abbreviations	20
5.1	Definitions	20
5.2	Abbreviations	21
6	References	21
7	Associated Documentation	21

## Section 1 Appendices

Appendix	Title	Page
Appendix 1	Likelihood and Consequence Details	25
Appendix 2	TRFT Risk Appetite	30
Appendix 3	TRFT Operational Health, Safety & Welfare Risk Assessment	32

## Section 2 Contents

Section	Title	Page
8	Consultation and Communication with Stakeholders	31
9	Document Approval	31

<b>10</b>	<b>Document Ratification</b>	<b>31</b>
<b>11</b>	<b>Equality Impact Assessment</b>	<b>31</b>
<b>12</b>	<b>Review and Revision Arrangements</b>	<b>31</b>
<b>13</b>	<b>Dissemination and Communication Plan</b>	<b>31</b>
<b>14</b>	<b>Implementation and Training Plan</b>	<b>32</b>
<b>15</b>	<b>Plan to monitor the Compliance with, and Effectiveness of, the Trust Document</b>	<b>33</b>
<b>15.1</b>	<b>Process for Monitoring Compliance and Effectiveness</b>	<b>33</b>
<b>15.2</b>	<b>Standards/Key Performance Indicators</b>	<b>33</b>

### **Section 2 Appendices**

<b>Appendix</b>	<b>Title</b>	<b>Page</b>
<b>Appendix 1</b>	<b>Completed Equality Impact Assessment</b>	<b>34</b>

## **1. INTRODUCTION**

- 1.1 The Rotherham NHS Foundation Trust (the Trust) acknowledges that risk is inherent in the provision of healthcare and the activities associated with the treatment and care of patients, employment of staff, maintenance of premises and managing finances.
- 1.2 The identification of these risks, together with proactive management and mitigation, is essential and the Trust recognises the importance of effective risk management as a fundamental element of the Trust's governance framework and system of internal control.
- 1.3 The Trust is committed to embedding a risk management culture and making risk management a core organisational process that underpins delivery of the Trust's strategic aims and upholds our corporate responsibility to provide the highest standards of patient care and staff safety.
- 1.4 To support an integrated approach to risk management the Trust has documented the structures and the processes that are in place to identify, manage and eliminate or reduce risks to a tolerable level.
- 1.5 This policy provides a structured approach to the management of risk and supports the implementation of the Risk Management and Health and Safety Strategies in the Trust. It outlines how risks should be identified/ recorded and managed. Instructions on using DatixWeb are on the Trust Intranet. It must be read in conjunction with the Risk Management and Health and Safety Strategies, including the Trust's Risk Appetite.

## **2. PURPOSE & SCOPE**

### **2.1 Purpose**

- 2.1.1 The purpose of the Policy is to provide the overarching principles and detail the structures and standards required for the management of risk (clinical and non-clinical) across the Trust.
- 2.1.2 The key objective is to support managers and staff in the management of risk to ensure that the Trust is able to effectively deliver its objectives, that the wellbeing of patients, staff and visitors is optimised and that the assets, business systems and income of the Trust are protected.
- 2.1.3 It clarifies accountability arrangements for the management of risk within the Trust from 'Board to Ward' and 'Ward to Board', setting out the responsibility of directors and senior managers in respect of leadership in risk management, confirms the role that all staff within the organisation have in relation to responsibility for the identification and reporting of risks.



2.1.4 The Policy outlines clear reporting arrangements and describes how risks are escalated through the Trust’s governance structure and how the effectiveness of risk management is scrutinised and monitored.

2.1.5 Detailed instructions setting out the operation of risk management are provided in separate associated procedural documents, as follows;

- How to Input a Risk Guide
- How to Attach Documents to Risk Assessments in Datix Guide
- How to Export a Risk Register to Excel Guide
- How to Reject or Close a Risk Guide
- How to Review a Risk Guide

**2.2 Scope**

2.2.1 Risk Management is the responsibility of all colleagues within the Trust, and so therefore the policy applies to all areas and activities of the Trust and to all staff, contractors, volunteers, students, locum and agency staff and staff employed on honorary contracts.

**3. ROLES & RESPONSIBILITIES**

All staff in the Trust have responsibilities relating to risk management. The key risk management responsibilities are documented below.

Role	Responsibility
<b>Chief Executive (CE)</b>	<p>The Chief Executive as ‘accountable officer’ has overall accountability and responsibility for risk management within the Trust, ensuring the implementation of an effective risk management system.</p> <p>The Chief Executive must seek assurance from the systems and processes for risk management and ensure that these meet regulatory, statutory and legal requirements.</p> <p>Operationally, the Chief Executive delegates responsibility for implementation of risk management to the Chief Nurse.</p>
Director of Corporate Affairs	The Director of Corporate Affairs has delegated responsibility for risk management from the Chief Executive. As such they are responsible for ensuring that all risk and assurance processes are devised, implemented and embedded

Role	Responsibility
	<p>throughout the Trust and for reporting to Executive Team Meeting (ETM) any significant issues arising from the implementation of the Policy, including non-compliance or lack of effectiveness arising from the monitoring processes. The Director of Corporate Affairs is also responsible for the management of the Board Assurance Framework (BAF), ensuring it is robust and effective.</p>
<p><b>Quality Governance, Compliance and Risk Manager</b></p>	<p>The Quality Governance, Compliance and Risk Manager supports the Director of Corporate Affairs in the day to day management of the Trust's Risk Register.</p> <p>The Quality Governance, Compliance and Risk Manager supports the review, development and embedding of the Risk Management Strategy and Policy across the Trust to ensure that there is an effective Risk Management System in place.</p> <p>The Quality Governance, Compliance and Risk Manager supports the Trust and the Board of Directors by providing a risk management function that facilitates and monitors the implementation of effective risk management practices and assists risk owners in identifying, assessing and managing and reviewing risk. Specifically, the Department supports all areas of the Trust in the use of Datix to record risk and produce risk reports in an agreed format to facilitate 'ward to board' governance and, where necessary, the escalation of risk.</p>
<p><b>Divisional Management Teams</b></p>	<p>Colleagues are responsible for the implementation of this Policy at corporate and service level including the establishment and continual management of Divisional Risk Registers and project risks registers. They are responsible for managing risk within their Services and Division through their divisional monthly governance groups.</p> <p>The teams are required to ensure that through Divisional governance meetings and other relevant forums that risks are shared, focusing on the risk action plans and escalating areas of concern where required.</p> <p>They are responsible for ensuring that all risk</p>

<b>Role</b>	<b>Responsibility</b>
	assessments are reviewed and approved and all risks reviewed in a timely manner and action plans recorded and updated on the Datix database.
<b>Governance Leads</b>	<p>Governance Leads are responsible for the management of identified risks within the scope of their responsibility, ensuring that risks are reviewed and maintained in a timely manner.</p> <p>The Governance Leads are responsible for co-ordinating risk management processes in their Division/Department by:</p> <ul style="list-style-type: none"> <li>• consulting with teams to identify and assess risks and determine mitigating actions;</li> <li>• maintaining arrangement for oversight of all divisional risks and ensuring that these are recorded on Datix and undergo regular review and quality assurance;</li> <li>• promoting the risk management policy, procedures / best practice and communicating changes as necessary; and</li> <li>• sharing information and knowledge on risks within their area through membership of relevant groups and committees.</li> </ul>
<b>Risk Management Specialist Officers</b>	Certain roles within the Trust have Trust-wide risk related roles and responsibilities to supporting and contributing to the development of Trust-wide and divisional risk management and governance arrangements and for providing specialist advice, education and training to ensure compliance with statutory requirements and best practice. This includes a Senior Information Risk Owner (SIRO) who is the nominated lead to ensure the Trust's information risk is properly identified and managed and that appropriate assurance mechanisms are in place.
<b>Risk Owners</b>	<p>Risk Owners are responsible for;</p> <ul style="list-style-type: none"> <li>• Identifying the risks</li> <li>• Reporting the risks on Datix</li> <li>• Recording, maintaining and monitoring risk action plans through the Datix database</li> <li>• Sharing the content of the risks in their area</li> <li>• Managing the risks on a day to day basis</li> </ul>

Role	Responsibility
	<ul style="list-style-type: none"> <li>Keeping the risk data on Datix up to date; this should include inclusion of all minutes and dates related to the risk from any Divisional and Trust Governance/Risk Management meeting in the risk record for audit purposes.</li> </ul>
<b>Colleagues</b>	Management of risk is a fundamental duty of all staff. All staff must ensure that identified risks and incidents are reported in order to ensure appropriate actions are taken. These requirements also extend to locum and agency staff.
<b>Partner Organisations and Contractors</b>	Specific risks identified in the Trust will be shared with any other relevant organisation working in partnership with the Trust.
<b>Board Of Directors</b>	<p>The Trust Board of Directors has overall responsibility for ensuring that effective internal controls (clinical, organisational and financial) are in place and for reviewing the effectiveness of these controls. The Chief Executive is required to produce an Annual Governance Statement that confirms to the Board of Directors the adequacy of controls in place to manage risk.</p> <p>The Board approves the implementation of the Risk Management Policy (this document) and oversees its effectiveness through the described monitoring and review processes.</p> <p>The Board of Directors sets the Risk Appetite Statement each year.</p> <p>Through the Quarterly Risk Register reports, the Board assures itself that the Trust identifies and effectively manages any risks that could impact on the achievement of its Strategic Aims. Board Committees provide additional oversight of strategic and high level risk within their remit.</p>
<b>Assurance Committees of the Board</b>	Each Assurance Committee of the Board has a role for risks pertaining to their area of focus. They have roles in reviewing the management of the risks held on the Risk Register and Board Assurance Framework. They review the Board Assurance Framework and ensure that the Board of Directors receive assurance that effective controls are in place to manage Corporate risk and report on any significant risk

Role	Responsibility
	<p>management and assurance issues.</p> <p>Each of these Committees has oversight responsibility for a section of the Risk Register within the remit of their own Terms of Reference and performs detailed scrutiny of controls and assurances. Via their Non-Executive Chair, each reports formally to the Board of Directors, to confirm delivery of assurance or to escalate matters as necessary.</p>
<b>Audit Committee</b>	<p>The Audit Committee is a sub-committee of the Board and with delegated authority from the Board of Directors, the Audit Committee has overall responsibility for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical). Specifically, this Committee is responsible for providing an independent and objective view of internal control.</p> <ul style="list-style-type: none"> <li>• Ensures that an annual review of the risk management process is undertaken by the internal audit function and provides assurance to the Board of Directors based on its outcome.</li> <li>• Reviews the adequacy of the underlying assurance processes that indicate the effectiveness of the management of principal risks to the achievement of corporate objectives as reported in the Quarterly Risk Register report.</li> </ul>
<b>Executive Team Meeting (ETM)</b>	<p>The ETM utilises the risk register to understand the risks to achieving the accountabilities of the Chief Executive, specifically all risks with a score of 15 (or above) on the risk register.</p> <p>ETM has responsibility for ensuring that those risks are regularly reviewed, that risks are being mitigated and resources are being effectively allocated in line with the level of risk appetite and tolerance established by the Board.</p> <p>The ETM is responsible for the implementation of risk management and its assurance mechanisms. Individual Executive Directors</p>

Role	Responsibility
	provide leadership on the management of key areas of risk with their roles and are responsible for overseeing a programme of risk management activities for their areas of responsibility.
<b>Risk Management Committee</b>	The primary purpose of the Trust's Risk Management Committee is to provide assurance to the Board on the function of systems of risk management via the Executive Team Meeting (ETM).
<b>Specialist Risk Groups</b>	In addition to the above, there are a number of specialist Trust-wide groups (e.g. Infection Prevention and Control Committee, Information Governance Committee etc.) that have specific risk management responsibilities. They are detailed in their terms of reference.

#### 4. PROCEDURAL INFORMATION

Only colleagues of the Trust who have attended appropriate agreed risk assessment or risk management training should carry out a risk assessment supported by relevant individuals in the Trust such as the Divisional Governance Leads.

The Trust adopts a structured approach to risk management whereby risks are identified, assessed and controlled and, where necessary, escalated or de-escalated through the governance mechanisms of the Trust. Staff should work to identify not only current risks but also complete horizon scanning to be aware of risks that are likely to emerge in the future.

##### 4.1 Systematic Risk Assessment Process

Effective risk assessment is a core element in good risk management. There are five steps in the risk assessment process.

##### 4.1.1 Stage 1 - Identify the Hazard

Risk identification is fundamental to effective risk management and all staff have a role to play in identifying clinical and non-clinical risks to the delivery of safe, effective and high quality care.

There is no unique method for identifying risks. Risks may be identified in a number of ways and from a variety of sources, for example:

- Risk assessment of everyday operational activities, especially when there is a change in working practice or environment
- Clinical risk assessments
- Environmental / workplace risk assessments

- Any risk identified through Division Business Continuity planning process/ single point of failure
- Risk assessment as part of Trust business – at all levels of the organisation
- Annual planning cycle
- Performance management of key performance indicators
- Internal risk assessment processes e.g. requirements to assess risks as part of development and approval of policies, procedures, strategies and plans
- Claims, Incidents and Complaints
- Organisational learning
- External reviews, visits, inspections and accreditation
- Information Governance Toolkit
- Staff and patient surveys
- National recommendations including safety alerts, NICE guidance etc.
- Internal and External Audit
- Clinical audits
- Information from partner organisations
- Environment scanning of future risks (both opportunities and threats)

This list is not exhaustive. In general, the more methods that are used the more likely that all relevant risks will be identified.

There are two distinct phases to risk identification:

- a) Initial Risk identification - relevant to new services, new techniques, projects
- b) Continuous Risk Identification – relevant to existing services and should include new risks or changes in existing risks e.g. external changes such as new guidance, imminence, legislation etc.

All risks that are identified must be recorded and logged as appropriate on the either the Trust's locally held Environmental Assessment form, Ligature Assessment form, COSHH form (on Alcumus Sypol), Security Assessment record or the Trust's register of risks (Datix) if the risk is rating at 8 or above. This provides a formal record of the risks that the Trust has identified as having a potential impact on the achievement of objectives.

Failure to properly describe risk is a recognised problem in risk management. Common pitfalls include describing the impact of the risk and not the risk itself, defining the risk as a statement which is simply the converse of the objective, defining the risk as an absence of controls etc. A simple tip is to consider describing the risk in terms of cause and effect.

#### **4.1.2 Stage 2 - Evaluate the Risk**

Having identified and described the risk, the next step is to assess the risk. This allows for the risk to be assigned a standard rating which determines what actions (if any) need to be taken.

A standardised approach to describing and scoring risks must be followed. All risks are scored and graded according to likelihood (chance) and consequence using the Trust's Risk Assessment Matrix (See Appendix 1). Adopting a single standard assessment tool ensures a consistent approach is taken to the description, evaluation and monitoring of risk across the Trust. In evaluating the risk, it is important to rate the likelihood (chance) of the hazard causing reasonable foreseeable harm (Impact/Consequence/Severity) and then rate the severity.

Ideally, risk assessment is an objective process and wherever possible should draw on independent evidence and valid quantitative data. However, such evidence and data may not be available and assessor(s) will be required to make a subjective judgement. When facing uncertainty, the assessor(s) should take a precautionary approach.

The risk assessment should be undertaken by someone competent in the risk assessment process and should involve staff familiar with the activity being assessed. Depending on the severity of the risk, the Division Risk/Governance Lead should be notified. Trade union representatives, external assessors or experts should be involved or consulted, as appropriate.

Risks are assigned a score based on a combination of the **likelihood** of a risk being realised and the **consequences** if the risk is realised.

The Trust uses three risk scores:

- **Inherent/Initial Risk Score**: This is the score when the risk is first identified and is assessed with existing controls in place. This score will not change for the lifetime of the risks and is used as a benchmark against which the effect of risk management will be measured.
- **Current Risk Score**: This is the score at the time the risk was last reviewed in line with review dates. It is expected that the current risk score will reduce and move toward the Target Risk Score as action plans to mitigate the risks are developed and implemented.
- **Target Risk Score**: This is the score that is expected after the action plan has been fully implemented, in line with TRFT Risk Appetite Statement.

### Scoring the consequences

Use Appendix 1 Qualitative Measures of Consequences (Actual / Potential), to score the consequence, with existing controls in place:



Choose the most appropriate domain(s) from the left hand column of the table. Then work along the columns in the same row and, using the descriptors as a guide, assess the severity of the consequence on the scale 1 = Negligible, 2 = Minor, 3 = Moderate, 4 = Major and 5 = Catastrophic.

The Consequence score will remain the same in the majority of risks and the risk rating is lowered by decreasing the likelihood score as mitigations as contained in the risk action plan are introduced.

### Scoring the likelihood

Use Appendix 1 Likelihood Assessment, to score the likelihood of the consequence(s) occurring with existing controls in place, use the frequency scale of Rare = 1, Unlikely = 2, Possible = 3, Likely = 4 and Almost Certain = 5.

Likelihood can be scored by considering:

1. Frequency i.e. how many times the consequence(s) being assessed will actually be realised

or

2. Probability i.e. what is the chance the consequence(s) being assessed will occur in a given period.

### Scoring the risk

Calculate the risk score by multiplying the consequence score by the likelihood score. See table below.

IMPORTANT: It may be appropriate to assess more than one domain of consequence. This may result in generating different scores. Use your judgement to decide on the **overall** score, however as a rule-of-thumb take the highest domain score.

	<i>Likelihood ('L')</i>				
<i>Impact ('I')</i>	<i>Rare (1)</i>	<i>Unlikely (2)</i>	<i>Possible (3)</i>	<i>Likely (4)</i>	<i>Almost certain (5)</i>
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10

Negligible (1)	1	2	3	4	5
----------------	---	---	---	---	---

**IMPORTANT:** If a risk is rated at **20** or **25** the risk assessor should contact the Quality, Governance, Compliance & Risk Manager to discuss the rating; all risks rated at 25 must be escalated to a Trust Executive as Risk Owner and for immediate Trust action planning.

### 4.1.3 **Stage 3 - Control Measures**

The next step is to identify the control measures:

- What are they?
- Do they work?
- Do they control the hazard and the risk?

Always assess things as they are now including any foreseeable changes, then evaluate the risk with any additional control measures (actions) required, review the risk rating again as this should decrease the risk score. If it does not, then the additional control measures may not be worth implementing. Remember the risk might have to be accepted as it is.

When deciding what to do to reduce the risk, remember that the reduction should be “*so far as is reasonably practicable*”. This phrase means that the cost of reduction should not be disproportionate to the risk. If the cost of reduction is high and the risk is low, it would be unreasonable.

Once a risk has been assessed, staff will need to decide how best to respond based on the Trust Risk Appetite (set out in appendix 3) and the resources available. A target risk score and, where risks are to be treated, an associated robust (SMART) action plan should be assigned to each risk to ensure that risks are controlled within a timely manner and to an acceptable level. The risk action plan must be recorded in the Datix risk record, risks will not be approved by the RMC without an appropriate action plan.

However, not all risks can be dealt with in the same way and risk management responses can be a mix of four main actions; Transfer, Tolerate, Treat or Terminate.

#### Tolerate the risk

The risk may be considered tolerable without the need for further mitigating action, for example if the risk is rated LOW or if the Trust’s ability to mitigate the risk is constrained or if taking action is disproportionately costly.

If the decision is to tolerate the risk, consideration should be given to develop and agree contingency arrangements for managing the consequences if the risk is realised. The risk will be considered a Managed Risk and recorded as such in Datix.

### Treating the Risk

This is the most common response to managing a risk. It allows the organisation to continue with the activity giving rise to the risk while taking mitigating action to reduce the risk to an acceptable level i.e. as low as reasonably practicable. In general, action plans will reduce the risk over time but not eliminate it.

It is important to ensure that mitigating actions are proportionate to the identified risk and give reasonable assurance to the Trust that the risk will be reduced to an acceptable level.

Action plans must be documented on the risk assessment form, have a nominated owner and progress monitored by the appropriate risk forum.

### Transfer the risk

Risks may be transferred for example by conventional insurance or by sub-contracting a third party to take the risk. This option is particularly suited to mitigating financial risks or risks to assets.

It is important to note that reputational risk cannot be fully transferred.

### Terminate the risk

The only response to some risks is to terminate the activity giving rise to the risk or by doing things differently.

However, this option is limited in the NHS (compared to the private sector) where many activities with significant associated risks are deemed necessary for the public benefit.

Oversight of these action plans takes place at a divisional and corporate management level in accordance with the Trust's governance arrangements described in section 4.2 of this Policy.

## **4.1.4 Stage 4 - Recording and Approval of the Assessment**

DatixWeb, the Trust's risk management system, is used to support the recording, management and review of risks and production of risk registers across the Trust to ensure consistency of recording. All risks must be recorded on Datix. Risks will not be recognised until they are recorded and approved on Datix. Datix allows control measures to be recorded and actions to be scheduled, with a full audit trail of changes to the risk assessment.

The risk action plan must be recorded in the Datix risk record, risks will not be approved by the RMC without an appropriate action plan.

Information feeds through levels of risk registers, through to the organisation-wide risk register. The system is able to report at different levels, look at trends across fields and record and manage actions.

Risks must be approved in line with the management responsibility table below.

Risk Score	Primary Descriptor	Management level
15 and above	High Risk	These must be reviewed and approved by the Risk Management Committee and oversight of the risks provided at the Executive Team Meeting. They will also be reviewed by the Board assurance committees monthly and the Board quarterly.
8-12	Moderate Risk	These must be reported and approved at the divisional CSU Governance meeting. There should be oversight by the Divisional Leadership team (through Divisional reporting mechanisms)..
1-6	Low/Managed Risk	Approved and managed at divisional ward/team level, these are automatically considered to be Managed Risks and should be recorded in the appropriate Datix module.

#### 4.1.5 **Stage 5 - Reviewing the assessment**

There is a legal requirement that a review must be carried out if:

- There is reason to suspect that it is no longer valid, e.g. incidents are still happening; or
- There has been a significant change.

It is best practice to carry out a review on a regular basis, which will allow for anything that has been missed or to enable you to consider improvements. It is suggested that risks are reviewed in line with the following (as a minimum);

- Risk score 0-6 on an annual basis
- Risk score 8-12 on a quarterly basis
- Risk score 15 or above on a monthly basis.

(The review should be undertaken by the end of the relevant month.)

All risks must be reviewed divisionally in accordance with their agreed review date which should be informed by its current risk score and action plan. Divisional arrangements for monitoring Risk Profile (risk age / score / type) should identify risks where the review date has expired, risks that have not reached target risk score within an agreed timeline, as well as risks

recommended for closure, or where risk status can be changed, (e.g. from 'treated' to 'tolerated'). When the Risk Owner believes the action plan is completed and the risk has been mitigated to the target rating the risk should be an agenda item on the next Divisional Governance Meeting for discussion and approval to forward for formal closure at the Risk Management Committee. The risk owner should include details of why the risk should be closed in Datix, dates of the Divisional Governance Meeting. The 'Approval status' field should remain as 'Approved Risk'. This fields will be amended following the RMC by the Governance Lead.

The review must be recorded on Datix by the Risk Owner, supported by the Division / Departmental Governance Lead, and must ensure that the Risk Assessment represents the current situation taking into account any changes to the context, deterioration of controls, implementation of actions or changes in Risk Appetite (target risk score).

When a risk is an agenda item at a Trust meeting such as the Risk Management Committee (RMC) or any of the Trust Board Assurance Committees it is the responsibility of the Divisional Lead present at these meetings to relay the recorded decision of the Committee via the relevant recorded minute to the Risk Owner. It is then the responsibility of the Risk Owner to ensure that the risk record within Datixweb is updated to include the recorded minuted decision and appropriate changes to dates, such as but not limited to Risk Review Date, Action Plan Review Date, Trust Management Committee (Date Approved) etc.

#### **4.2 Risk Reporting / Escalation and Assurance**

An integral part of effective risk management is ensuring that risks are reported and escalated within the Trust to ensure that appropriate action and prioritisation of resources can take place.

Risk profile (risk age / score / type) is monitored through the Trust's divisional and corporate governance structure with new divisionally approved risks reported in line with the table above.

Risks are also escalated according to the progress in reaching the target score. Where a risk cannot be managed to an acceptable level of risk within available resource or in an agreed timescale then the risk must be escalated to the Risk Management Committee for consideration and onward escalation to ETM.

The maximum time a moderate level risk (current risk score of 8 or above) will be 'Treated' before it is escalated is 24 months\*. At this time any risk that has not reached an acceptable risk level (its target risk score) must be escalated to the Risk Management Committee for consideration and onward escalation to ETM.

\*Consideration should always be paid to individual risks that are graded as Moderate due to only involving limited numbers of patients (low likelihood) that

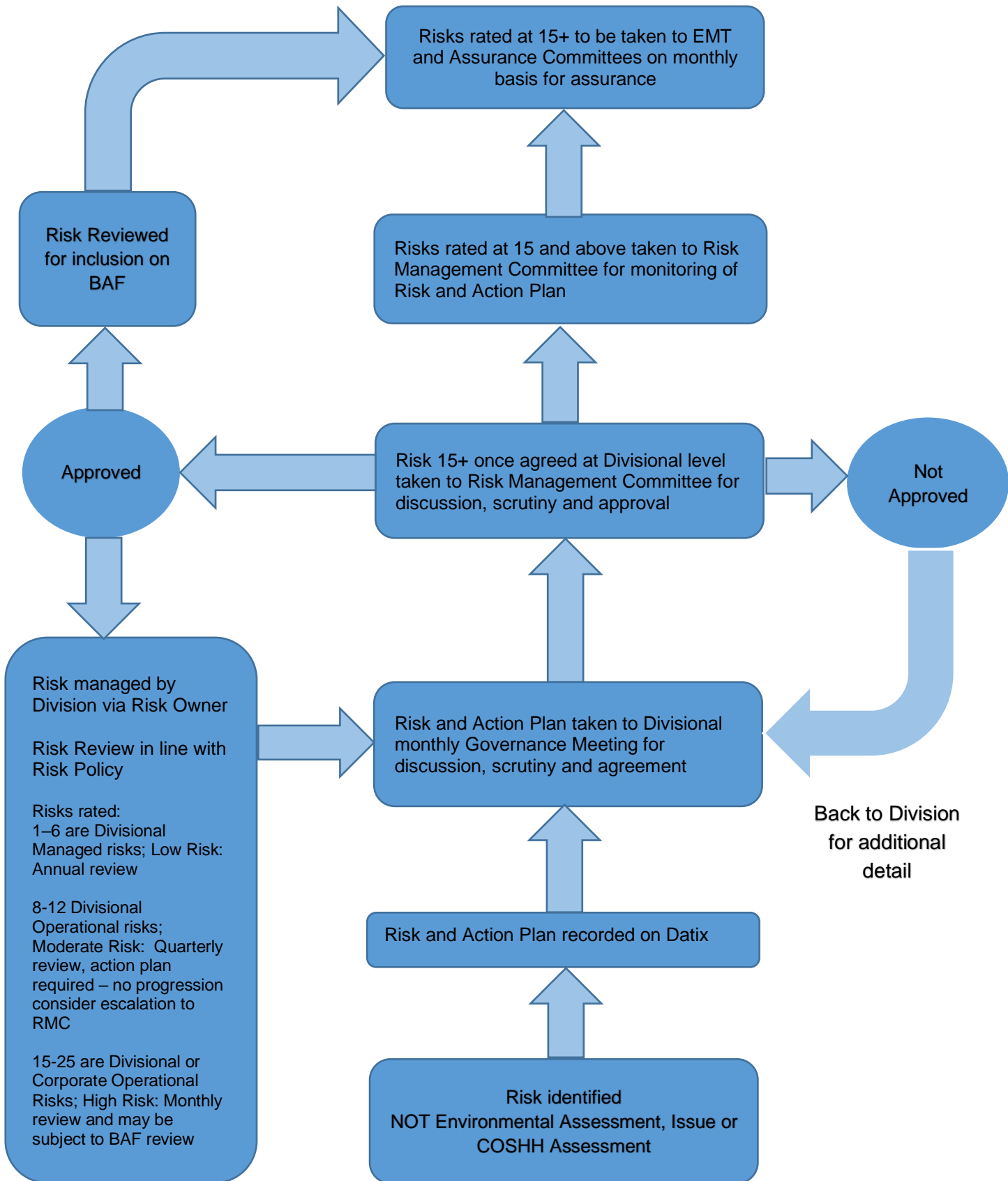
however have potentially Major or Catastrophic consequences. These should be reviewed on a case by case basis for escalation within the 24 months' timeframe.

The data recorded on Datix will be used to produce reports to facilitate risk escalation and provide assurance regarding the effective implementation of this Policy. These reports may be adapted at any time to suit the requirements of a particular committee or group; however, some reports are scheduled as detailed in the table below.

The Risk Management Committee will review risks graded at 15+ and allocate them on contents and impact on Strategic Objectives to a specified Trust Assurance Committee, all Committees will be made aware of all 15+risks so that cross assurance and learning can be encouraged.

Risk Reporting, Escalation and Assurance arrangements can be represented in flowchart form as depicted below:

## RISK ESCALATION, MONITORING AND APPROVAL



### 4.3 Risk Appetite

Risk Appetite identifies the amount of risk the Board is willing to accept in pursuit of its strategic objectives for the financial year in question.

The Board articulates this through a Risk Appetite Statement which defines tolerances for balancing different elements of risk, including patient safety, reputation, workforce and financial / value for money, based on how much, or little the Trust wishes to commit in terms of risk. These limits are then used to derive acceptable Target Scores for Risk.

The Risk Appetite Statement will be refreshed and updated every year. The current Board Risk Appetite Statement is found at Appendix 4 and covers the following categories/types of risk:

- Clinical Innovation
- Commercial
- Compliance/Regulatory
- Financial/Value for money (VFM)
- Partnerships
- Reputation
- Quality – Clinical Effectiveness
- Quality – Patient Experience (Including Complaints & Claims)
- Quality – Patient Safety (Including Complaints & Claims)
- Workforce
- Environmental
- Estates
- Information Governance
- Information Technology (IT)
- Fire Safety / General Security

The statement will detail the “the amount of risk an organization (TRFT) is willing to accept in pursuit of strategic objectives”. TRFT is willing to accept a target rating of 6-10 for a Financial/Value for money (VFM) related risk, however it is only willing to accept a target rating of 1-5 for Patient Safety risks, the target risk rating should always fall within the parameters of this statement

REPORT	FORUM	FOR	SCHEDULE	CONTENT
<b>NEW RISKS</b>	Divisional Management Team  15+ Risk Management Committee	Discussion, scrutiny and agreement of risk, risk rating and action plan  Approval	Monthly  New/draft risks logged on Datix should be approved within four weeks	All new/draft risks logged onto Datix within four weeks
<b>RISK TO BE CLOSED / MANAGED / CHANGE TO RATING</b>	Divisional Management Team	Approval  Approval	Monthly	All risks recommended for closing or to be managed/tolerated.



REPORT	FORUM	FOR	SCHEDULE	CONTENT
	Risk Management Committee			
<b>APPROVED RISKS (SCORING 15 OR ABOVE)</b>	Risk Management Committee	Scrutiny	Monthly	All risks approved by Divisional CSU Governance meeting with a current risk score of 15 or above will be reported to RMC in line with its meeting schedule
<b>RISK PROFILE (AGE / SCORE / TYPE)</b>	Divisional Management Team	Review for action	Monthly	Risk profiles detailing all recorded risks within each Division / Department will be published on the first working day of the month
	Risk Management Committee	Debate	Bi monthly	
	Divisional Performance Review	Debate	Bi monthly	
<b>RISK PAST REVIEW DATE</b>	Divisional Management Team	Review for action	Monthly	Risks past review date per Division / Department will be published on the first working day of the month
	Risk Management Committee	Information	Bi monthly	
<b>NEW APPROVED RISKS &gt;=15</b>	ETM	Debate	Monthly	All newly approved risks with a score of 15 or more following approval at RMC
<b>RISKS &lt;=12 NOT AT TARGET RISK SCORE</b>	Divisional Management Team	Review for escalation / action	Monthly	All risks that have not reached target score within agreed timeline.
	Risk Management Committee		Bi-Monthly	
<b>RISKS &gt;=15</b>	Board of Directors Board Committee	Review for action / assurance	Quarterly	Risks reporting 15 or above.

*Table 1: Scheduled Risk Reports*

## 5. DEFINITIONS AND ABBREVIATIONS

### 5.1 Definitions

***Risk:***

Risk can be defined as the probability that a specific adverse event will occur in a specific time period or as a result of a specific situation.

The probability or threat of a change, injury liability, loss or other negative occurrence, caused by internal and external vulnerabilities, and which may be neutralised through premeditated actions.

Risk is the combination of likelihood and consequence of a hazard being realised.

**Issue:**

An “issue” already has occurred and a “risk” is a potential issue that may or may not happen and can impact the project positively or negatively. . Risk is an event that has not happened yet but may; an issue is something that already has happened.

**Hazard Identification:**

A Hazard is a source of potential harm or a situation with a potential to cause loss such as low staffing levels, incorrectly completed documents, chemical, finance or reputation etc. They are the underlying cause of risk, and as such the term has particular relevance in the identification of risk.

**Likelihood:**

Likelihood is the probability of each outcome occurring, quantifying the risks of a particular incident happening, including the frequency in which it may arise.

**Risk Assessment:**

Risk Assessment is the process used to determine risk management priorities by evaluating and comparing the level of risk against predetermined acceptable levels of risk.

**Risk management:**

is defined as “The process which aims to help organisations understand, evaluate and take action on all their risks with a view to increasing the probability of success and reducing the likelihood of failure” (The Institute of Risk Management)

**Control Measures:**

Sometimes referred to as Controls, are the precautions that are put into place to reduce/mitigate the risk.

**Risk Tolerance Levels:**

The Trust will establish the following tolerance levels consistent with the general risk appetite statement available in the Risk Management Strategy 2020 – 2025.

**Risk Register:**

A risk register can be described as ‘a log of risks of all kinds that threaten an organisation’s success in achieving declared aims and objectives. It is a dynamic living document, which is populated through the organisation’s risk assessment and evaluation process. This enables risk to be quantified and ranked. It provides a structure for collating information about risks that helps both in the analysis of risks and in decisions about whether or how those risks should be treated. (Definition - CASU, Keele University)

## 5.2 **Abbreviations**

CASU      Controls Assurance Support Unit

CSU	Clinical Support Unit
ETM	Executive Team Meeting
HSE	Health and Safety Executive
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
RMC	Risk Management Committee
SIRO	Senior Information Risk Owner
SMART	Specific, Measurable, Achievable, Realistic, Timely
TRFT	The Rotherham NHS Foundation Trust

## 6 REFERENCES

- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Audit Commission (2009). Use of Resources Framework – Overall approach and key lines of enquiry. London: Audit Commission.  
[www.auditcommission.gov.uk](http://www.auditcommission.gov.uk)
- Health and Safety Executive (HSE). (2010). Leading Health and Safety at Work: Leadership Actions for Directors and Board Members London: HSE  
[www.hse.gov.uk](http://www.hse.gov.uk)
- NHS Improvement (National Patient Safety Agency. (2008)). A risk matrix for risk managers. London:
- NHS Improvement (National Patient Safety Agency. (2007)). Healthcare risk assessment made easy. London

## 7 ASSOCIATED DOCUMENTATION

Risk Management Strategy 2020 – 2025

Health and Safety Strategy 2018 – 2021

How to Input a Risk Guide

How to Attach Documents to Risk Assessments in Datix Guide

How to Export a Risk Register to Excel Guide

How to Reject or Close a Risk Guide

How to Review a Risk Guide

## LIKELIHOOD AND CONSEQUENCE DETAILS

### Qualitative Measures of Consequences (Actual / Potential)

Descriptor	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
<b>Injury</b> (Physical / Psychological)	<ul style="list-style-type: none"> <li>▶ Adverse event requiring no/minimal intervention or treatment</li> </ul>	<ul style="list-style-type: none"> <li>▶ Minor injury or illness – first aid treatment needed</li> <li>▶ Health associated infection which may/did result in semi-permanent harm</li> <li>▶ Affects 1-2 people</li> </ul>	<ul style="list-style-type: none"> <li>▶ Moderate injury or illness requiring professional intervention</li> <li>▶ No staff attending mandatory / key training</li> <li>▶ RIDDOR / Agency reportable incident (8-14 days lost)</li> <li>▶ Adverse event which impacts on a small number of patients</li> <li>▶ Affects 3-15 people</li> </ul>	<ul style="list-style-type: none"> <li>▶ Major injury / long term incapacity / disability (e.g. loss of limb)</li> <li>▶ &gt;14 days off work</li> <li>▶ Affects 16 – 50 people</li> </ul>	<ul style="list-style-type: none"> <li>▶ Fatalities</li> <li>▶ Multiple permanent injuries</li> <li>▶ or irreversible health effects</li> <li>▶ An event affecting &gt;50 people</li> </ul>
<b>Patient Experience</b>	<ul style="list-style-type: none"> <li>▶ Reduced level of patient experience which is not due to delivery of clinical care</li> </ul>	<ul style="list-style-type: none"> <li>▶ Unsatisfactory patient experience directly due to clinical care – readily resolvable</li> <li>▶ Increase in length of hospital stay by 1-3</li> </ul>	<ul style="list-style-type: none"> <li>▶ Unsatisfactory management of patient care – divisional resolution (with potential to go to independent review)</li> <li>▶ Increased length of hospital stay by 4 – 15 days</li> </ul>	<ul style="list-style-type: none"> <li>▶ Unsatisfactory management of patient care with long term effects</li> <li>▶ Increased length of hospital stay &gt;15 days</li> <li>▶ Misdiagnosis</li> </ul>	<ul style="list-style-type: none"> <li>▶ Incident leading to death</li> <li>▶ Totally unsatisfactory level or quality of treatment / service</li> </ul>
<b>Environmental Impact</b>	<ul style="list-style-type: none"> <li>▶ Onsite release of substance averted</li> <li>▶ Minimal or no impact on the environment</li> </ul>	<ul style="list-style-type: none"> <li>▶ Onsite release of substance contained</li> <li>▶ Minor damage to Trust property &lt;£10K</li> <li>▶ Minor impact on the environment</li> </ul>	<ul style="list-style-type: none"> <li>▶ On site release no detrimental effect</li> <li>▶ Moderate damage to Trust property – remedied by Trust staff / replacement of items required £10K - £50K</li> <li>▶ Moderate impact on the environment</li> </ul>	<ul style="list-style-type: none"> <li>▶ Offsite release with no detrimental effect / on site release with potential for detrimental effect</li> <li>▶ Major damage to Trust property – external organisations required to remedy – associated costs &gt;£50K</li> <li>▶ Major impact on the environment</li> </ul>	<ul style="list-style-type: none"> <li>▶ Onsite /off site release with realised detrimental / catastrophic effects</li> <li>▶ Loss of building / major piece of equipment vital to the Trust business continuity</li> <li>▶ Catastrophic impact on the environment</li> </ul>
<b>Staffing &amp; Competence</b>	<ul style="list-style-type: none"> <li>▶ Short term low staffing level (&lt;1</li> </ul>	<ul style="list-style-type: none"> <li>▶ On-going low staffing level - minor reduction in</li> </ul>	<ul style="list-style-type: none"> <li>▶ Late delivery of key objective /</li> </ul>	<ul style="list-style-type: none"> <li>▶ Uncertain delivery of key objective /</li> </ul>	<ul style="list-style-type: none"> <li>▶ Non-delivery of key objective /</li> </ul>

## Qualitative Measures of Consequences (Actual / Potential)

Descriptor	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
	<ul style="list-style-type: none"> <li>▶ day) – temporary disruption to patient care</li> <li>▶ Minor competency related failure reduces service quality &lt;1 day</li> <li>▶ Low staff morale affecting one person</li> </ul>	<p>quality of patient care</p> <ul style="list-style-type: none"> <li>▶ Unresolved trend relating to competency reducing service quality</li> <li>▶ 75% - 95% staff attendance at mandatory / key training</li> <li>▶ Low staff morale (1% - 25% of staff)</li> </ul>	<p>service due to lack of staff</p> <ul style="list-style-type: none"> <li>▶ 50% - 75% staff attendance at mandatory / key training</li> <li>▶ Unsafe staffing level .&gt; 5 days</li> <li>▶ Serious error due to ineffective training and / or competency</li> <li>▶ Low staff morale (25% - 50% of staff)</li> </ul>	<p>service due to lack of staff</p> <ul style="list-style-type: none"> <li>▶ 25%-50% staff attendance at mandatory / key training</li> <li>▶ Unsafe staffing level &gt;5days</li> <li>▶ Serious error due to ineffective training and / or competency</li> <li>▶ Very low staff morale (50% – 75% of staff)</li> </ul>	<p>service due to lack of staff</p> <ul style="list-style-type: none"> <li>▶ On-going unsafe staffing levels</li> <li>▶ Loss of several key staff</li> <li>▶ Critical error due to lack of staff or insufficient training and / or competency</li> <li>▶ Less than 25% attendance at mandatory / key training on an on-going basis</li> <li>▶ Very low staff morale (&gt;75%)</li> </ul>
<b>Complaints / Claims</b>	<ul style="list-style-type: none"> <li>▶ Informal / divisionally resolved complaint</li> <li>▶ Potential for settlement / litigation &lt;£500</li> </ul>	<ul style="list-style-type: none"> <li>▶ Overall treatment / service substandard</li> <li>▶ Formal justified complaint (Stage 1)</li> <li>▶ Minor implications for patient safety if unresolved</li> <li>▶ Claim &lt;£10K</li> </ul>	<ul style="list-style-type: none"> <li>▶ Justified complaint (Stage 2) involving lack of appropriate care</li> <li>▶ Claim(s) between £10K - £100K</li> <li>▶ Major implications for patient safety if unresolved</li> </ul>	<ul style="list-style-type: none"> <li>▶ Multiple justified complaints</li> <li>▶ Independent review</li> <li>▶ Claim(s) between £100K - £1M</li> <li>▶ Non-compliance with national standards with significant risk to patients if unresolved</li> </ul>	<ul style="list-style-type: none"> <li>▶ Multiple justified complaints</li> <li>▶ Single major claim</li> <li>▶ Inquest / ombudsman inquiry</li> <li>▶ Claims &gt;£1M</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>▶ Small loss</li> <li>▶ Theft or damage of personal property &lt;£50</li> </ul>	<ul style="list-style-type: none"> <li>▶ Loss &lt;£100K</li> <li>▶ &lt;5% over project budget / schedule slippage</li> <li>▶ Theft or loss of personal property £500</li> </ul>	<ul style="list-style-type: none"> <li>▶ Loss of £100K - £500K</li> <li>▶ 5 – 10% over project budget / schedule slippage</li> <li>▶ Theft or loss of personal property &gt;£750</li> </ul>	<ul style="list-style-type: none"> <li>▶ Loss of &gt;£500K - £1M</li> <li>▶ 10 – 25% over project budget / schedule slippage</li> <li>▶ Purchasers failing to pay on time</li> </ul>	<ul style="list-style-type: none"> <li>▶ Loss &gt; £1M</li> <li>▶ &gt;25% over project budget / schedule slippage</li> <li>▶ Loss of contract / payment by results</li> </ul>
<b>Business / Service Interruption</b>	<ul style="list-style-type: none"> <li>▶ Loss / interruption of &gt; 1 hour; no impact on delivery of patient care / ability to provide services</li> </ul>	<ul style="list-style-type: none"> <li>▶ Short term disruption, of &gt;8 hours with minor impact</li> </ul>	<ul style="list-style-type: none"> <li>▶ Loss / interruption &gt; 1 day</li> <li>▶ Disruption causes unacceptable impact on patient care</li> <li>▶ Non-permanent loss of ability to provide service</li> </ul>	<ul style="list-style-type: none"> <li>▶ Loss / interruption of &gt; 1 week</li> <li>▶ Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked</li> <li>▶ Temporary service closure</li> </ul>	<ul style="list-style-type: none"> <li>▶ Permanent loss of core service / facility</li> <li>▶ Disruption to facility leading to significant 'knock-on' effect across divisional health economy</li> <li>▶ Extended service closure</li> </ul>

## Qualitative Measures of Consequences (Actual / Potential)

Descriptor	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
<b>Inspection / Statutory Duty</b>	<ul style="list-style-type: none"> <li>▶ Small number of recommendations which focus on minor quality improvement</li> <li>▶ No or minimal impact or breach of guidance</li> </ul>	<ul style="list-style-type: none"> <li>▶ Minor recommendations which can be implemented by low level of management</li> <li>▶ Breach of Statutory legislation</li> <li>▶ No audit trail to demonstrate that objectives are being met (NICE, HSE, NSF etc.)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Challenging recommendations which can be addressed with</li> <li>▶ Single breach of statutory duty</li> <li>▶ Non-compliance with core standards &lt;50% of objectives within standards being met</li> </ul>	<ul style="list-style-type: none"> <li>▶ Enforcement action</li> <li>▶ Multiple breaches of statutory duty</li> <li>▶ Improvement Notice</li> <li>▶ Critical Report</li> <li>▶ Low performance rating</li> <li>▶ Major noncompliance with core standards</li> </ul>	<ul style="list-style-type: none"> <li>▶ Multiple breaches of statutory duty</li> <li>▶ Prosecution</li> <li>▶ Complete systems change required</li> <li>▶ Severely critical report</li> <li>▶ Zero performance rating</li> <li>▶ No objectives / standards being met</li> </ul>
<b>Publicity / Reputation</b>	<ul style="list-style-type: none"> <li>▶ Rumours</li> <li>▶ Potential for public concern</li> </ul>	<ul style="list-style-type: none"> <li>▶ Divisional Media – short term – minor effect on public attitudes / staff morale</li> <li>▶ Elements of public expectation not being met</li> </ul>	<ul style="list-style-type: none"> <li>▶ Divisional media – long term - moderate effect – impact on public perception of Trust &amp; staff morale</li> </ul>	<ul style="list-style-type: none"> <li>▶ National media &lt;3 days– public confidence in organisation undermined – use of services affected</li> </ul>	<ul style="list-style-type: none"> <li>▶ National / International adverse publicity &gt;3 days</li> <li>▶ MP concerned (questions in the House)</li> <li>▶ Total loss of public confidence</li> </ul>
<b>Fire Safety / General Security</b>	<ul style="list-style-type: none"> <li>▶ Minor short term (&lt;1day) shortfall in fire safety system</li> <li>▶ Security incident with no adverse outcome</li> </ul>	<ul style="list-style-type: none"> <li>▶ Temporary (&lt;1 month) shortfall in fire safety system / single detector etc. (nonpatient area)</li> <li>▶ Security incident managed divisionally</li> <li>▶ Controlled drug discrepancy – accounted for</li> </ul>	<ul style="list-style-type: none"> <li>▶ Fire Code noncompliance / lack of single detector – patient area etc.</li> <li>▶ Security incident leading to compromised staff / patient safety</li> <li>▶ Controlled drug discrepancy – not accounted for</li> </ul>	<ul style="list-style-type: none"> <li>▶ Significant failure of critical component of fire safety system (patient area)</li> <li>▶ Serious compromise of staff / patient safety</li> </ul>	<ul style="list-style-type: none"> <li>▶ Failure of multiple critical components of fire safety system (high risk patient area)</li> <li>▶ Infant / young person abduction</li> </ul>
<b>Information Governance / IT</b>	<ul style="list-style-type: none"> <li>▶ Breach of confidentiality – no adverse outcome</li> <li>▶ Unplanned loss of IT facilities &lt; half a day</li> </ul>	<ul style="list-style-type: none"> <li>▶ Minor breach of confidentiality</li> <li>▶ readily resolvable</li> <li>▶ Unplanned loss of IT facilities &lt; 1 day</li> <li>▶ Health records incident / documentation incident – readily resolvable</li> </ul>	<ul style="list-style-type: none"> <li>▶ Moderate breach of confidentiality complaint initiated</li> <li>▶ Health records / documentation incident - patient care affected with short term consequence</li> </ul>	<ul style="list-style-type: none"> <li>▶ Serious breach</li> <li>▶ of confidentiality – more than one person</li> <li>▶ Unplanned loss of IT facilities &gt;1 day but less than 1 week</li> <li>▶ Health records / documentation incident - patient care affected with major consequence</li> </ul>	<ul style="list-style-type: none"> <li>▶ Serious breach of confidentiality – large numbers</li> <li>▶ Unplanned loss of IT facilities &gt; 1 week</li> <li>▶ Health records / documentation incident - catastrophic consequence</li> </ul>
<b>Project time plan</b>	<ul style="list-style-type: none"> <li>▶ Insignificant schedule from baseline plan</li> </ul>	<ul style="list-style-type: none"> <li>▶ &lt;5% variance in schedule from plan</li> </ul>	<ul style="list-style-type: none"> <li>▶ 5 - 10% variance in schedule from base line plan</li> </ul>	<ul style="list-style-type: none"> <li>▶ 10 - 25% variance in</li> </ul>	<ul style="list-style-type: none"> <li>▶ 25% variance in schedule</li> </ul>

### Qualitative Measures of Consequences (Actual / Potential)

Descriptor	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
	<ul style="list-style-type: none"> <li>▶ Insignificant impact on value and/or time to realise declared benefits against profile</li> </ul>	<ul style="list-style-type: none"> <li>▶ &lt;5%</li> </ul>	<ul style="list-style-type: none"> <li>▶ 5 - 10% variance on value and/or time to realise declared benefits against profile</li> </ul>	<ul style="list-style-type: none"> <li>schedule from base line plan</li> <li>▶ 10 - 25% variance on value and/or time to realise declared benefits against profile</li> </ul>	<ul style="list-style-type: none"> <li>from base line plan</li> <li>▶ &gt; 25% variance on value and/or time to realise declared benefits against profile</li> </ul>

## Likelihood Assessment

(use in order of preference)

### Likelihood scores (broad descriptors of frequency)

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue/circumstances	Will undoubtedly happen/recur possibly frequently

### Likelihood scores (time-framed descriptors of frequency)

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily

### Likelihood scores (probability descriptors)

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Probability Will it happen or not?	<0.1 per cent	0.1-1 per cent	1-10 per cent	10-50 per cent	>50 per cent





## TRFT Risk Appetite

### Risk Appetite Statement

The Rotherham NHS Foundation Trust (TRFT) recognises that its long term sustainability depends upon the delivery of its strategic ambitions and its relationships with its service users, carers, staff, public and partners. As such, TRFT will not accept risks that materially provide a negative impact on quality.

However, TRFT has a greater appetite to take considered risks in terms of their impact on organisational issues. TRFT has a greatest appetite to peruse Commercial gain, partnerships, clinical innovation, financial and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated, within constraints of regulatory environment.

Risk Type	Risk Appetite	Risk Appetite Score 2020/21
<b>Clinical Innovation</b>	TRFT has a <b>LOW</b> risk appetite for Clinical Innovation risks.	<b>6-10</b>
<b>Commercial</b>	TRFT has a <b>MODERATE</b> risk appetite for Commercial gain whilst ensuring quality and sustainability for our services.	<b>12-15</b>
<b>Compliance/Regulatory</b>	TRFT has a <b>LOW</b> risk appetite for Compliance/Regulatory risk, which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	<b>6-10</b>
<b>Financial/Value for money (VFM)</b>	TRFT has a <b>LOW</b> risk appetite for financial risks which may grow the size of the organisation whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.	<b>6-10</b>
<b>Partnerships</b>	TRFT has a <b>MODERATE</b> risk appetite for partnerships which may support and benefit the people we serve.	<b>12-15</b>
<b>Reputation</b>	TRFT has a <b>VERY LOW</b> risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	<b>1-5</b>
<b>Quality – Clinical Effectiveness</b>	TRFT has a <b>LOW</b> risk appetite for risk that may compromise the delivery of outcomes for our service users.	<b>6-10</b>

Risk Type	Risk Appetite	Risk Appetite Score 2020/21
<b>Quality – Patient Experience (including complaints and claims)</b>	TRFT has a <b>VERY LOW</b> risk appetite for risks that may affect the experience of our service users.	<b>1-5</b>
<b>Quality – Patient Safety (including complaints and claims)</b>	TRFT has a <b>VERY LOW</b> risk appetite for risks that may compromise safety.	<b>1-5</b>
<b>Workforce</b>	TRFT has a <b>MODERATE</b> risk appetite for actions and decisions taken in relation to workforce risks.	<b>12-15</b>
<b>Environment</b>	TRFT has a <b>LOW</b> risk appetite for Environmental risks.	<b>6-10</b>
<b>Estates</b>	TRFT has a <b>VERY LOW</b> risk appetite for Plant and Equipment risks.	<b>1-5</b>
<b>Information Governance</b>	TRFT has a <b>LOW</b> risk appetite for actions and decisions taken in relation to Information Governance risks.	<b>6-10</b>
<b>IT</b>	TRFT has a <b>LOW</b> risk appetite for actions and decisions taken in relation to IT risks.	<b>6-10</b>
<b>Fire Safety / General Security</b>	TRFT has a <b>VERY LOW</b> risk appetite for Fire Safety/General Security risks.	<b>1-5</b>
<b>Business / Service Interruption</b>	TRFT has a <b>LOW</b> risk appetite for Business/Service Interruption risks.	<b>6-10</b>

## Section1 - Appendix 3 - TRFT Operational Health, Safety & Welfare Risk Assessment

### TRFT Operational Health, Safety & Welfare Risk Assessment

Task			
Site		Department	
Risk Assessor		Assessment Type	
OSU/CSU			
Department Manager			
Date of Assessment		Review Date	
People/ Service affected by the risk			

**Likelihood:**

1. Rare
2. Unlikely
3. Possible
4. Likely
5. Certain

**Severity:**

1. Negligible
2. Minor
3. Moderate
4. Major
5. Catastrophic

**Risk = Likelihood x Severity**

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Certain
<b>Frequency</b> How often might it / does it happen	Will probably never happen / recur	Unlikely to happen / recur, but it is possible it may do so	Will possibly happen or recur occasionally	Is likely to happen / recur persistently	Will undoubtedly happen/ recur, possibly frequently
<b>Risk Rating</b>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #90ee90; margin-right: 5px;"></div> <span>Low Risk (1-6)</span> </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #ffff00; margin-right: 5px;"></div> <span>Moderate (8-12)</span> </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #ff0000; margin-right: 5px;"></div> <span>High Risk (1-25)</span> </div> </div>				

□

Risk Rating = Likelihood x Severity e.g. 3 (Possible) x 4 (Major) = 12

Likelihood (L)					
Certain - 5	5	10	15	20	25
Likely – 4	4	8	12	16	20
Possible – 3	3	6	9	12	15
Unlikely – 2	2	4	6	8	10
Rare – 1	1	2	3	4	5
	<b>Negligible – 1</b>	<b>Minor – 2</b>	<b>Moderate – 3</b>	<b>Major – 4</b>	<b>Catastrophic – 5</b>
	<b>Severity (S)</b>				

1 - 6	1 - Low Risk/ Managed Risk	Local action, beware of aggregated/multiple green issues.
8 – 12	2 - Moderate Risk	Local action, contact the Risk Dept. for advice if concerned.
15 – 25	4 – High Risk	Take action and notify the Risk Dept. (? Datix Investigation or Serious Incident (SI)).

Hazards	Risk from the Hazard/How the Hazard can cause harm	Current Controls in place	Likelihood of Harm (L)	Severity of Harm (S)	Risk Rating L x S	Additional Controls	Residual Risk (after additional controls completed) L x S


Action Plan	Date Completed
1.	
2.	
3.	
4.	
5.	
Signature of Manager	
Name of Manager	
Date	Review Date:

<i>Additional Control Measure for &lt;insert department/ward&gt;</i>	<i>&lt;Insert any additional control measure as a document into this box&gt;</i>
--	--

References	Versions

# **RISK MANAGEMENT POLICY**

## **SECTION 2 DOCUMENT DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND MONITORING**

## 8. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document was developed in consultation with:

Risk Management Committee

## APPROVAL OF THE DOCUMENT

This document was approved by:

This document was approved by the Trust Board.

## 9. RATIFICATION OF THE DOCUMENT

This document was ratified by the Trust Document Ratification Group.

## 10. EQUALITY IMPACT ASSESSMENT STATEMENT

An Equality Impact Assessment has been carried out in relation to this document using the approved initial screening tool; the EIA statement is detailed at Appendix 1 to this section of the document.

The manner in which this policy impacts upon equality and diversity will be monitored throughout the life of the policy and re-assessed as appropriate when the policy is reviewed.

## 11. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed every three years unless such changes occur as to require an earlier review.

The Quality Governance, Compliance and Risk Manager is responsible for the review of this document.

## 12. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Document Ratification Group via policies email	Author	Email	Within 1 week of ratification	Remove watermark from ratified document and inform Document Ratification Group if a revision and which document it replaces and where it should be located on the intranet. Ensure all documents templates are

				uploaded as word documents.
Communication Team (documents ratified by the Document Ratification Group)	Document Ratification Group	Email	Within 1 week of ratification	Communication team to inform all email users of the location of the document.
All email users	Communication Team	Email	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals  Staff with a role/responsibility within the document  Heads of Departments /Matrons	Author	Meeting/E mail as appropriate	When final version completed	The author must inform staff of their duties in relation to the document.
All staff within area of management	Heads of Departments /Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies Instruct them to inform all staff of the policy including those without access to emails.

### 13. IMPLEMENTATION AND TRAINING PLAN

What	How	Associated action	Lead	Timeframe
Risk Management Training	It is essential for all Risk Owners, band 8as (or equivalent) and above.  Ward/Team Managers and their deputies, along with any other interested individuals are encouraged to attend.	None	Quality Governance, Compliance and Risk Manager	On-going
Risk Assessor Training	All Risk Assessors are required to undertake Risk Assessor Training	None	Health & Safety Advisor	On-going



## 14. PLAN TO MONITOR THE COMPLIANCE WITH, AND EFFECTIVENESS OF THE TRUST DOCUMENT

### 14.1 Process for Monitoring Compliance and Effectiveness

<b>Audit/Monitoring Criteria</b>	<b>Process for monitoring e.g. audit, survey</b>	<b>Audit / Monitoring performed by</b>	<b>Audit / Monitoring frequency</b>	<b>Audit / Monitoring reports distributed to</b>	<b>Action plans approved and monitored by</b>
Roles & Responsibilities	Review of meetings	Quality Governance, Compliance and Risk Manager	Annual	Risk Management Committee	Risk Management Committee
Training attendance	Review of attendance	Quality Governance, Compliance and Risk Manager	Monthly	Risk Management Committee	Risk Management Committee
Identification of Risks	Review of risks	Divisional Governance and Performance Meetings	Monthly	Risk Management Committee	Risk Management Committee
Management of Risks	Review of risks	Divisional Governance and Performance Meetings	Monthly	Risk Management Committee	Risk Management Committee

### 14.2 Standards/Key Performance Indicators (KPIs)

To Be Agreed at Risk Management Committee.



## EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name: Risk Management Policy Date/Period of Document: January 2022 – December 2024  
 Lead Officer: Quality Governance, Compliance and Risk Manager Job title: Quality Governance, Compliance and Risk Manager

<input type="checkbox"/> Function	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Strategy	<input type="checkbox"/> Other: _____
-----------------------------------	--	------------------------------------	-----------------------------------	---------------------------------------

Describe the overall purpose / intended outcomes of the above: To provide the overarching principles and detail the structures and standards required for the management of risk (clinical and non-clinical) across the Trust.

You must assess **each** of the 9 areas separately and consider how your policy may affect people of different groups within those areas.

### 1. Assessment of possible adverse (negative) impact against a protected characteristic

Does this have a <b>significant</b> negative impact on equality in relation to each area?		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Age		✓	
2	Disability		✓	
3	Gender reassignment		✓	
4	Marriage and civil partnership		✓	
5	Pregnancy and maternity		✓	
6	Race		✓	
7	Religion and belief		✓	
8	Sex		✓	
9	Sexual Orientation		✓	

#### You need to ask yourself:

- Will the policy create any **problems** or **barriers** to any community or group?  Yes  No
- Will any group be **excluded** because of the policy?  Yes  No
- Will the policy have a negative impact on **community relations**?  Yes  No

**If the answer to any of these questions is Yes, you must complete a full Equality Impact Assessment**

### 2. Positive impact:

Could the policy have a <b>significant</b> positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Eliminate discrimination, harassment and / or victimisation		✓	
2	Advance the equality of opportunity of different groups		✓	
3	Foster good relationships between different groups		✓	

### 3. Summary

On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?

<b>Positive</b>				<b>Negative</b>		
HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LOW <input type="checkbox"/>	NEUTRAL <input checked="" type="checkbox"/>	LOW <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>

Date assessment completed: 1<sup>st</sup> October 2020 Is a full equality impact assessment required?  Yes  No

Date EIA approved by Equality and Diversity Steering Group: \_\_\_\_\_

**Board of Directors Meeting**  
**03 March 2023**

<b>Agenda item</b>	P55/23
<b>Report</b>	<b>Revised Procurement Policy</b>
<b>Executive Lead</b>	Steve Hackett, Director of Finance
<b>Link with the BAF</b>	D5 (safe and excellent performance), D6 (delivery of services)
<b>How does this paper support Trust Values</b>	Provides the framework to ensure value for money through effective and strategic procurement, contracting and market testing.
<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)	<p>This policy details the rules governing public procurement in line with the Public Contracts Regulation 2015 and Trust Standing Financial Instructions. This is a revised version of the old procurement policy which is currently due for review. The changes to note:</p> <ul style="list-style-type: none"> <li>• Update of the thresholds for procurement activity in line with the recent changes to SFIs made and agreed across the ICS.</li> <li>• Clearer and more concise description of the procurement activity at different values of spend.</li> <li>• Removal of detailed procedural information (to be included instead in the Procurement Manual)</li> <li>• Inclusion of rules regarding Single Tender Waivers</li> <li>• All sections reviewed and updated in line with national guidance</li> </ul> <p>The Policy was reviewed by the Finance Performance Committee on 22<sup>nd</sup> Feb and is recommended for Board of Directors approval.</p>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at the meeting)	This policy has been reviewed and updated in accordance with policy review requirements and has not been presented to any other group or committee.
<b>Board powers to make this decision</b>	Board of Directors are asked to approve the policy.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	This policy is presented for assurance and was reviewed by the Finance and Performance Committee on 22 <sup>nd</sup> Feb 2023. Following approval by Board of Directors the Policy will proceed through the Document Ratification process.
<b>Recommendations</b>	It is recommended that the Board of Directors provide assurance that the Policy meets the regulatory requirements of the Trust with regard to spending public money and provides a framework for users engaging with Procurement.





Ref No: 370

**POLICY AND GUIDANCE FOR THE PROCUREMENT  
OF GOODS, SERVICES AND WORKS**

**PROCUREMENT POLICY**

**SECTION 1  
PROCEDURAL INFORMATION**

Version:	5b
Title of originator / author:	Head of Procurement
Title of Approving Committee/Group:	Trust Board
Title of Ratifying Committee:	Document Ratification Group
Date ratified:	
Date issued:	February 2023
Review date:	February 2026
Target audience:	Trust Wide

Copyright © 2022 The Rotherham NHS Foundation Trust

## Document History Summary

Version	Date	Author	Status	Comment
1a	July 09	Steph Holmes	Draft	Submitted to SCMB for comment
1b	Mar 11	Steph Holmes	Draft	Submitted to CBPIC for comment
1c	June 11	Steph Holmes	Ratified	Modified to include comments and changes required by the Ratification Group
2a	Aug 12	Steph Holmes	Draft	Modified to incorporate new Standing Financial Instructions
2b	Sep 13	Sue Grundy	Draft	Modified to incorporate changes required by the Ratification Group
2	Sep 13	Sue Grundy	Final	Document circulated
3a	Nov 14	Vicky Morton	Draft	Full document review
3b	Jan 15	Rachael Ellis	Draft	Modified to incorporate revised Standing Financial Instructions
3c	Aug 16	Head of Procurement	Draft	Full document review
3d	Feb 17	Head of Procurement	Ratified	Document modified to address formatting observation raised by member of DRG
3	Mar 17	Head of Procurement	Final	Document Circulated
3	June 18	Head of Procurement	Final	Updated for GDPR
4a	Mar 20	Head of Procurement	Draft	Submitted for DRG approval
4b	Nov 20	Head of Procurement	Draft	Updated for EU threshold and Standards of Business conduct, plus minor amends
4	Feb 21	Head of Procurement	Final	Amendments made and document ratified by DRG
5a	Feb 23	Head of Procurement	Draft	Full Document Review
5b	Feb 23	Head of Procurement	Draft	Submitted to FPC for comment Submitted to Trust Board for approval

## Section 1 Contents

Paragraph	Title	Page
1	Introduction	4
2	Purpose & Scope	4
2.1	Purpose	4
2.2	Scope	5
3	Definitions & Abbreviations	6
3.1	Definitions	6
3.2	Abbreviations	7
4	Roles & Responsibilities	8
5	Procedural Information	10
6	References	10
7	Associated Documentation	10

## Section 1 Appendices

Appendix	Title	Page
Appendix 1	Procurement Policy	12
Appendix 2	Delegated Ordering Authority and Transactions Not Requiring Purchase Orders	31
Appendix 3	Trust Single Tender Action (STA) form	34

## Section 2 Contents

Paragraph	Title	Page
8	Consultation and Communication with Stakeholders	38
9	Document Approval	38
10	Document Ratification	38
11	Review and Revision Arrangements	38
12	Dissemination and Communication Plan	38
13	Implementation and Training Plan	39
14	Plan to Monitoring the Compliance with and Effectiveness of the Trust Document	40
14.1	Process for Monitoring Compliance and Effectiveness	40

Paragraph	Title	Page
14.2	Audit of Procurement Activity	40
14.3	Standards/Key Performance Indicators	41
15	Equality Impact Assessment Statement	41

## Section 2 Appendices

Appendix	Title	Page
Appendix 1	Completed Equality Impact Assessment	42

### 1. 1. INTRODUCTION

1.1 Procurement of goods and services (non-pay spend) is regulated by UK legislation and by the Trust's Standing Financial Instructions

1.2 The Trust, as a spender of public money, has a duty to ensure value for money and compliance with the EU principles of Procurement. This Procurement Policy sets out the framework within which all procurement in the Trust should be undertaken.

1.3 This policy shall ensure the consistent, transparent and robust application of the Trust Standing Financial Instructions. with due regard to purchasing best practice, the Trust's overall Strategy, Procurement Transformation Plan and individual User Department's Plans. It includes all stages in the process, from identifying need, considering options, obtaining the required solution, contract monitoring, through to final disposal or cessation.

1.4 The methods used for acquiring goods and/or services are designed to protect both the Trust and the individual from risk. Full corporate governance must be observed in all procurement decisions; all staff must recognise that, in order to address all relevant legislation and risk issues, sufficient planning and timescales are essential to effective procurement.

### 2. PURPOSE & SCOPE

#### 2.1 Purpose

This policy aims to ensure that the Trust obtains the necessary goods, services and works to the required level at the most economically advantageous price, taking into account patient safety and whole life costs. To fulfil this obligation the Procurement department will provide the following services:



- Develop, promote and support a corporate framework to enable all staff to obtain services and supplies to the required quality in the most efficient manner;
- Monitoring of the Trust's spend on goods, works and services to identify where corporate or other arrangements can be developed to improve quality and/or reduce costs;
- Lead on all procurement related tasks in respect of high value/high risk procurements;
- Monitor procurement related risk across the Trust;
- Develop and sustain mechanisms to improve supplier performance and promote continuous improvement;
- Co-ordination of procurement activity including the development and delivery of training for procurement staff and other relevant staff;
- Provide advice and support to facilitate procurement activities across the Trust;
- To support staff in developing Business Cases where suppliers will be required to deliver the outcomes of the Business Case;
- Ensure the Trust adheres to the requirements of UK Legislation, and the Trust's internal Standing Financial Instructions and Scheme of Delegation;
- Promote and support the use of e-Procurement tools;

The policy will ensure that effective procurement, and the benefits that flow from it, are delivered. This will be achieved via leadership, knowledge, expertise, strategic positioning, technical systems and facilitation of the procurement process.

## **2.2 Scope**

This policy will apply to all Trust staff involved in the requisitioning, evaluation or procurement of non-pay spend including equipment, goods and services from any of the following sources of funds:

- Revenue budgets
- Capital budgets
- Charitable funds

Excluded from this policy are management of items ordered through the Pharmacy Procurement Team (including drugs and fluids).

This policy also covers individuals working on behalf of the Trust, such as Independent Contractors, Sub-Contractors and representatives from other Partner organisations.

The Trust will ensure that the application of all or part of this policy does not have the effect of discriminating, directly or indirectly against staff or potential suppliers on grounds of race, colour, age, nationality, ethnicity, gender, sexual orientation, marital status, religious belief or disability.

The policy should be read in conjunction with those policies listed at Section 7 (Associated Documentation).

### 3. DEFINITIONS AND ABBREVIATIONS

#### 3.1 Definitions

Agresso	The Trust's e-procurement and Finance system.
Find A Tender	The new portal for the mandatory publication of UK tender notices over the public procurement threshold. This portal has replaced the requirement to publish in to OJEU (see below)
The Packaging and Packaging Waste Directive (94/62/EC)	The Packaging and Packaging Waste Directive is a single market measure, with environmental goals. The Directive applies to all packaging placed on the market within the EU, and all packaging waste - whether disposed of at industrial or commercial sites, or from private homes.
Public Contracts Regulations 2015 (PCR2015)	The Public Contracts Regulations implement, in England and Wales, the EU Directive on public procurement. The EU directive governs how all EU member states carry out procurement within the public sector and provides a set of requirements that must be followed to ensure compliance with the legislation. The requirements encompass the principles of the EU Treaty in particular the free movement of goods and the freedom to provide services. Note that the EU Regulations are enshrined in UK Law and continue to be applicable until such time as the law is repealed.
Public Procurement Threshold	The value above which all public bodies subject to UK Regulations must seek competitive tenders. This level is currently £138,760 for supplies and services and £5,336,937 for works set on 1 <sup>st</sup> Jan 2022. Values now include VAT. The thresholds are usually reviewed every 2 years.
Requisitioner / Requisitioning Department	The end user / Department raising the requirement for goods or services
Whole Life Costs (whole life contract value)	Whole Life Cost considers all aspects of cost over time, including initial purchase cost, maintenance, associated costs (i.e. consumables attached to a piece of equipment)

	through to disposal, whenever they occur. All members of staff involved in the procurement process are responsible for ensuring that best value is achieved through the procurement process and throughout the whole procured lifecycle of goods, services and works.
Zero Inflation Pledge	A scheme to work with suppliers to reduce the automatic application of inflationary increases to prices of goods and services.

### 3.2 Abbreviations

ABHI	Association of British Healthcare Industry
ABPI	Association of British Pharmaceutical Industry
CSR	Corporate Social Responsibility: A term used to describe the organisations obligation to act in an environmentally friendly and sustainable manner considering the implication on the local and wider population of the impact from the goods and services we buy and discard.
EU	European Union: A group of countries with aligned laws
FTS	Find a Tender Service (see definitions above)
GRN	Goods Received Note. The Note details the goods or services that were received.
MEAT / MAT	Most economically advantageous tender / most advantageous offer – This is a tender bid that has been judged as offering the best value for money bid based on a balance between the quality/technical offer and the financial offer
MIA	Master Indemnity Agreement. The Department of Health hold a register of suppliers who have demonstrated that they hold indemnity to cover NHS bodies for equipment and consumables not covered by a Purchase Order. The Trust therefore has a requirement to ensure that goods that are loaned or gifted (rather than purchased) are covered by an Indemnity Agreement.
OJEU	Official Journal of the European Union – the official publication that all public bodies bound by EU Regulations must use to publish their notices for procurement activity above the EU threshold
P2P	Purchase to Pay: The process from identification of need to payment of an invoice to a supplier.
PAQ	Pre-Acquisition Questionnaire. An NHS document that all suppliers of medical equipment are responsible for completing. The PAQ provides detail about the product including CE marking, decontamination information, Training and Servicing information. This form must be approved by the EME department before the product is approved for purchase.
PO	Purchase Order: An official paper or electronic document detailing specifics around the goods and services needed including quantity and price.

SoBC	Standards of Business Conduct: A trust policy detailing the responsibility and obligations on staff in accepting gifts, sponsorship and hospitality.
SFIs	Standing Financial Instructions, the Trust policy that provides the business and financial framework within which all officers of the Trust are expected to work.
TED	Tenders Electronic Daily: A website where all OJEU tender opportunities and contract opportunities can be viewed.
VAT	Value Added Tax: A sum of money added to the costs of certain goods and services.

#### 4. ROLES & RESPONSIBILITIES

<b>Roles</b>	<b>Responsibilities</b>
<b>Board of Directors</b>	The Board of Directors will assure itself that the Policy is being implemented effectively and is responsible for ensuring that the strategic context of the Policy is appropriate and that it meets the needs of the Trust.
<b>Chief Executive</b>	The Chief Executive has overall responsibility for the Trust's Procurement compliance and to ensure that the appropriate management systems are in place and working effectively.
<b>Executive Management Team</b>	It is the responsibility of the Trust's Directors and members of the Executive Management Team to ensure that they are familiar with the contents of the Policy and that identified persons within the directorates have lead responsibility for ensuring the Policy is available and adhered to at all times.
<b>The Director of Finance</b>	The Director of Finance is responsible for ensuring the implementation of the Policy and for co-ordinating any corrective action necessary to further the Policy. This includes maintaining an effective system of internal financial control, and ensuring that detailed financial procedures and systems relating to Procurement are maintained.

Roles	Responsibilities
<b>The Procurement Team</b>	<p>The Procurement Team will work with Department Heads, Matrons, Clinical and Non-Clinical Leads and Heads of Specialities to improve adherence to good procurement practices and to ensure compliance with the Policy.</p> <p>Responsibilities of respective category managers will include:</p> <p>Conducting procurement activities in accordance with Standing Financial Instructions and relevant governing legislation;</p> <p>Liaising with and managing all company representatives;</p> <p>Managing the evaluation and assessment of clinical devices, consumables and services. Working collaboratively with clinical and non-clinical colleagues to ensure that a fair evaluation and assessment is undertaken.</p> <p>Acting as the interface between the Trust's clinical and non-clinical areas and the Procurement Team in order to ensure that the best procurement practice is maintained.</p> <p>Managing supplier engagement with particular emphasis on contract and performance management of suppliers via regular review meetings with input from clinical and non-clinical colleagues.</p> <p>Abide by the Chartered Institute of Purchasing and Supply's professional code of ethics.</p>
<b>Departmental Managers (Budget Holders)</b>	<p>Ward/Department/Service Managers at all levels are responsible for ensuring that the staff for whom they are responsible are aware of and adhere to this policy. They are also responsible for ensuring staff are updated in regard to any changes in this Policy.</p> <p>Ward/Department/Service Managers will be expected to incorporate general awareness of this policy into local induction procedures; noting when such awareness was given, ensuring that a copy is made available to all staff in their respective areas (or by referring staff to the intranet location, as mentioned above).</p>

Roles	Responsibilities
<b>Trust Employees</b>	It is the employee's responsibility to comply with this policy, the Trust Standing Financial Instructions and any other associated policies.
<b>Supplier Representatives</b>	Representatives visiting Rotherham NHS Foundation Trust are expected to comply with the Supplier Representatives Policy,

## 5. PROCEDURAL INFORMATION

Procedures setting out how Procurement activities are to be undertaken are described within the following appendices:

- Appendix 1 Procurement Policy
- Appendix 2 Delegated Ordering Authority and Transactions Not Requiring Purchase Orders
- Appendix 3 Trust Single Tender Action (STA) form

## 6. REFERENCES

[Public Contracts Regulations 2015](#)

[Department of Health Master Indemnity Agreement \(2016\)](#)

[Public Services \(Social Value\) Act 2012](#)

[PPN 06/20 - Taking account of Social Value](#)

[PPN 06/21 - Taking account of carbon reduction plans](#)

[The Chartered Institute of Purchasing and Supply Code of Conduct](#)

[The Packaging and Packaging Waste Directive](#)

[Environmental Protection Act 1990](#)

[The Environment Act 1995](#)

[The Control of Substances Hazardous to Health \(Amendment\) Regulations 2004](#)

[Contracts Finder](#)

[Find a Tender](#)

## 7. ASSOCIATED DOCUMENTATION

- Trust Standards of Business Conduct

- Trust Standing Orders
- Trust Standing Financial Instructions
- Trust Waste Management Policy
- Trust Data Protection Policy
- Trust Environmental Management Policy
- Trust Risk Management Policy
- Trust Medical Devices Policy
- Trust Counter Fraud, Bribery and Corruption Policy
- Procurement Manual



## 1. PROCUREMENT POLICY

### 1.1 Responsibilities and Authority

All requests to purchase goods and services must be appropriately authorised under the Trust's Scheme of Delegation defined by the Board of Directors and held by Divisional Managers and budget holders.

The following information summarises the various stages of a procurement process. The detail and application is determined by the cost of the requirement. However, it is good practice to consider all the stages in sections A to C when planning a procurement activity.

All procurement decisions must be considered on their own merit, options evaluated and the most appropriate procurement route used. All decisions must also be consistent with the requirements of the Trusts Standing Financial Instructions and Scheme Delegation in order to deliver Best Value for the Trust and its service users.

### 1.2 Effective Competition

The procurement of goods and services must demonstrate value for money whilst maintaining appropriate quality. In addition the policy will ensure that:

- All purchases are in line with the Trust's strategic and business plans,
- Goods are obtained with the minimum of delay subject to adherence to Trust SFIs,
- Medical equipment is purchased in line with the Medical Devices Policy and NHS Pre-Acquisition Questionnaire (PAQ) recommended standards,
- The Procurement Department are involved at the earliest opportunity in the procurement of goods and services.
- Purchases are made in line with Equality and Diversity Legislation and Modern Slavery
- Tendering activity includes evaluation on Social Value as required under the Public Services (Social Value) Act 2012

## 2. THE POLICY

2.1 The level of procurement activity is determined by the cost of the requirement. Note that recurring regular requirements must be considered based on a consolidation of expected annual spend as a minimum. The requirements for each band of spend are detailed in **Sections A-C** below.



**Purchases must not be split to bring the spend below the thresholds detailed below in order to avoid procurement activity.**

- 2.2 All requests for goods or services not managed through the Materials Management team must be made through the Trust’s e-procurement system (Agresso).
- 2.3 All non-pay spend must be covered by a Trust purchase order raised via the Trust’s e-procurement system.
- 2.4 The process for procurement of large-scale, Capital Build Projects undertaken by Estates must be made in line with the Public Contracts Regulations and Standing Financial Instructions. These procurements will follow the Estates Project Management Quality Manual, where appropriate. In all cases, Projects will follow the Procurement Policy guidelines in accordance with threshold and competitive tendering requirements

**2.5 Summary**

Whole life costs	£0 £10,000	£10,001 £35,000	£35,001 £115,633	£115,633* and above
	(Sect A)	(Sect B)		(Sect C)
Minimum Three Written Quotations		Yes		
Full Tendering Process			Yes	
FTS Tendering Process or Framework				Yes

*\*Current 2022-2024 public procurement threshold for Supplies and Services exc VAT. The threshold for Works is currently £4,447,447. Note that these values are set every 2 years on 1<sup>st</sup> January.*

---

## Section A

### Procurement of Goods or Services with a value of less than £10k or procured under an existing contract.

- A.1 The requisitioning department must identify exactly what is required. If the goods or services are less than £10k or a current contract for the items exists then it is sufficient to raise a requisition on the Trust's procurement system, Agresso.
- A.2 Appropriate authorisation must be obtained from either the budget holder or their nominated deputy. Note that an authoriser or buyer **may not** be involved in the receipt of goods.
- A.3 The Procurement department and the end user will carry out a value for money check on the purchase
- A.4 The Procurement department will then raise and despatch the purchase order.

## Section B

### Procurement of Goods or Services in excess of £10k (whole lifetime costs) *not* covered by existing contract but under the prevailing Public Procurement Threshold.

The following procedure details in full the steps required to purchase goods and services in excess of £10k but below the Public Procurement Threshold.

- B.1 **Identify Requirement**  
The requisitioning department must contact the Procurement department detailing the specification of the goods or services required. In many cases the supply of equipment and consumables has been standardised. The Department must therefore check with the Procurement department if they are unsure.

Account must be taken of whole lifetime costs and this could include:

- Cost of actual goods.
- Accessories associated with the product.
- Any maintenance, licensing or service contract costs.
- Training Costs
- Delivery and miscellaneous charges.
- Cost of disposal of items within Environmental procedures.

If there is no standardisation in the Trust, then the user is required to produce a specification. The specification must be generic and not show bias to a particular manufacturer.

If the user is unsure whether a contract currently exists, they must contact the Procurement department for advice. Where a contract exists, all departments are obliged to use it unless they can give valid reasons why it may not be appropriate.

## **B.2 Quotes or Tenders Received**

In accordance with Trust SFI's the Procurement department will obtain quotes as follows (values exclude VAT):

- a) Between £10,000 and £35,000 – Three informal quotations required. Requests to waive the requirement for three quotes must be made on the STA (Single Tender Action) form (see Appendix 3) stating a valid reason. The waiver is then logged and will be sent for approval by the Head of Procurement in accordance with the waiver authorisation levels detailed in SFIs.
- b) Between £35,000 and £115,633 (or prevailing public procurement threshold) – Formal competitive tender required. The tenders and/or quotes will be received and evaluated by the evaluation time which will include suitably qualified stakeholders, Procurement staff and Finance staff as appropriate.

The most economically advantageous tender and/or quote must be accepted, and the outcome of evaluation will be recorded to the satisfaction of the approver as detailed in SFIs. Any proposal to waive the most economically advantageous tender would need the approval of the appropriate signatory as detailed in SFIs

For tenders over £100,000, in addition to the evaluation process above, a report summarising the process and rationale for award to a supplier must be submitted by the stakeholder to the highest level approver in the relevant format.

- c) In all cases if less than 3 quotes or tenders are received, justification not to re-tender and proceed with award of the procurement shall be documented to the satisfaction of the approver as detailed in SFIs.

## **B.3 Requisition Approvals process**

- a) Requisition Approvals Process

The raising of a requisition on Agresso requires appropriate authorisation to turn the requisition into a Purchase Order. Requisitions are always authorised by a Budget Holder named

on the Trusts Authorised Signatory List which is maintained by Finance. Requisitions may sometimes be sent to a Technical Approver first, for example, where laptops are being purchased, IT will 'technically approve' the requisition before it moves onto the appropriate Budget Holder for the value within the requisition. Budget Holders will receive a notification from the Agresso system that a requisition is waiting for approval. Once the requisition has been approved, the Agresso system will convert the requisition into a Purchase Order and email a copy directly to the supplier and one to the requisitioner who has placed the requisition on the system.

#### b) Invoice Approvals Process

Once goods and services have been supplied to the Trust, the supplier will invoice for those goods and services. The invoice will be received into our Accounts Payable department who will match the invoice to the Purchase Order noted on the invoice. Where the invoice matches the Purchase Order, this will be approved automatically within the system and the invoice will be paid in accordance with the Trust's payment periods. If the invoice does not match the Purchase Order, for example, if carriage has been added to the invoice, which is not showing on the Purchase Order, the Agresso system will send the invoice to the Procurement team for investigation. Once the investigation is complete, the invoice will either be approved by the Procurement team or a credit for the unauthorised additional value will be sought from the supplier. Where an invoice is received by the Trust for goods or services where a Purchase Order has not been raised, this invoice will be sent through Agresso by the Finance team to the relevant Budget Holder for approval. If the goods or services purchased do not fall under a formal contract arrangement where a Purchase Order is not required, or are not part of the Trust's formal Exceptions List under SFIs, the value will be registered by Finance as a breach and reported to Audit and Assurance Committee.

### **B.4 Purchase Order Raised**

Following authorisation of a requisition, the Agresso system will convert the requisition into a Purchase Order and issue it electronically to the supplier. Any linked documentation, for example a required Single Tender Waiver or Contract Document shall be completed and appropriately authorised prior to any Purchase Order being raised.

## **Section C**

### **Procurement of Goods or Services in excess of the current Public Procurement Threshold *not* covered by an existing contract.**

- C.1 For procurements with a whole life time cost in excess of £115,633 (current level as at 1/1/2022) for goods or services (the level for Works is £4,447,447), the Trust must either
- i) Utilise an existing Framework and comply with the instructions for access, or
  - ii) As required by UK law carry out a full tender within the regulations and principles laid down in the Public Contracts Regulations 2015.
- C.2 For any requirements falling into this category of spend, the Procurement department must be involved at the earliest opportunity. Where an open competition is to be run, the Trust will follow the Find A Tender process as described in the Amendment to the Public Contracts Regulations 2015 and Procurement will guide the requisitioner through this process.
-

## **2.6 No Purchase order No Payment**

The Trust uses an electronic Purchase to Pay process (P2P) called Agresso. Requisitions are created by end users and filtered through the Procurement Department to be generated into Purchase Orders (POs).

The Trust operates a No Purchase Order No Payment Policy allowing the Trust closer control over spend before it is committed, ensuring that spend is appropriately approved and ensures that only the right suppliers and their products are used.

All staff must ensure that an appropriate Electronic Purchase Order for all non-pay expenditure is created (except for those transactions detailed in Appendix 2) by the authorised budget holder prior to any commitment being given to a supplier.

Procurement will engage with all suppliers to advise of the No Purchase Order no Payment policy and will continue to monitor and work with suppliers to ensure they are paid for the service they provide, in line with our requirements, by obtaining orders prior to supply.

## **2.7 Order Processing**

All purchase orders will be placed via the Trust's e-requisitioning system, Agresso, as a web-req order. All orders will be placed via Agresso catalogue ordering or via ad-hoc requirements, authorised and set up via the Procurement Department. For clinical consumables in ward areas, products will be ordered via the Materials Management scanning system undertaken by the Logistics Department. Any ad-hoc ward requirements from NHS Supply Chain must be ordered by an authorised user via the Logistics Online ordering system.

## **2.8 Contracts**

2.8.1 A contract following a procurement must be drawn up and signed by those with the appropriate authority (in accordance with SFIs). In some circumstances it is sufficient for just a purchase order referencing the NHS Terms and Conditions to be raised. These circumstances are detailed below:

- a) Where the requirement is for routine delivery of goods where payment is made following receipt and which have no service element.
- b) Where the requirement is for services with minimal service elements and where the detail of the services are stipulated on the supplier's quote attached to the purchase order.
- c) Where the requirement is covered under a national framework which does not require Trust commitment (eg purchases of medical equipment under the NHS Supply Chain framework)

2.8.2 The Procurement Department shall be responsible for drawing up the Contract or Memorandum of Agreement and Schedules with the successful supplier(s)

except where specialist subject matter is required. In this case, an expert may be required to assist with the drawing up of Contracts. For high value and strategically important contracts, the Trust may wish for contracts to be reviewed by the Trust's solicitors.

## 2.9 Contract Review

2.9.1 For contracts that have an ongoing input from the contracted supplier(s) either in the form of a service provided or for requirements such as maintenance then a Contract Review and Monitoring process will be put in place at the time of contract award.

2.9.2 The Review and Monitoring process periods will be determined at the time of contract award but should ideally be:

- a) Quarterly for services that are deemed **critical** to the Trust and whose reduction or absence will seriously affect all areas (or the area to which the service is being provided).
- b) Bi-annually for services that are of **high importance** to the Trust and whose reduction or absence will cause delays or minor interruptions to the running of that area.
- c) Annually for services that are of **low importance** to the Trust whose reduction or absence will cause inconvenience to the running of that area.

## 2.10 Contract management

Records of all Trust contracts for goods, services and works will be maintained using the Trust's contract management system.

## 2.11 Diligence (New and Incumbent Suppliers)

2.11.1 Diligence checks for suppliers shall be completed by the Procurement Department as follows:

### a) New Suppliers

Where a contract is identified as being of critical or high importance (as per 2.8.2), financial checks must be completed prior to contract signature. This may be carried out as part of a tender. Financial checks shall be in the form of a Companies House / Dunn and Bradstreet report or review of financial accounts to confirm the Supplier's financial ability to fulfil the contract.

Where contracts are of low financial risk to the Trust (eg payment for supply of goods only following receipt) and, in the opinion of the Associate Director of Procurement, the goods are not unique or critical, then financial checks do not need to be completed.

b) Incumbent Suppliers

Where a contract is identified as being of critical or high importance (as per 2.8.2) and is longer than 2 years, a refreshed financial check shall be carried out midway through the contract.

## 2.12 Single Tender Actions (STAs)

2.12.1 STAs apply where there are genuine reasons why it would not be appropriate or advantageous to seek competitive tenders.

### 2.12.2 Orders over £10,000 not procured under an existing contract may be waived under the following circumstances (*SFIs section 11.5*)

- (a) In very exceptional circumstances, formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record.
- (b) Specialist expertise or goods and services are required and are available from only one source.
- (c) The task is essential to complete the project and arises as an unforeseen consequence of a recently completed assignment and engaging a different supplier for the new task would be inappropriate.
- (d) There is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.
- (e) Permitted by Department of Health & Social Care guidance; details of which shall be documented in waiving formal tendering.

2.12.3 These circumstances and opinion must be documented, and the reasons recorded in the STA register held by Procurement. The STA must be completed by the end user department and submitted to the Head of Procurement for approval. The Head of Procurement will then forward the STA for approval by the relevant signatory detailed in Appendix 8 of the SFIs.

2.12.4 Orders greater than £138,760 inc VAT (or prevailing Public Procurement Threshold) should not be waived under any circumstances and are subject to UK law.

2.12.5 STAs must not be used to avoid the tendering process even where there is no apparent competition. Suppliers have the right to challenge Trusts where they believe Public Procurement Rules are not being adhered to and feel that the Trust is not seeking fair and open competition. In any case STAs do not exempt the Trust from following UK Procurement rules.



2.12.6 STAs shall not be required under the following circumstances:

- (a) Turnkey costs where a tender has been compliantly run for the associated equipment and where a Quantity Surveyor has deemed the turnkey costs to be in line with market value.
- (b) The payment is for non-domestic rates.
- (c) The payment is for mandatory NHS related fees such as CNST payments, etc.
- (d) The goods purchased for equipment specific parts which must, by their nature, be from the original manufacturer and where a cost effectiveness analysis of the current equipment solution has been conducted within the last 12 months to the satisfaction of the Head of Procurement.”

### 2.13 Emergency Orders

2.13.1 Emergency orders are those orders, which, due to a pressing operational need, must be placed with the supplier with the utmost speed. This may occur under the following circumstances:

- a) Out of hours where the relevant budget holder approver is unavailable to approve a raised requisition and Procurement staff are unavailable to ‘move the requisition’ to the next level budget holder for approval;
- b) In hours where the relevant budget holder approver is unavailable to approve a raised requisition;

#### 2.13.2 **Emergency Orders for goods or services required out of normal office hours.**

A requisition may be raised in the normal way and departments must ensure their own business continuity processes allow for ‘out of hours’ approvals process to take place.

Where the requisition is unable to be approved in time to secure urgent or next day delivery of required goods or services, departments may;

- a) Seek the same or similar goods or services internally from other departments to cover the immediate need.
- b) Raise an appropriate requisition for approval and use the requisition number to give to the supplier in lieu of the Purchase Order pending. Where this occurs, the relevant budgetary authority must be obtained in writing to allow the requisition to be placed.

There may be exceptional circumstances whereby the Agresso catalogue does not include the required code to order an emergency requirement. In such instances, the relevant budgetary authority must

be obtained in writing to allow the end user to order the goods from the supplier either verbally or in writing (email) utilising the prefix EPO and the date. Specific delivery requirements must be given to the supplier to enable delivery direct to the department and not to the Central Stores area.

- c) On the next working day ensure that the Procurement Department have a copy of the emailed approval and any delivery notes. Procurement staff will then input the requisition onto Agresso using the order number as the requisition number. Retrospective approvals will be obtained as required.

### **2.13.3 Orders urgently required during office hours.**

A requisition should be raised in the usual way and the relevant budget holder should be contacted by the requisitioner to advise that a requisition is pending approval. Once the requisition is approved, the Purchase Order will be emailed directly to the supplier and the requisitioner will also receive a copy by email. This copy can then also be forwarded onto a specific individual at the supplier side to speed up order processing, if required.

Where an approver is unavailable to approve an urgent requisition, the end user may contact a member of the Procurement team in order to 'move' the requisition onto the next available approver and allow the Purchase Order to be generated for use.

There may be exceptional circumstances whereby the Agresso catalogue does not include the required code to order an emergency requirement. In such instances, the end user can raise an RFI (Request For Information) within the Agresso system and then contact a member of the Procurement team to request emergency generation of the required code. Once this has been done, the usual requisition and approval steps will take place as normal.

## **2.14 Procurement of Medical Equipment**

- 2.14.1 All medical equipment must be obtained via the Procurement Department. This includes all equipment on loan. Please refer to the Medical Devices Policy.
- 2.14.2 Under no circumstances should medical equipment be delivered directly to a ward without the prior knowledge of the Procurement department.
- 2.14.3 All medical equipment loaned for purposes of a trial must be covered under a Trust purchase order or otherwise be provided under a Master Indemnity Agreement (see 2.14 below)
- 2.14.4 All consumable samples or trial stock must be CE marked (Conformite European) or marked with the new UKCA (UK Conformity Assessed)

Medical consumable samples must only be left on wards with the express permission of the Head of Procurement.

2.14.5 Where the decision has been made to procure equipment, weighted evaluation criteria will be agreed in advance by the evaluation team, which must consist of a member of the Procurement team and Finance team, in order to enable the selection process. A clear distinction will be agreed between 'qualitative', 'quantitative' (where appropriate) 'technical' and 'financial' aspects. This will enable the whole-life costs to the Trust of owning the equipment to be assessed in conjunction with the suitability of the equipment for its intended purpose.

2.14.6 In all cases a Pre-acquisition questionnaire (PAQ) must be obtained from the supplier and approved by the relevant departments (including Clinical Engineering, Information Governance, IT, Infection Control)

In some cases, the PAQ may require a supporting contract to ensure the obligations described are agreed and contracted.

2.14.7 Contracts will only be let once relevant budget holders have confirmed their acceptance of all capital and revenue consequences for the procurement, including those for maintenance and consumables.

2.14.8 Trial evaluation procedures detailed in 2.15 below are to be observed when any medical equipment trial is undertaken.

## **2.15 Evaluation and Trial of Equipment if appropriate**

2.15.1 Trials of equipment will only be undertaken within a clear framework for the evaluation process, identifying the key criteria that are to be assessed. This framework must be agreed in advance with the Head of Procurement and or specific Category Manager and only after a source of funding has been formally agreed. Unmonitored equipment trials may compromise existing contracts and may open the Trust to a Procurement Challenge, with legal consequences, if not notified to the Procurement Department.

2.15.2 If the requirement is for medical equipment, then this must be trialled and evaluated with reference to the Medical Devices Policy. A Pre-acquisition questionnaire (PAQ) for the Equipment must be obtained by Procurement and passed to the appropriate department(s) for approval as appropriate.

2.15.3 Any commercially sponsored trials/agreements must be communicated to the Procurement department to ensure that:

- (a) Trials are carried out in accordance with Trust guidelines for trials;
- (b) Trials are carried out on a controlled basis;
- (c) Product in question meets the appropriate safety standards;
- (d) Trials are not duplicated;
- (e) Accurate records of the trialled products and evaluation reports are kept.

2.15.4 In any product trial, the following points will be considered and recorded by Procurement. On completion of trial, **all** forms are to be returned to the relevant Category Manager in Procurement.

- Has a formal risk assessment been completed.
- How the trial is to be administered;
- How the trial is to be financed;
- How samples are to be provided;
- How long the trial will last;
- Whether technical staff need to be involved;
- Current safety regulations and quality standards;
- How the trial will be assessed;
- Whether other criteria (for example, packaging) needs to be taken into account;
- Whether the supplier should be involved;
- How the results of the trial will be disseminated;
- Indemnity forms need to be completed, signed and returned to the Procurement department **before** any trial product is used;
- Clinical Engineering is to be informed that an Indemnity form has been completed **before** any piece of medical equipment is used;
- Any item that is of an electrical nature is to be tested by the Clinical Engineering department before it is used for the first time. Contact the Clinical Engineering department if you are unsure;
- Any request for payment should be agreed beforehand enabling an order number to be raised with Procurement;
- Goods must not be taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase.

## 2.16 Master Indemnity Agreements

2.16.1 If a requisitioning department wishes to use a piece of equipment that is either on loan to the Trust or has been gifted (in other words any equipment in use that has not received consideration or payment) then the appropriate Indemnity approvals must be sought.

2.16.2 The list of Master Indemnity Agreements (MIA) is held and updated by the Department of Health and the full register of companies can be found at the following link or from Procurement:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH\\_117175](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_117175)

- 2.16.3 On each occasion of equipment use the requisitioning department must complete the MIA Call off Agreement (please contact the Procurement department for a copy) and return the form to the Procurement department.
- 2.16.4 If the Supplier does not appear on the Department of Health registry then the above MIA Call Off Agreement must still be completed but in addition a copy of a valid insurance form must be requested from the supplier. The Supplier must be advised to contact the Department of Health to register on to the Overarching Master Indemnity Agreement Register for future use. Forms must be forwarded to the Procurement Department along with a copy of the Suppliers Indemnity certificate. The Procurement department will assist with completion of these forms if required.

### **3 ADDITIONAL CONSIDERATIONS**

#### **3.1 Corporate Social Responsibility (CSR) and Procurement**

The Trust shall ensure that it will positively follow the principles set out in the Public Services (Social Value Act) 2012 and published in PPN 06/20. The Act places a requirement on commissioners and providers to consider the economic, environmental and social benefits of their approaches to procurement for contracts to which the Public Contracts Regulations apply. For all tenders over the Public Procurement Threshold, Procurement shall take steps to include proportionate testing of a bidder's contribution to Social Value by including appropriate questioning and means of evaluating in the tender document.

All tenders issued over the current public procurement threshold (£138,760) shall therefore include relevant criteria for evaluation under one of the following Social Value Themes (as described in PPN 06/20):

1. Covid-19 Recovery
2. Tackling Economic Inequality
3. Fighting Climate Change
4. Equal Opportunity
5. Wellbeing

Additionally, Procurement will maintain sustainable and socially responsible procurement that considers the implications of CSR in all tender evaluations.

#### **3.2 Ethics and Fraud**

This section should be read in conjunction with the Trust's Standards of Business Conduct Policy.

##### **3.2.1 Ethical Standards**

The Trust shall ensure that all suppliers are treated fairly and equitably. Purchasers and Trust staff engaged in the procurement process must always act with integrity and honesty. Further to the below all staff must

work in line with the requirement laid out in the Trust's Counter Fraud, Bribery and Corruption Policy.

### **3.3 Bribery Act**

The potential for Fraud, Corruption and Bribery exist throughout all stages of a procurement process and in the pre and post phases of a procurement exercise. This procedure and the Standing Orders and scheme of delegation exist to reduce this potential and failure to adhere to the requirements of these documents increases the individuals, and the Trusts, exposure to fraud, corruption and bribery.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The Bribery Act applies to this policy.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

If you require assistance in determining the implications of the Bribery Act please read the Trust Counter Fraud, Bribery and Corruption Policy available on the intranet or contact the Local Counter Fraud Specialist.

#### **3.3.1 Acceptance of Gifts and Hospitality**

The acceptance of gifts, hospitality or consideration of any kind from contractors and other suppliers of goods or services as an inducement or reward is not permitted. Staff must comply with the Trust's 'Standards of Business Conduct' and any guidance and directions issued by the Independent Regulator.

Where offers of goods and services do not involve inducement or reward Officers must not accept gifts from commercial sources other than inexpensive articles not exceeding £50.00 such as calendars or diaries. If such gifts arrive unsolicited, the advice of a Director must be sought.

#### **3.3.2 Declarations of Interest**

It is Trust policy that all Trust staff must declare and record any personal interest that might influence, or be seen by others to influence, their impartiality in arriving at a purchasing decision. Those who have business or personal relationships with, or friends/relatives employed by, outside organisations bidding for Trust contracts must inform their line Manager at the outset of the procurement.

Annual declarations of interest by all decision-making staff must be made using the Electronic Staff Record (ESR) system. In addition, for all tenders with an expected value of over £35,000, a conflict of interest form shall be

issued by Procurement and completed by all stakeholders involved in the specification writing or evaluation of the tender. The forms shall be reviewed by Procurement prior to stakeholder activity on the tender. Stakeholders may be asked to excuse themselves from the tender if a conflict is noted.

### **3.4 Openness and Accessibility**

#### **3.4.1 Freedom of Information Act**

The Freedom of Information Act 2000 applies to the Rotherham NHS Foundation Trust. Staff should be aware of the Trust's obligations under the Act to disclose, on request, recorded information held by the Trust.

#### **3.4.2 Non-Disclosure Agreements (NDAs)**

The Trust should not sign any Non-Disclosure agreements with any 3<sup>rd</sup> parties especially suppliers without consultation with the Procurement Department. The signing of NDAs could limit the Trust in its participation in national benchmarking schemes.

### **3.5 Product Rationalisation and Standardisation**

There will be an ongoing programme of product rationalisation and where appropriate, standardisation. This will maximise the best value the Trust can obtain through the consolidation of requirements. Product standardisation can also reduce clinical risk through eliminating unnecessary variation in the ranges of clinical products used for the same procedures and reducing training requirements. The Trust will utilise its existing committees to identify, review and implement any changes as well as using wider collaborative review groups within Working Together Programme etc.

## **4. DELEGATED ORDERING AUTHORITY AND TRANSACTIONS NOT REQUIRING PURCHASE ORDERS**

Delegated responsibility and a list of transactions not requiring Purchase Orders can be found at Appendix 2.

## **5. ENVIRONMENTAL PROCUREMENT POLICY STATEMENT**

### **5.1 Introduction**

This Statement develops the existing procurement policy to minimise adverse impacts on the environment to detail specific aims and objectives that will enable the Trust to act as a role model by carrying out its purchasing activities in an environmentally responsible manner.

This Statement:

- Applies to all staff involved in the procurement process and relates to all goods, services and works procured.
- Is consistent with the Chartered Institute of Purchasing and Supply (CIPS) Environmental Purchasing in Practice Guidance and with the United Kingdom's commitment to sustainable development.

- Will be reviewed and revised as necessary, at least annually.

## **5.2 Responsibility**

Overall responsibility for integrating environmental considerations into the procurement process is taken by the Head of Procurement. All staff involved in the procurement process, as defined in Section 2.2 – Scope of this Policy, are required to follow the principles of the policy.

## **5.3 Aims**

The Trust aims to continually improve its environmental performance by:

- Working towards the adoption of best practice in relation to all current statutory regulations that impact on procurement and specifying that suppliers do the same.
- Reducing waste through re-use and recycling and by using refurbished and re-cycled products and materials where such alternatives are available.

## **5.4 Objectives**

The Trust will strive to preserve natural resources and reduce pollution by pursuing the following objectives:

- Encouraging and persuading suppliers to investigate and introduce processes and products that reduce the impact on the environment. Wherever possible, within the EU Procurement Directives, purchases will be made from suppliers that can demonstrate that they have action plans and results in terms of environmental improvement, rather than those that merely have a general environmental policy.
- Specify wherever possible environmentally-friendly products or services, defined according to their environmental performance and the production process used.
- Incorporating environmental considerations into Trust procurement processes.
- Communicating openly with staff in relation to environmental policies and best practice and co-operating with others in the public and private sectors at home and abroad to develop and promote environmentally sound procurement practices.

All staff should be aware of the need to consider environmental and sustainability issues in any procurement but some key considerations must include:



- Sourcing local goods and suppliers wherever possible;
- Selecting goods with low environmental impact, e.g. All white goods purchased should be energy rated B or better;
  - Using suppliers and contractors who adhere to a strict environmentally friendly practice similar to that of TRFT;
  - Insisting, when tender contracts are developed that suppliers provide a range of goods and services that are in keeping with TRFT environmental policies;
- Wherever possible, purchasing fair trade goods

In addition, the Trust will adopt the Governments' 'Taking Account of Carbon Reduction Plans' (PPN 06/21) which requires all suppliers providing contracts with an anticipated contract value above £5million to publish a carbon reduction plan.

## **6. MODERN SLAVERY**

The Trust shall ensure that it incorporates clauses within its terms and conditions to ensure that modern slavery, i.e. slavery and human trafficking, is not taking place in any part of our business or our supply chains.

## **7. PROCUREMENT EQUALITIES POLICY STATEMENT**

### **7.1 Key Responsibilities**

Purchasers for the Trust must make best endeavours to ensure that suppliers and contractors work to eliminate the potential for unlawful or unfair discrimination to occur by including equalities issues in the procurement process, particularly within the specification, terms and conditions of contract and evaluation and contract management stages.

- In relation to their own employment practices (including staff training, recruitment, promotion and monitoring), and;
- Through the provision of goods, services and works to and on behalf of the Trust.

### **7.2 Application of this policy**

7.2.1 The key elements of general procurement remain, in that purchasing should be based on competition and best value. This principle is reinforced by our international obligations as members of the EU. The policy does, however, allow business areas within the Trust to specify goods, services and works which are to be produced or provided in accordance with good equalities practice, provided a balance is struck between costs, benefits and other relevant factors.

7.2.2 Equalities considerations will be relevant to all contracts, with very few exceptions. However, such considerations will be particularly relevant when a contract requires, or is likely to require:-

- a supplier to provide staff to work on Trust premises alongside Trust or other staff members or members of the public.

**TRANSACTIONS NOT REQUIRING PURCHASE ORDERS (EXCEPTIONS LIST)**  
*Ref SFIs 10.1.6*

Category of Expenditure	Purchase Type	Explanation	Supplier - where exception only applies to one supplier
Bespoke patient appliances	Dental work	The value of these items is variable and won't be known until after the work is completed	
	Hearing aid moulds		
	Orthotic items		
Clinical negligence	Claimant costs	The value of these items is not known until the claim is settled. Creating an order at this point adds no value	NHS Authority      Litigation
	Claimant damages		
	Insurance premiums	Payment of this is mandatory. Creating an order therefore adds no value	
Drugs	FP(10) hospital prescriptions	Don't know in advance how many of these will be used	Barnsley Hospital NHS FT
	Ophthalmology drugs	Quantity is variable depending on the patient	
Employee Expenses	Agency Staff where the staff group is medical, nursing or AHP. Does not include admin and clerical or senior manager agency staff	Often needed to book at short notice	
	Lead units	The Trust does not control the number of junior doctors allocated to it by the Deanery, so an order adds no value to this process	
General Supplies and Services	Catering services	Variable, depends on the number of patients	ISS Mediclean Ltd
	Linen and laundry hire	Variable, depends on the number of beds that have been used	
Legal Fees	Legal advice	Needed at short notice and cost variable depends on the complexity of the advice	

Category of Expenditure	Purchase Type	Explanation	Supplier - where exception only applies to one supplier
Library services	Journals and periodicals	Very difficult to catalogue as catalogue would contain several million items but usage is very low. Often these are required quickly	
Other	Contract charges for telecommunications	No value added from raising order from regular monthly amount	
	Community incontinence products	Ordered via a separate 'synergy' system	
	Interpreting service	needed at too short notice for an order to be raised	
	Laboratory testing		
	Lease car rental	Impractical to have an ordering catalogue for this when managed by external suppliers and contra entry coming out of employees pay	
	Losses and compensation	payments made to individuals rather than suppliers. Not used for an order	
	Payroll deductions		
	Post	Impractical to raise an order for this	
VAT Consultancy	Value dependent of the errors discovered by the consultant		
Premises expense	Council tax	Payment is mandatory so creating an order adds no value	
	Business rates		
	Electricity	These are variable and the Trust does not know how much will be used in advance	
	Gas		
	Water rates		
	Gas cylinders	Have a top up system organised	
Redundancies for early retirement		Will go through Payroll once agreed	
Services from other NHS bodies	Blood products	Volume of orders makes raising PO impractical	
	OMFS hospital facilities	Contract value agreed. Raising order adds no value	
	Ophthalmology hospital facilities		

Category of Expenditure	Purchase Type	Explanation	Supplier - where exception only applies to one supplier
Training courses and conferences	Payment for attendance / course place. Does not include associated travel costs	Some courses will not have allocated places until payment is made	
Transport expenditure	Eligible patient travel	Payment made to individuals rather than to supplier	
	GP Transport	Managed by Barnsley. Invoice to Rotherham depends on usage. Can't order this in advance	Barnsley Hospital NHS FT
	Taxis	Need at very short notice	
Waste management	Waste disposal	Variable depending on the weight of waste disposed	

**Section 1  
APPENDIX 3**

**Single Tender Action (STA) Form**

**WAIVER FORM**

**Request for Authorisation to Proceed with a Tender/Quotation Waiver**

<b>Goods/Services/Developments required :</b>          		
<b>Supplier :</b>		
<b>Department :</b>	<b>Ext.</b>	
<b>Period of Waiver: From</b>	<b>To:</b>	
Expenditure Details	Cost (incl VAT at 20%)	Source of Funding (eg. GL/Capital Code)
<b>Annual cost of Goods/Works/Service</b>		
<b>Revenue Consequences (if applicable)</b>  <ul style="list-style-type: none"> <li>- <b>Maintenance cost (per annum)</b></li> <li>- <b>Consumables cost (if linked to equipment (per annum))</b></li> </ul>		

*\*NB : If over the net value is over EU threshold contact the Head of Procurement (EU Regulations apply and at least 4 months must be allowed for formal procurement process)*

### Reason for Seeking Tender/Quotation Waiver Approval

In accordance with the Trust's Standing Orders (Section 4.2a) and Standing Financial Instructions (Section 11.5) competitive offers must be sought unless good and valid reasons are given. The relevant reasons, as appearing in the current version of SFIs, must be indicated and supported by a report (overleaf).

1.	In very exceptional circumstances, where formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record.	<input type="checkbox"/>
2.	Where specialist expertise, goods or services are required and are available from only one source.	<input type="checkbox"/>
3.	When the task is essential to complete the project, AND arises as an unforeseen consequence of a recently completed assignment and engaging different consultants (suppliers) for the new tasks would be inappropriate.	<input type="checkbox"/>
4.	Where there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive quotation/tendering.	<input type="checkbox"/>
5.	Where permitted by DH guidance (details of which shall be documented in waiving formal tendering.	<input type="checkbox"/>

*Please tick which reason is applicable and provide overleaf an explanation to support this. Failure to provide a detailed enough case will render the request invalid. All documents should be sent to Procurement for authorisation. A summary of waivers shall be reviewed quarterly by the Audit Committee.*

*Justification for seeking a tender waiver – a short report for the Audit Committee should be provided which must validate your reasoning, and stand up to Audit and Governance scrutiny. This report must be of sufficient depth and detail for the Committee to be fully aware of the circumstances in order for an informed decision to be made. The narrative must answer each of the points highlighted below before it will be considered for approval.*

**Have Procurement reviewed existing contracts to ensure this is not part of an earlier procurement or the requirement is available via a valid framework or collaborative arrangement?**

**What market analysis has been undertaken to confirm if other suppliers are able to offer the same or similar goods and services? This must include reseller markets and 3<sup>rd</sup> party suppliers offering alternative compatible goods and services. What has been Procurements role in any market engagement?**

**What alternative solutions have been considered (e.g. not procuring anything, procuring an alternative solution)?**

**What cost saving measures have been implemented (e.g. reducing maintenance, multi-year agreement, licence reductions, negotiation with the market.)?**

**What operational and procurement risks exist in either supporting or not supporting the request?**

*Signed (Head of Dept)*

*Date:.....*



**Case Supported by Head of Procurement**

Signed (**Head of Procurement**)

**Date** .....

*Approvals required:*

*£50k - £100k, Director of Finance **or** Chief Executive*

*£100k - £250k, Director of Finance **and** Chief Executive*

*Above £250k – Chairman / Board*

**Chief Executive and Director of Finance Approval**

Signed: ..... Signed: .....

Date ..... Date: .....

# POLICY AND GUIDANCE FOR THE PROCUREMENT OF GOODS, SERVICES AND WORKS (PROCUREMENT POLICY)

## SECTION 2 DOCUMENT DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND MONITORING

### 8. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document was developed in consultation with:

Individual Stakeholders,  
Finance and Performance Committee.

### 9. APPROVAL OF THE DOCUMENT

This document was approved by:

Finance and Performance Committee,

### 10. RATIFICATION OF THE DOCUMENT

This document was ratified by the Trust Document Ratification Group.

### 11. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed by the Head of Procurement every three years unless such changes occur as to require an earlier review.

### 12. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Quality Governance Team via policies email	Author	Email	Within 1 week of ratification	Remove watermark from ratified document and inform Quality Governance Team if a revision and which document it replaces and where it should be located on the intranet. Ensure all

To be disseminated to	Disseminated by	How	When	Comments
				documents templates are uploaded as word documents.
Communication Team (documents ratified by the Document Ratification Group)	Quality Governance Team	Email	Within 1 week of ratification	Communication team to inform all email users of the location of the document.
All email users	Communication Team	Email	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals Staff with a role/responsibility within the document Heads of Departments / Matrons	Author	Meeting / Email as appropriate	When final version completed	The author must inform staff of their duties in relation to the document.
All staff within area of management	Heads of Departments / Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies Instruct them to inform all staff of the policy including those without access to emails

### 13. IMPLEMENTATION AND TRAINING PLAN

What	How	Associated action	Lead	Timeframe
Procedural Information and Appendices	Launched at individual meetings with Departmental Managers and all members of the Procurement Team		Author	Within three months of issue
Procedural Information and Appendices	Communication strategy to raise awareness		Author	Within three months of issue

#### 13.1 Procurement Training

Effective and relevant procurement training is a key element in the drive to increase the level of professionalism among all staff involved in the procurement process. The Procurement Department will commit to supporting and encouraging relevant developmental and legislative updates and training.

## 14. PLAN TO MONITOR THE COMPLIANCE WITH, AND EFFECTIVENESS OF THE TRUST DOCUMENT

### 14.1 Process for Monitoring Compliance and Effectiveness

Audit Monitoring Criteria	Process for monitoring e.g. audit, survey	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
Monitor the amount of Single Tender Actions submitted with the aim of seeing a reduction and in order to evidence compliance with SFIs.	STA Register	Audit Committee	Quarterly	Audit	Audit
Monitor the number of invoices received without a valid purchase order number and record any breaches with the exception of agreed categories as per the list within Appendix 2 (Section 1)	Procurement	Procurement	Quarterly	Audit Committee	Audit Committee

### 14.2 Audit of Procurement Activity

The Head of Procurement has overall responsibility for ensuring that the procurement of all goods, services and works is executed within agreed procurement policy and procedures.

Regular and appropriate independent audits will be carried out on procurement activity.

Audits may include (but are not limited to):

- Purchase Orders raised through Agresso;
- Purchases made outside the Procurement department (for example, through delegated systems);
- Procurement activity in line with SFI's;
- High value business-critical projects;
- Single Tender Actions;
- Compliance with EU Procurement Regulations and UK Public Contracts legislation.

### **14.3 Standards/Key Performance Indicators (KPIs)**

KPI's will be agreed with the Director of Finance at the start of each financial year to ensure the Procurement department continue to support the financial strategy of the Trust.

## **15. EQUALITY IMPACT ASSESSMENT STATEMENT**

An Equality Impact Assessment has been carried out in relation to this document using the approved initial screening tool; the EIA statement is detailed at Appendix 1 to this section of the document.

The manner in which this policy impacts upon equality and diversity will be monitored throughout the life of the policy and re-assessed as appropriate when the policy is reviewed.

**Section 2  
Appendix 1**

**EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL**

Document Name: Policy and Guidance for the Procurement of Goods, Services and Works (Procurement Policy) Date/Period of Document: Feb 2023 – Feb 2026

Lead Officer: Head of Procurement Job title: Head of Procurement

<input type="checkbox"/> Function	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Strategy	<input type="checkbox"/> Other: _____
Describe the overall purpose / intended outcomes of the above: The purpose of this Policy is to ensure that all Procurement activities carried out by the Procurement Department; Provide best possible value, are conducted in a fair, objective and transparent manner, are compliant with the regulatory framework of all the relevant legislation, Standing Orders, Scheme of Delegation and other related policies, work with suppliers to support improvements in their social and ethical practices, continuously improving the Procurement teams' knowledge of socially and environmentally responsible supply chain management practices.				

*You must assess **each** of the 9 areas separately and consider how your policy may affect people of different groups within those areas.*

1. Assessment of possible adverse (negative) impact against a protected characteristic				
	Does this have a <b>significant</b> negative impact on equality in relation to each area?	Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Age		x	
2	Disability		x	
3	Gender reassignment		x	
4	Marriage and civil partnership		x	
5	Pregnancy and maternity		x	
6	Race		x	
7	Religion and belief		x	
8	Sex		x	
9	Sexual Orientation		x	
<b>You need to ask yourself:</b> <ul style="list-style-type: none"> <li>• Will the policy create any <b>problems</b> or <b>barriers</b> to any community or group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Will any group be <b>excluded</b> because of the policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Will the policy have a negative impact on <b>community relations</b>? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <b>If the answer to any of these questions is Yes, you must complete a full Equality Impact Assessment</b>				

2. Positive impact:				
	Could the policy have a <b>significant</b> positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:	Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Eliminate discrimination, harassment and / or victimisation		x	
2	Advance the equality of opportunity of different groups		x	
3	Foster good relationships between different groups		x	

3. Summary						
On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?						
<b>Positive</b>				<b>Negative</b>		
HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LOW <input type="checkbox"/>	NEUTRAL <input checked="" type="checkbox"/>	LOW <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>
Date assessment completed: 06/02/2023			Is a full equality impact assessment required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date EIA approved by Equality and Diversity Steering Group: _____						

**Board of Directors Meeting  
03 March 2023**

<b>Agenda item</b>	P56/23
<b>Report</b>	<b>2022/2023 Annual Accounts: Going Concern</b>
<b>Executive Lead</b>	Steve Hackett, Director of Finance
<b>Link with the BAF</b>	B9 & B13
<b>How does this paper support Trust Values</b>	Effective financial management assists the Trust in achieving all of its values.
<b>Purpose</b>	<b>For decision</b> <input checked="" type="checkbox"/> <b>For assurance</b> <input type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>Accounting standards require the Trust’s Board of Directors to assess and satisfy itself that it is appropriate to prepare the Trust’s financial statements on a Going Concern basis for at least 12 months from the date of the accounts.</p> <p>This purpose of this report is to set out the arguments for supporting the going concern concept for the Trust, mainly being:</p> <ul style="list-style-type: none"> <li>• The management of the Trust has not, nor does it intend to, apply to the Secretary of State for the dissolution of the Trust.</li> <li>• The Secretary of State has not informed the Trust that it intends to dissolve the Trust.</li> <li>• Management is not aware of any operating or other issues that would prevent the annual accounts for 2022/2023 being prepared on a going concern basis.</li> </ul>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at the meeting)	The report was submitted to the Director of Finance and Deputy Director of Finance for pre-approval prior to being presented to the Audit Committee for review and comment. Audit Committee supported the report and it is now being presented to Board of Directors for approval.

<p><b>Board powers to make this decision</b></p>	<p>This report complies with the Trust's Constitution:</p> <p>40. Accounts</p> <p>40.1 The Trust must keep proper accounts and proper records in relation to the accounts.</p> <p>40.2 In preparing its annual accounts, the corporation must comply with any directions given by the regulator with the approval of the Treasury as to—</p> <p>(a) the methods and principles according to which the accounts must be prepared,</p> <p>(b) the information to be given in the accounts.</p> <p>Accounting standards require the Trust's Board of Directors to assess and satisfy itself that it is appropriate to prepare the Trust's financial statements on a going concern basis for at least 12 months from the date of the accounts.</p>
<p><b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)</p>	<p>Audit Committee has endorsed the report. This now needs to be ratified by Trust Board prior to the end of the financial year to enable the timely preparation of the Trust's annual accounts.</p>
<p><b>Recommendations</b></p>	<p>Board of Directors are asked to that the going concern concept is applied to The Rotherham Foundation Trust before the end of the financial year to ensure the timely preparation of the annual accounts.</p>
<p><b>Appendices</b></p>	<p>Appendix 1 – Going Concern in the Public Sector / NHS Context.</p>



## 2022/2023 Annual Accounts: Going Concern

### 1 Introduction

- 1.1 The accounting concept of Going Concern is fundamental to the way in which the assets and liabilities of an organisation are recorded within its accounts. Under this concept an entity is usually expected to continue to operate for the foreseeable future with the assets and liabilities being valued on this basis.
- 1.2 If the entity is not expected to continue to operate the assets and liabilities would be recorded in the accounts on the basis of their value on the winding up of the entity. As a result, the assets would be recorded at a lower break-up value and medium/long-term liabilities would become short term. It is important to note that the Going Concern consideration applies to The Rotherham NHS Foundation Trust as an entity and not to the hospitals or services which it runs.
- 1.3 NHS Foundation Trusts (FTs) are required to prepare their accounts in accordance with International Financial Reporting Standards (IFRSs) as interpreted by the Department of Health and Social Care's (DHSC) Group Accounting Manual (GAM). The requirement to prepare accounts on a Going Concern basis is set out in International Accounting Standard (IAS) 1: Presentation of Financial Statements, which states:
- When preparing financial statements, management shall make an assessment of an entity's ability to continue as a going concern,
  - An entity shall prepare financial statements on a going concern basis unless management intends to liquidate the entity or to cease trading, or has no realistic alternative but to do so,
  - In assessing whether the going concern assumption is appropriate, management takes into account all available information about the future, which is at least, but is not limited to, twelve months from the end of the reporting period,
  - When management is aware, in making its assessment, of material uncertainties related to events or conditions which may cast significant doubt upon the entity's ability to continue as a going concern, the entity shall disclose those uncertainties
- 1.4 External Audit will consider what the Trust's Board has done to satisfy itself that the accounts should be prepared on a Going Concern basis. This paper considers the basis on which the 2022/2023 accounts should be prepared and the conclusion reached on the Going Concern issue.

### 2 Going Concern in the Public Sector / NHS Context

- 2.1 The concept of Going Concern is set out in both the Group Accounting Manual (GAM) and the Foundation Trust Annual Reporting Manual (FT ARM); the relevant extracts have been included in Appendix 1 which explains how this principle applies to the NHS specifically.
- 2.2 The main points which need to be considered by the Trust are:
- “4.24 Department of Health and Social Care (DHSC) group bodies should therefore prepare their accounts on a going concern basis unless informed by the relevant national body or Department of Health and Social Care (DHSC) sponsor of the intention for dissolution without transfer of services or function to another entity.

4.25 Where a Department of Health and Social Care (DHSC) group body is aware of material uncertainties in respect of events or conditions that may bring into question the going concern ability of the entity, these uncertainties must be disclosed.

4.27 Should a Department of Health and Social Care (DHSC) group body have concerns about its “going concern” status (and this will only be the case if there is a prospect of services ceasing altogether), or whether a material uncertainty is required to be disclosed (which will only arise in exceptional circumstances) it must raise the issue with its sponsor division or relevant national body as soon as possible.

4.28 Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.”

### **3 Assessment of Going Concern for the Trust’s 2022/2023 Annual Accounts**

3.1 In making an assessment of the Trust’s going concern status, the following points are noted:

- The management of the Trust has not, nor does it intend to, apply to the Secretary of State for the dissolution of the Trust.
- The Secretary of State has not informed the Trust that it intends to dissolve the Trust. It is most unlikely that a Foundation Trust would be disestablished without a major process over some time, particularly given the absolute requirement for the services it provides. None of this would suggest any immediate likelihood of the Trust ceasing to be a going concern.
- Management is not aware of any operating or other issues that would prevent the annual accounts for 2022/2023 being prepared on a going concern basis.

3.2 On the basis of the above considerations, and in line with the Group Accounting Manual (GAM) which states that NHS providers should prepare their accounts on a going concern basis unless told otherwise (see paragraph 3, of section 2.1), it is recommended that the Rotherham Foundation Trust’s annual accounts for the 2022/2023 financial year are prepared as such.

## Appendix 1

### Going Concern in the Public Sector / NHS Context

The following provide extracts from the GAM and FT ARM regarding the Going Concern Principles and how they apply to the NHS.

#### DHSC Group Accounting Manual (GAM)

It is important to consider the guidance stated in the Group Accounting Manual (GAM), which sets the requirements of IAS 1 in the context of a public sector organisation. The key extracts are as follows:

#### Going Concern

- 4.18 The Financial Reporting Manual (FRm) notes that in applying paragraphs 25 to 26 of IAS 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context.
- 4.19 For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.
- 4.20 A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.
- 4.21 Sponsored entities whose statements of financial position show total net liabilities should prepare their financial statements on the going concern basis unless, after discussion with their sponsor division or relevant national body, the going concern basis is deemed inappropriate.
- 4.22 Where an entity ceases to exist, it should consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements.
- 4.23 While an entity will disclose its demise in various areas of its Annual Report and Accounts such as in the Performance Report and cross reference this in its going concern disclosure, this event does not prevent the accounts being prepared on a going concern basis or give rise to a material uncertainty in relation to the going concern of the entity.
- 4.24 Department of Health and Social Care (DHSC) group bodies should therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.
- 4.25 Where a DHSC group body is aware of material uncertainties in respect of events or conditions that may bring into question the going concern ability of the entity, these uncertainties must be disclosed.
- 4.26 As the continued provision of service approach, per paragraph 4.22, applies to DHSC group bodies, material uncertainties requiring disclosure, will only arise in very exceptional circumstances.

- 4.27 Should a DHSC group body have concerns about its “going concern” status (and this will only be the case if there is a prospect of services ceasing altogether), or whether a material uncertainty is required to be disclosed (which will only arise in exceptional circumstances) it must raise the issue with its sponsor division or relevant national body as soon as possible.
- 4.28 Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.

## **Foundation Trust Annual Reporting Manual (FT ARM)**

The Foundation Trust Annual Reporting Manual (FT ARM) also provides guidance and it states:

### **Overview: Going Concern**

- 2.14 There is no presumption of going concern status for NHS foundation trusts. Directors must decide each year whether or not it is appropriate for the NHS foundation trust to prepare its accounts on the going concern basis.
- 2.15 In making this assessment NHS foundation trusts should also be mindful of the Financial Reporting Manual (FRM), which emphasises that:
- “The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.”
- “Where an entity ceases to exist, it should consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements.”
- 2.16 An NHS foundation trust’s assessment of whether the going concern basis is appropriate for its accounts should therefore only be based on whether it is anticipated that the services it provides will continue to be provided with the same assets in the public sector. This is expected to be the case for NHS foundation trusts unless exceptional circumstances indicate otherwise; these should be discussed with NHS England and NHS Improvement. Where the continued provision of services in the public sector is anticipated to apply, there will not be any material uncertainties over going concern requiring disclosure.
- 2.17 Where an NHS foundation trust has or is expected to demise in its current organisational form but its services (and accompanying assets) are transferring to another NHS body, this would not prevent the going concern basis for accounts being adopted, and would also not be a material uncertainty on going concern. Clearly the changes to organisational form are important to the user of the annual report and accounts; in this scenario the going concern disclosure should cross reference to the relevant disclosures elsewhere in the annual report and accounts.
- 2.19 Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in

the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.

**Board of Directors' Meeting**  
**03 March 2023**

<b>Agenda item</b>	P57/23
<b>Report</b>	<b>Review of Standing Orders</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>	Supports all Trust values
<b>Purpose</b>	<b>For decision</b> <input checked="" type="checkbox"/> <b>For assurance</b> <input type="checkbox"/> <b>For information</b> <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	<p>An annual review of all associated Governance Documentation is carried out in accordance with the Board schedule.</p> <p>The current version of the Standing Orders has been reviewed and deemed fit for purpose for now. Changes are being made to the Constitution in light of recent changes in legislation and the imminent application of the Code of Governance. This will inevitably result in changes to the Standing Orders which will be presented to the Audit Committee in April 2023 for approval and subsequently Trust Board in May 2023.</p>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This report was presented to the Audit and Risk Committee in January 2023.
<b>Board powers to make this decision</b>	Within the current Constitution.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	Further amendments to the Standing Orders are likely to be required following completion of the gap analysis linked to the revised Code of Governance.
<b>Recommendations</b>	It is recommended that the Trust Board note the recommendation from the Audit and Risk Committee to approve the current position and note the outcome of the further review will be presented to the Audit and Risk Committee in April.
<b>Appendices</b>	Trust Standing Orders.

## **Standing Orders**

**For the regulation of proceedings and business of the  
Board of Directors**

Approved by the Board of Directors on [xx April 2023](#)

## Foreword

Within the Terms of Authorisation issued by NHS Improvement, the Independent Regulator, NHS Foundation Trusts are required to demonstrate appropriate arrangements to provide comprehensive governance arrangements in accordance with the Health and Social Care (Community Health and Standards) Act 2003.

Standing Orders (SOs) regulate the proceedings and business of the Trust and are part of its corporate governance arrangements. These documents, together with Standing Financial Instructions, Standards of Business Conduct, Scheme of Delegation, the Fraud and Corruption Policy, in addition to ~~and~~ the Trust's Constitution, provide a regulatory framework for the business conduct of the Trust. They fulfil the dual role of protecting the Trust's interests and protecting staff from possible accusation that they have acted less than properly.

The Standing Orders, Standing Financial Instructions, Standards of Business Conduct, Scheme of Delegation and provide a comprehensive business framework that is to be applied to all activities, including those of the Charitable Foundation. Members of the Board of Directors and all members of staff should be aware of the existence of ~~and work to~~ these documents and, where necessary, be familiar with the detailed provisions.

Failure to comply with Standing Orders and Standing Financial Instructions is a disciplinary matter which could result in dismissal.



# Contents

## Page No.

<b>Foreword</b>	2
<b>Contents</b>	3
<b>Introduction</b>	
Statutory Framework	5
NHS Framework	5
Delegation of Powers	5
Collaboration with Others	6
<b>1.0 Interpretation</b>	7
<b>2.0 The Trust</b>	10
2.1 Composition of the Board of Directors	10
2.2 Appointment of the Chair and Non-Executive Directors	10
2.3 Terms of Office of the Chair and Non-Executive Directors	10
2.4 Appointment of Vice Chair of the Board of Directors	10
2.5 Powers of Vice Chair	11
2.6 Appointment of Senior Independent Director	11
2.7 Role of Board of Directors	11
2.8 Corporate Role of the Board	11
2.9 Lead roles for Board members	11
2.10 Statement of Matters Reserved	12
<b>3.0 Meetings of the Board of Directors</b>	13
3.1 Admission of the public and press	13
3.2 Observers at Board Meetings	13
3.3 Calling Meetings	13
3.4 Notice of Meetings	14
3.5 Setting the Agenda	14
3.6 Chair of Meeting	14
3.7 Annual Members Meeting	15
3.8 Notices of Motion	15
3.9 Emergency Motion	15
3.10 Withdrawal of Motion or Amendments	15
3.11 Motion to Rescind a Resolution	15
3.12 Motions	15
3.13 Chair's Ruling	16
3.14 Voting	16
3.15 Minutes	17
3.16 Suspension of Standing Orders	17
3.17 Variation and Amendment of Standing Orders	17
3.18 Record of Attendance	18
3.19 Quorum	18
3.20 Frequency	18
<b>4.0 Meetings of the Council of Governors</b>	
4.1 Admission of the public and press	19
4.2 Calling Meetings	19
4.3 Notice of Meetings	19

4.4	Chair of Meeting	20
4.5	Notices of Motion	20
4.6	Withdrawal of Motion or Amendments	20
4.7	Motions	20
4.8	Chair's Ruling	20
4.9	Voting	21
4.10	Minutes	21
4.11	Record of Attendance	21
4.12	Quorum	21
4.13	Frequency	21
<b>5.0</b>	<b>Arrangements for the Exercise of Functions by Delegation</b>	
5.1	Emergency Powers	22
5.2	Delegation to Committees	22
5.3	Delegation to Officers	22
5.4	Overriding Standing Orders	23
<b>6.0</b>	<b>Committees</b>	
6.1	Appointment of Committees	24
6.2	Confidentiality	25
<b>7.0</b>	<b>Declarations of Interests</b>	
7.1	Members of the Board of Directors	27
<b>8.0</b>	<b>Standards of Business Conduct</b>	28
8.1	Policy	28
8.2	Canvassing of, and recommendations by Directors in relation to appointments	28
<b>9.0</b>	<b>Compliance with Fit and Proper Persons Regulations</b>	<b>29</b>
<b>10.0</b>	<b>Custody of Seal and Sealing of Documents</b>	<b>30</b>
10.1	Custody of Seal	30
10.2	Sealing of Documents	30
10.3	Register of Sealing	30
<b>11.0</b>	<b>Signature of Documents</b>	<b>31</b>
<b>12.0</b>	<b>Freedom to Speak Up</b>	<b>32</b>
<b>13.0</b>	<b>Miscellaneous</b>	
13.1	Standing Orders to be given to Directors and Officers	33
13.2	Documents having the standing of Standing Orders	33
13.3	Review of Standing Orders	33

## Introduction

### Statutory Framework

The Rotherham NHS Foundation Trust (the Trust) is a public benefit corporation established ~~statutory body, which came into existence~~ on 1 June 2005 pursuant to authorisation of Monitor under pursuant to Section 6 of the Health and Social Care (Community Health Standards) Act 2003, and was formerly the Rotherham General Hospitals NHS Trust.

The principal place of business of the Trust is:  
Rotherham General Hospital  
Moorgate Road  
Rotherham S60 2UD

For administrative purposes, Rotherham Hospital is the Trust Headquarters.

NHS Foundation Trusts are governed by the National Health Service Act 1977 (NHS Act 1977), the National Health Service and Community Care Act 1990 (NHS & CC Act 1990) as amended by the Health Authorities Act 1995, the Health Act 1999, the Health and Social Care Act 2001 and 2003 and the Health and Social Care Act 2012. The Trust also has statutory powers under Section 28A of the NHS Act 1977, as amended by the Health Act 2006, to fund projects jointly planned with local authorities, voluntary organisations and other bodies

As a public benefit corporation, the Trust has specific powers to contract in its own name and to act as a Corporate Trustee. As Corporate Trustee, the Trust is accountable to the Charity Commission for those funds deemed to be charitable.

The Trust Constitution requires the Trust to adopt Standing Orders for the regulation of its proceedings and business in addition to Standing Financial Instructions as an integral part of the Standing Orders.

### NHS Governance Framework

The Code of Governance requires that, inter alia, Boards of Directors draw up a schedule of decisions reserved to that Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated appropriately.

The Code also requires the establishment of an Audit Committee and a Remuneration Committee, with formally agreed terms of reference.

The Code of Practice on Openness in the NHS' set out the requirements of public access to information on the NHS, subject to, for example, the Freedom of Information Act 2000.

### Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. These Standing Orders set out the detail of these arrangements.

Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO5),

the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a Trust committee, sub-committee or joint committee appointed by virtue of Standing Order 6 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or in accordance with the Constitution and the terms of the authorisation.

## **Collaboration with others**

Foundation Trust Boards of Directors are encouraged to move away from silo governance and develop internal integrated governance that will support authorised decision making which is informed by intelligent information covering the full range of corporate, financial, clinical, information and research governance.

However, this is being furthered with the introduction of new systems of health and social care, with many different types of organisations becoming a part of a single system.

A number of organisations in South Yorkshire and Bassetlaw ('SY&B'), have come together and established an Integrated Care System. These organisations include clinical commissioning groups, local authorities, voluntary organisations, regulatory authorities and others, including:

The Rotherham NHS Foundation Trust  
Barnsley Hospital NHS Foundation Trust  
Chesterfield Royal Hospital NHS Foundation Trust  
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust  
Sheffield Children's Hospital NHS Foundation Trust  
Sheffield Teaching Hospitals NHS Foundation Trust

In parallel, Accountable Care Partnerships have been established across SY&B 'Place' localities, including those in Rotherham, Bassetlaw, Barnsley, Doncaster and Sheffield.

Collectively, the new structures will share obligations, set out in Memoranda of Understanding. National legislation is not yet in place to support collaborative governance and decision making arrangements, therefore the Trust retains legal and regulatory obligations as a stand-alone entity, at the time of writing. Appropriate amendments and updates will be made to these Standing Orders to reflect the progress made re the legal structures.

## 1.0 Interpretation

Save as otherwise permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Director of Corporate Affairs/Company Secretary).

Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990, the Health and Social Care (Community Health and Standards) Act 2003 and other Acts relating to the National Health Service or in the Financial or other Regulations made under the Acts or in the Authorisation or Constitution shall have the same meaning in this interpretation and in addition:

**"Accounting Officer"** means the Officer responsible and accountable for funds entrusted to the Trust. They shall be responsible for ensuring the proper stewardship of public funds and assets. In accordance with the Act, this shall be the Chief Executive.

**"Authorisation"** means the authorisation of the Trust by Monitor, now under the umbrella organisation, NHS Improvement, the Independent Regulator of NHS Foundation Trusts

**"Board of Directors"** means the Chair, Non-Executive Directors and the Executive Directors (voting) and Directors (non-voting) appointed in accordance with the Trust's Constitution.

**"Budget"** means a resource, expressed in financial terms, approved by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

**"Budget Holder"** means the director or employee with delegated authority to manage finances for a specific area of the organisation.

**"Chair"** is the person appointed in accordance with the Constitution to lead the Board of Directors and the Council of Governors. The expression "the Chair" shall be deemed to include the Vice Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

**"Chief Executive"** means the chief officer of the Trust.

**"Commissioning"** means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.

**"Committee"** means a committee appointed by the Board of Directors.

**"Committee in Common"** means the collective group or representation from NHS organisations established to perform a particular function or duty.

**"Committee members"** mean persons formally appointed by the Board of Directors to sit on or to chair specific committees.

**"Constitution"** means the Constitution of the Trust as approved from time to time by NHS Improvement, the Independent Regulator of NHS Foundation Trusts.

**"Contracting and procuring"** means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and

maintenance and for disposal of surplus and obsolete assets.

**“Council of Governors”** means the persons, elected and appointed, to fulfil the functions as laid out in the Constitution.

**"Finance Director"** means the Director of Finance who is the chief finance officer of the Trust.

**"Executive Director"** means a director who is an officer of the Trust appointed in accordance with the Constitution. For the purposes of this document, “director” shall not include an employee whose job title incorporates the word director but who has not been appointed in this manner.

**"Funds held on Trust"** shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Schedule 2 Part II para 16.1c NHS & Community Care Act 1990. Such funds may or may not be charitable.

**“ICS”** means Integrated Care System

**“Independent Regulator”** means the Regulator for the purpose of Part 1 of the 2003 Act.

**“Memorandum of Understanding” (MoU)** means a bilateral or multilateral agreement between two or more parties expressing an intended will and/or common line of action between the parties.

**"Motion"** means a formal proposition to be discussed and voted on during the course of a meeting.

**"Nominated officer"** means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

**"Non-Executive Director"** means a director who is not an officer of the Trust and who has been appointed in accordance with the Constitution or under the previous appointment system. This includes the Chair of the Trust.

**"Officer"** means an employee of the Trust or any other person who exercises functions for the purposes of the Trust other than solely as a Staff Governor or Non-Executive Director of the Trust.

**“Secretary”** means the Company Secretary unless otherwise defined

**"SFI's"** means Standing Financial Instructions.

**"SO's"** mean Standing Orders.

**“SY&B”** means South Yorkshire and Bassetlaw, where a collaboration between the South Yorkshire and Bassetlaw NHS providers, and others, is established to deliver the objectives of the South Yorkshire and Bassetlaw ICS.

**"Trust"** means The Rotherham NHS Foundation Trust.

**"Vice Chair"** means the Non-Executive Director appointed by the Council of Governors to take on the duties of Chair if the Chair is absent for any reason.

## **2.0 The Trust**

- a. All business conducted by the Board of Directors shall be conducted in the name of the Trust.
- b. The responsibilities of the Board of Directors are set out in the Constitution.
- c. The powers of the Trust established under statute shall be exercised by the Board of Directors except as otherwise provided for in SO5.
- d. Directors acting on behalf of the Trust as Corporate Trustee of The Rotherham Hospital and Community Charity Charitable Funds are accountable for charitable funds held on trust to the Charity Commission.
- e. The Board of Directors has resolved that certain powers and decisions may only be exercised or made by that Board in formal session. These powers and decisions are set out in the Matters Reserved.

## **2.1 Composition of the Board of Directors**

- a. In accordance with the Trust's Constitution, the composition of the Board of Directors shall comprise both Executive and Non-Executive Directors.
- b. The Board of Directors shall comprise:
  - 1) A Non-Executive Chair
  - 2) No fewer than five other Non-Executive Directors
  - 3) No fewer than five Executive Directors including:
    - Chief Executive (and Accounting Officer)
    - Director of Finance
    - Registered Medical Practitioner or Registered Dentist (within the meaning of the Dentists Act 1984)
    - Registered Nurse or a Registered Midwife
- c. The Non-Executive Directors and Chair together shall be greater than the total number of Executive Directors.

## **2.2 Appointment and removal of the Chair and Non-Executive Directors**

- a. The Chair and Non-Executive Directors are appointed and may be removed by the Council of Governors in accordance with the procedure set out in the Constitution.
- b. Non-Executive Directors (including the Chair) are to be appointed by the Council of Governors using the procedure set out in the Constitution.

## **2.3 Terms of Office of the Chair and Non-Executive Directors**

- a. The Chair and the Non-Executive Directors are to be appointed for a period of office in accordance with the Constitution. The terms and conditions of the office are decided by the Council of Governors at a General Meeting.



## **2.4 Appointment of Vice Chair of the Board of Directors**

- a. For the purpose of enabling the proceedings of Governors of the Trust to be conducted in the absence of the Chair, the Council of Governors will support the appointment of a Non-Executive Director to be Vice Chair for such a period, not exceeding the remainder of their term as Non-Executive Director of the Trust, as they may specify. Provision 3.6 of these Standing Orders sets out the provision if the Chair and Vice Chair are absent.
- b. Any Non-Executive Director so elected may at any time resign from the office of Vice Chair by giving notice in writing to the Chair. The Council of Governors may thereupon appoint another Non-Executive Director as Vice Chair in accordance with the Constitution.

## **2.5 Powers of the Vice Chair**

- a. Where the Chair of the Trust has ceased to hold office, or has been unable to perform duties as Chair owing to illness, absence or any other cause, references to the Chair shall, so long as there is no Chair able to perform those duties, be taken to include reference to the Vice Chair.

## **2.6 Appointment of Senior Independent Director**

- a. The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be their Senior Independent Director, using the procedure set out in the Constitution.

## **2.7 Role of Board of Directors**

- a. The Board will function as a corporate decision-making body. Executive and Non-Executive Directors will be full and equal members. Their role as members of the Board of Directors will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

## **2.8 Corporate role of the Board**

- a. All business conducted by the Trust shall be conducted in the name of the Trust unless otherwise resolved by the Directors.
- b. All funds received in trust shall be held in the name of the Trust as corporate trustee. In relation to funds held on trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.
- c. The powers of the Trust established under statute shall be exercised by the Board in session except as directed by a resolution of the Board.

## **2.9 Lead Roles for Board Members**

- a. The Chair will ensure that the designation of Lead roles or appointments of Board members as required or as set out in any statutory or other guidance, will be made in accordance with the guidance or statutory requirement.

- b. Additional 'champion' roles may also be allocated to Non-Executive Directors.

**2.10 Statement of Matters Reserved**

- a. The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the statement of Matters Reserved to the Board and shall have effect as if incorporated into these Standing Orders.

### **3. Meetings of the Board of Directors**

#### **3.1 Admission of the Public and Press**

- a. The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Board of Directors but shall be required to withdraw upon the Board resolving as follows:
- b. 'That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).'
- c. The Chair shall give such direction as seen fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on the grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Board resolving as follows:
- d. 'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Board to complete business without the presence of the public' (Section 1(8) Public Bodies (Admission to Meetings) Act 1960).
- e. Matters to be dealt with by the Board following the exclusion of representatives of the press, and other members of the public, as provided above, shall be confidential to the members of the Board.
- f. Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'in confidence' or minutes and papers headed 'private' outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.
- g. Nothing in these Standing Orders shall require the Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board.

#### **3.2 Observers at Board Meetings**

- a. The Board of Directors will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust's Board meetings, and will change, alter or vary these terms and conditions as it deems fit.

#### **3.3 Calling Meetings**

- a. Ordinary meetings of the Board of Directors shall be held at such times and places as that Board may determine.
- b. Meetings of the Board of Directors may be called by the Company Secretary, or by the Chair.

- c. Meetings of the Board of Directors may be called by at least one-third of directors who give written notice to the Company Secretary specifying the business to be carried out.
- d. The Secretary should send a written notice to all directors within seven days after receipt of such a request. If the Chair, or Company Secretary, refuses to call a meeting following a requisition, such one-third or more Directors may forthwith call a meeting.

### **3.4 Notice of Meetings**

- a. Before each meeting of the Board of Directors, a notice of the meeting, specifying the business proposed to be transacted at it, shall be delivered to every director, or sent electronically or by post to the agreed address of such director, so as to be available at least three clear days before the meeting.
- b. A notice shall be presumed to have been served one day after posting. Lack of service of the notice on any director shall not affect the validity of a meeting.
- c. In the case of a meeting called by directors in default of the Chair, those directors shall sign the notice and no business shall be transacted at the meeting other than that specified in the notice.
- d. Agendas will be sent to directors no less than three clear days before the meeting and supporting papers shall accompany the agenda, save in emergency.

### **3.5 Setting the Agenda**

- a. The Board of Directors may determine that certain matters shall appear on every agenda for a meeting. (Such matters may be identified within these Standing Orders or following subsequent resolution shall be listed in an Appendix to the Standing Orders.)
- b. A director who requires an item to be included on the agenda should advise the Secretary of the Board prior to the agenda being agreed with the Chair and no less than 7 working days before a meeting.
- c. When a petition has been received by the Trust, the Chair shall include the petition as an item for the agenda of the next Board of Directors meeting.

### **3.6 Chair of Meeting**

- a. At any meeting of the Board of Directors the Chair, if present, shall preside. If the Chair is absent from the meeting the Vice Chair shall preside. If the Chair and Vice Chair are absent, such Non-Executive Director as the directors present shall choose, shall preside.
- b. If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Vice Chair, if present, shall preside. If the Chair and Vice Chair are absent, or are disqualified from participating, such Non-Executive Director as the directors present shall choose shall preside.

### **3.7 Annual Members' Meeting**

- a. The Trust will publicise and hold an annual members meeting, in accordance with the terms of the Constitution.

### **3.8 Notices of Motion**

- a. A director wishing to move or amend a motion should advise the Company Secretary prior to the agenda being agreed with the Chair and no less than 7 clear days before a meeting. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda.

### **3.9 Emergency Motion**

- a. Subject to the agreement of the Chair, and subject to the provision of SO 3.8, a director of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda up to one hour before the time fixed for the meeting.
- b. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision is final.

### **3.10 Withdrawal of Motion or Amendments**

- a. A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

### **3.11 Motion to Rescind a Resolution**

- a. Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the director who gives it and also the signature of 4 other directors.
- b. When any such motion has been disposed of by the Board of Directors, it shall not be competent for any director other than the Chair to propose a motion to the same effect within 6 months. However, the Chair may do so if he/she considers it appropriate.

### **3.12 Motions**

- a. The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.
- b. When a motion is under discussion or immediately prior to discussion it shall be open to a director to move:
  - An amendment to the motion.
  - The adjournment of the discussion or the meeting.
  - That the meeting proceeds to the next business.
  - The appointment of an ad hoc committee to deal with a specific item of business.
  - That the motion be now put.
  - A motion under Section 1 (2) of the Public Bodies (Admission to Meetings) Act

1960 resolving to exclude the public (including the press).

- No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

### **3.13 Chair's Ruling**

- a. Statements of directors made at meetings of the Board of Directors shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity, and any other matters shall be observed at the meeting.

### **3.14 Voting**

- a. Every question put to a vote at a meeting shall be determined by a majority of the votes of the Chair of the meeting and directors present and voting on the question and, in the case of the number of votes for and against a motion being equal, the Chair of the meeting shall have a second or casting vote.
- b. All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the directors present so request.
- c. If at least four of the directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each director present voted or abstained.
- d. If a director so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).
- e. Under no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote. In exceptional circumstances (to be defined by the Chairman), with prior agreement of the Chairman and Chief Executive, up to one Director may participate in a Board of Directors meeting by telephone, video or computer link. If prior agreement has been given, participation, and voting, shall be allowed, in accordance with SO 19.f.
- f. An officer who has been appointed formally by the Board of Directors to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of the Executive Director.
- g. An officer attending to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An officer's status when attending a meeting shall be recorded in the minutes.
- h. The Clinical Divisional Directors attending Board of Directors' meetings, will have no formal voting rights on a decision nor the personal accountabilities associated with Board membership.
- i. No resolution shall be passed if it is opposed by all the Non-Executive Directors present, or by all of the Executive Directors present.

### **3.15 Minutes**

- a. The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.
- b. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.
- c. Where providing a record of the meeting, a set of minutes from the meeting shall be made available to the public (required by Code of Practice on Openness in the NHS and the Freedom of Information Act) and circulated to the Council of Governors. A record of items discussed in private will be maintained and approved by the Board of Directors.

### **3.16 Suspension of Standing Orders**

- a. Except where this would contravene any statutory provision or any provision of the authorisation or of the Constitution, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Board of Directors are present, including two Executive Directors and two Non-Executive Directors, and that a majority of those present vote in favour of suspension.
- b. A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.
- c. A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the directors.
- d. No formal business may be transacted while Standing Orders are suspended.
- e. The Audit Committee shall review every decision to suspend Standing Orders.

### **3.17 Variation and Amendment of Standing Orders**

- a. These Standing Orders shall be amended only if:
  - a notice of motion under Standing Order 3.8 has been given; and
  - no fewer than half of the Trust's total Non-Executive Directors in post vote in favour of amendment;
  - at least two-thirds of the Directors are present; and
  - the variation proposed does not contravene a statutory provision or provision of the authorisation or of the Constitution.

### **3.18 Record of Attendance**

- a. The names of the Chair and directors present at the meeting shall be recorded in the minutes.
- b. The Secretary shall keep and maintain a record of the number of meetings of the Board of Directors and the attendance of individual directors. The Board of Directors may

agree that its members can participate in its meetings by telephone, video or computer link as per SO 3.14.e. Participation where agreed shall be deemed to constitute presence in person at the meeting.

### **3.19 Quorum**

- a. No business shall be transacted at a meeting of the Board of Directors unless at least one-third members of the whole number of the Directors are present (including at least one Executive Director and one Non-Executive Director).
- b. An officer in attendance for an Executive Director but without formal acting up status, may not count towards the quorum.
- c. If the Chair or director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see SO 7) they shall no longer count towards the quorum.
- d. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting.
- e. The meeting must then proceed to the next business. The above requirement for one Executive Director to form part of the quorum, shall not apply where the Executive Director is excluded from a meeting.
- f. In exceptional circumstances, up to one Director may participate in Board of Directors meetings by telephone, video or computer link in accordance with SO 14.e. With prior agreement of the Chairman and Chief Executive, which shall be noted in the minutes, the Director may form part of the quorum.

### **3.20 Frequency**

- a. The Trust shall hold meetings of the Board of Directors on a bi-monthly basis.
- b. The Board of Directors shall determine the dates of the board meetings in advance.



## **4.0 Meetings of the Council of Governors**

### **4.1 Admission of the Public and Press**

- a. The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Council of Governors but shall be required to withdraw upon the Governors resolving as follows:
- b. 'That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest' (Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'
- c. The Chair (or Vice Chair) shall give such directions as he/she thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Council of Governors' business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Council of Governors resolving as follows:  
  
*'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governors to complete business without the presence of the public' (Section 1(8) Public Bodies (Admission to Meetings) Act 1960.'*
- d. Nothing in these Standing Orders shall require the Council of Governors to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board.

### **4.2 Calling Meetings**

- a. General Meetings of the Council of Governors shall be held at such times and places as the Council of Governors may determine.

### **4.3 Notice of Meetings**

- a. Before each meeting of the Council of Governors, a notice of the meeting, specifying the business proposed to be transacted by it, shall be delivered to every Governor, or sent by post to the usual residence of such Governor, so as to be available to him/her at least three clear days before the meeting.
- b. Lack of service of the notice on any Governor shall not affect the validity of the meeting.
- c. Meetings of the Council of Governors may be called by seven Governors (including at least one elected Governor and one appointed Governors) who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send out a written notice to all Governors as soon as possible after receipt of such a request.
- d. Agendas will be sent to Governors three clear days before the meeting, and supporting papers, whenever possible, shall accompany the agenda. Papers may be sent by electronic means.

- e. A notice shall be presumed to have been served one day after posting.

#### **4.4 Chair of Meeting**

- a. At any meeting of the Council of Governors, the Chair, if present, shall preside. If the Chair is absent from the meeting, the Vice Chair, if present, shall preside. If the Chair and Vice Chair are absent, one of the other Non-Executive Directors will be nominated by the Council of Governors to preside.
- b. If the person presiding at the meeting of the Council of Governors has a conflict of interest in relation to the business being discussed, the Vice Chair (or nominated Chair) will chair that part of the meeting.

#### **4.5 Notices of Motion**

- a. A Governor desiring to move or amend a motion shall send a written notice thereof at least 10 clear days before the meeting to the Secretary, who shall insert in the agenda for the meeting, all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned in the agenda.

#### **4.6 Withdrawal of Motion or Amendments**

- a. A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

#### **4.7 Motions**

- a. The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment of the Chair.
- b. When a motion is under discussion or immediately prior to discussion it shall be open to a Governor to move:
- An amendment to the motion
  - The adjournment of the discussion
  - That the meeting proceeds to the next business
  - The appointment of an ad hoc committee to deal with a specific item of business
  - A motion under section 1 of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public (including the press)
- c. No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

#### **4.8 Chair's Ruling**

- a. Statements of Governors made at meetings of the Trust shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevance, regularity and any other matter shall be observed at the meeting.

#### **4.9 Voting**

- a. Every question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question and, in the case of the number of votes for and against a motion being equal, the person presiding at or chairing the meeting shall have a casting vote.
- b. All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands.
- c. If at least one-third of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.
- d. If a Governor so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).
- e. Under no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.

#### **4.10 Minutes**

- a. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting.
- b. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.
- c. Where providing a record of a public meeting the Council of Governors' minutes shall be made available to the public as required by the Code of Practice on Openness in the NHS.

#### **4.11 Record of Attendance**

- a. The names of the Governors present at the meeting shall be recorded in the minutes, and shall be reported in the Trust's annual report.

#### **4.12 Quorum**

- a. For Council of Governors meetings, the quorum is as set out in the Constitution.
- b. If a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see SO7) he shall not count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

#### **4.13 Frequency of Council of Governor meetings**

- a. The Council of Governors shall hold meetings at least four times a year in each calendar year.

## **5.0 Arrangements for the exercise of functions by delegation**

- a. Subject to a provision in the authorisation or the Constitution, the Board of Directors may make arrangements for the exercise, on its behalf of any of its functions by
  - a committee or sub-committee of the Board;
  - appointed by virtue of SO5.c below; or
  - by an Executive Director.
- b. The Board of Directors shall agree from time to time to the delegation of executive powers to be exercised by a Committee, which it has formally constituted. The constitution and terms of reference of these Committees and their specific executive powers, shall be approved by the Board
- c. Each case will be subject to such restrictions and conditions as the Board of Directors thinks fit.
- d. Standard exceptions to this requirement are:
  - a) Approval of single tenders: Where, in the best interests of the Trust, single tendering arrangements need to be completed before the next Audit Committee meeting, the request may be considered by the Chief Executive and the Director of Finance acting jointly. Where the request is approved, the decision of the Chief Executive and Director of Finance will be reported in writing to the next Audit Committee meeting for formal acknowledgement and, if appropriate, approval.
  - b) Use of the Trust's seal: Where, in the best interests of the Trust, the sealing of documents needs to be completed before the next Board meeting, the sealing may be undertaken by any two of the following acting jointly: Chairman, Chief Executive and / or Director of Finance.

## **5.1 Emergency Powers**

- a. The powers which the Board of Directors has retained to itself within these Standing Orders may, in emergency be exercised by the Chair, after having consulted at least two Non-Executive Directors and an Executive Director. The exercise of such powers by the Chair shall be reported to the next formal meeting of the Board of Directors for ratification.

## **5.2 Delegation to Committees**

- a. The Board of Directors shall agree, as and when it deems appropriate, to the delegation of executive powers to be exercised by committees or sub-committees, which it has formally constituted.
- b. The constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the Board of Directors.

## **5.3 Delegation to Officers**

- a. Those functions of the Trust which have not been retained as reserved by the Board of Directors or delegated to an executive committee or sub-committee shall be exercised on its behalf by the Chief Executive. The Chief Executive shall determine which functions shall be delegated to officers to undertake.

- b. The Chief Executive shall prepare a Scheme of Delegation (which is set out in the Standing Financial Instructions) identifying proposals which shall be considered and approved by the Board of Directors, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation, which shall be considered and approved by the Board of Directors as indicated above.
- c. Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of Directors or the Director of Finance or other executive director. Outside these statutory requirements the roles of the Director of Finance shall be accountable to the Chief Executive for operational matters.
- d. The arrangements made by the Board of Directors as set out in the Scheme of Delegation shall have effect as if incorporated in these Standing Orders.

#### **5.4 Overriding Standing Orders**

- a. If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Audit Committee.
- b. All members of the Board of Directors, Council of Governors and colleagues have a duty to disclose any non-compliance with these Standing Orders to the Chairman as soon as possible.

## 6.0 Committees

### 6.1 Appointment of Committees

- a. Subject to the authorisation and the Constitution, the Board of Directors may appoint committees of the Trust, consisting wholly or partly of the Chair and Executive or Non-Executive Directors of the Trust, or wholly of persons who are not Executive or Non-Executive Directors of the Trust.
- b. A committee or joint committee appointed under this regulation may, subject to such directions as may be given by the Independent Regulator of the Trust, and in accordance with the Constitution, appoint sub-committees consisting wholly or partly of directors of the committee or joint committee (whether or not they are directors of the Trust); or wholly of persons who are not directors of the Trust or the committee of the Trust.
- c. The Scheme of Delegation does not discharge accountability to Non-Executive Directors to provide information and advise the Board of Directors in accordance with any statutory requirements.
- d. The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committees established by the Trust. In which case the term “Chair” is to be read as a reference to the Chair of the committee as the context permits, and the term “director” is to be read as a reference to a member of the committee also as the context permits. (There is no requirement to hold any meetings of committees established by the Trust, in public.)
- e. Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board of Directors), as the Board of Directors shall decide and shall be in accordance with any legislation and regulation.
- f. Such terms of reference shall have effect as if incorporated into the Standing Orders.
- g. Where Trust committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Board of Directors.
- h. Committees, sub committees, or other groups, will not use the designation ‘Board’ in its name.
- i. The Board of Directors shall approve the appointments to each of the committees, which it has formally constituted. Where the Board of Directors determines, and regulations permit, those persons, who are neither directors nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board of Directors as defined by the authorisation and the Constitution.
- j. The committees and sub-committees established by the Trust are:
  - Audit and Risk Committee
  - Nominations and Remuneration Committee
  - Finance and Performance Committee
  - Quality Committee

- People Committee
- Charitable Funds Committee
- The Rotherham NHS Foundation Trust Committee in Common

- k. Membership of the Trust's Committee in Common is defined by its Terms of Reference, as agreed by all the parties. The Board of Directors, together with other SYB ICS partners, has agreed not to delegate any of its statutory functions to the Committee in Common.
- l. Such other committees may be established, as required, to discharge the Board's responsibilities.
- m. The committee established by the Council of Governors is the Nomination Committee, made up of Governors, save for the Committee Chair, being the Trust Chairman. Travelling and other allowances for Non-Executive Directors shall be determined by the Committee.
- n. A Charitable Funds Committee has been established by the Corporate Trustee of The Rotherham Hospital and Community Charity.

## **6.2 Confidentiality**

- a. A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the Board of Directors or shall otherwise have concluded on that matter.
- b. A Director of the Trust, a member of a committee or attendee shall not disclose any matter reported to the Board of Directors or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if that committee shall resolve that it is confidential.
- c. The Board of Directors may facilitate the attendance of up to two Governors at certain Board Committee meetings. The purpose of Governors attending the Committees is to allow them to observe the Non-Executive Directors. This provides Governors the opportunity of fulfilling their duty of holding Non-Executive Directors to account for the performance of the Board, and to participate in Non-Executive annual appraisals. To ensure the integrity of Board Committee governance, Governors will not participate in the meetings, unless directly invited to so by the committee Chairman. No actions shall arise as a result of Governors' invited participation. Attending Governors shall acknowledge their duty of confidentiality of matters discussed, by providing a signed declaration to this effect.

## **7.0 Declarations of Interests**

### **7.1 Members of the Board of Directors**

- a. Pursuant to Section 20 of the Schedule 7 of the National Health Service Act 2006, a register of Director's interests must be kept by each NHS Foundation Trust.
- b. All Directors (including for the purposes of the standing order, Non-Executive Directors) should declare relevant and material interests to the NHS Board of which they are a member. This should take place on appointment.
- c. Interests may be financial or non-financial (i.e. political or belief-based). Interests which should be regarded as 'relevant and material' and which, for the avoidance of doubt, should be included in the register are:
  - (a) Any directorship of a company;
  - (b) Any interest (excluding a holding of shares in a company whose shares are listed on any public exchange where the holding does not exceed 5% of the total issued share capital, or the value of such shareholding does not exceed £25,000) or position in any firm or company or business, which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust;
  - (c) Any interest in an organisation providing health and social care services to the National Health Service; or
  - (d) Position of authority in a charity or voluntary organisation in the field of health and social care;
  - (e) Any affiliation to a special interest group campaigning on health or social care issues (this includes political parties).
  - (f) To the extent not covered above, any connection with an organisation, entity or company considering entering in to, or having entered into financial arrangement with The Rotherham NHS Foundation Trust, including but not limited to, lenders or banks.
- d. Reference should also be made to the Monitor *NHS Foundation Trust Code of Governance* and the Trust's Constitution in determining whether other circumstances or relationships are likely to affect, or could appear to affect, the director's judgement.
- e. Each Board agenda will contain at the beginning, an agenda item relating to declaration of interests. During the course of a Board of Directors meeting, if a conflict of interest is established, the director concerned should withdraw from the meeting and play no part in the relevant discussion or decision. For the avoidance of doubt, this includes voting on such an issue where a conflict is established. If there is a dispute as to whether a conflict of interest does exist, a majority vote will resolve the issue with the Chair having the casting vote.
- f. At the time that interests are declared, they should be recorded in the Board of Director's minutes. Any changes in interests that should arise between Board meetings, should be advised to the Secretary in writing within seven days of becoming aware of the existence of a relevant or material interest.
- g. It is the responsibility of the director to inform the Secretary of changes in their interests, within the appropriate timelines.
- h. A register of directors' interests shall be maintained and held by the Secretary and



presented bi-annually to the Board of Directors. This will be formally recorded in the minutes. Any changes in interests should be officially declared to the Secretary where an appropriate amendment is required.

- l There is no requirement for the interests of directors' spouses or partners to be declared; however, in accordance with the Nolan Principles of integrity, accountability and openness, good practice suggests that such declarations are strongly advisable (as are declaring the interests of other immediate family members and co-business partners).
- j. If directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair or Secretary.
- k. For the avoidance of doubt, any remuneration, compensation or allowances payable to the Chair or a Non-Executive Director in accordance with the Constitution shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- l. The Register of Directors' Interests will be available for inspection by the public free of charge. Copies or extracts of the Registers must be provided to Members of the NHS Foundation Trust free of charge and within a reasonable time period of the request. A reasonable charge may be imposed on non-Members for copies or extracts of the register.

## **8.0 Standards of Business Conduct**

### **8.1 Policy**

- a. The Trust's Standards of Business Conduct provides guidance for all colleagues in the Trust who may or may not be Members of the Board of Directors, and who may have conflicts of interest that should be declared.
- b. There is an obligation on the Trust, through its incorporation with the NHS Standard Contract pursuant to General Condition 27, that 'Managing Conflicts of Interest in the NHS' statutory guidance (publications gateway reference 06419) and superseding the Standards of Business Conduct for NHS staff (HSG(93)5), is complied with by all colleagues.
- c. All Trust colleagues should familiarise themselves with the contents of the Standards of Business Conduct policy, and should seek advice if in doubt as to whether a potential interest should be declared.

### **8.2 Canvassing of, and Recommendations by, Directors in Relation to Appointments**

- a. Canvassing of Directors of the Trust, or members of any Committee of the Trust directly or indirectly for any appointment under the Trust, shall disqualify the candidate for such appointment.
- b. A Director shall not solicit for any person any appointment under the Trust or recommend any person for such appointment, but this paragraph of this Standing order shall not preclude a Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.
- c. Informal discussions outside appointment panels or committees, whether solicited or unsolicited, will be declared to the panel or committee.

## **9.0 Compliance with Fit and Proper Persons Regulations**

- a. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all NHS Trusts to ensure that all Executive and Non-Executive Director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the Fit and Proper Persons Regulations ('FPPR'). The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights at Board meetings.
- b. The regulations stipulate that Trusts must not appoint or have in place an Executive Director or a Non-Executive Director unless they meet the standards set out in the Regulations.
- c. Guidance issued by the CQC in January 2018 places ultimate responsibility on the Trust Chair to discharge the requirements of the FPPR.
- d. The Chair must assure themselves that new applicants and existing post holders meet the fitness checks and do not meet any of the unfit criteria. Responsibility also falls on the Chair to decide whether an investigation is necessary and, at the end of the investigation, to consider whether the director in questions remains fit and proper.
- e. The Chair will be notified by the CQC of any non-compliance with the FPPR, and holds responsibility for making any decisions regarding action that needs to be taken.

## **10.0 Custody of Seal and Sealing of Documents**

### **10.1 Custody of Seal**

- a. The Trust's Seal shall be kept by the Chief Executive, or officer appointed by them, in a secure place.

### **10.2 Sealing of Documents**

- a. The Seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board or where the Board of Directors has delegated its powers.
- b. The affixing of the Seal shall be attested and signed by the Chief Executive Director (or officer nominated by them) together with one other Executive Director.
- c. Before any building, engineering, property or capital document is sealed, it must be approved and signed by the Director of Finance (or an officer nominated by them) and authorised and countersigned by the Chief Executive (or an officer nominated by them).
- d. For contracts, other than building and engineering, contract management teams and Departmental Heads are required to consider the enforceability of rights which may accrue by virtue of breaches of such contracts.
- e. Where the contract management team or Departmental Head believes that the contract should be entered into under seal, that contract should be submitted to the Director of Finance for review. If the Director of Finance agrees that the contract should be completed under Seal then appropriate processes set out in the SFI's for building and engineering contracts, should be followed.

### **10.3 Register of Sealing**

An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealings shall be made to the Board of Directors at least bi-annually. (The report shall contain details of the seal number, the description of the document and date of sealing). The book will be held by the Secretary.

## **11. Signature of documents**

- a. Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board of Directors shall have given the necessary authority to some other person for the purpose of such proceedings.
- b. For the purpose of defence documents in legal proceedings, the Company Secretary or in their absence, any Executive Director, shall be authorised to sign the necessary documentation on behalf of the Trust.
- c. The Chief Executive or nominated officers shall be authorised, by resolution of the Board of Directors, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board of Directors or committee or sub-committee to which that Board has delegated appropriate authority.
- d. Where electronic documents have been 'signed' with electronic signatures, details pertaining to the document, shall be maintained in a register and presented to the Board of Directors, for ratification where necessary, on a bi-annual basis.

## **12. Freedom to Speak Up**

- a. In accordance with the Public Interest Disclosure Act 1998, the Board of Directors is required to prepare and update, as necessary, procedures for receiving and investigating disclosures, internally or externally, as well as illegal acts or omissions at work.
- b. The Board of Directors is responsible for ensuring that all senior leaders, are knowledgeable about Freedom to Speak Up (FTSU), and can readily articulate the Trust's FTSU requirements and policy.
- c. The Chief Executive is responsible for appointing the FTSU Guardian and ultimately, for ensuring that FTSU arrangements meet the needs of colleagues.
- d. The Chief Executive and Chair are responsible for ensuring the annual report contains information about FTSU and that the Trust is engaged with both the regional Guardian network and the National Guardian's Office

## **13. Miscellaneous**

### **13.1 Standing Orders to be given to Directors and Officers**

- a. It is the duty of the Chief Executive to ensure that existing directors and officers are notified of and understand their responsibilities within Standing Orders and SFIs.
- b. Updated copies shall be issued to staff in e-mail format through the Trust's Colleague Bulletin.
- c. New designated officers shall be informed in writing and shall receive e-copies where appropriate of Standing Orders.

### **13.2 Documents having the standing of Standing Orders**

- a. Standing Financial Instructions and the Scheme of Delegation shall have effect as if incorporated into Standing Orders.

### **13.3 Review of Standing Orders**

- a. Standing Orders, and all documents having effect as if incorporated in Standing Orders, shall be reviewed bi-annually by the Audit Committee on behalf of the Board of Directors.

**Board of Directors' Meeting**  
**03 March 2023**

<b>Agenda item</b>	P58/23
<b>Report</b>	<b>Review of Matters Reserved to the Board</b>
<b>Executive Lead</b>	Angela Wendzicha, Director of Corporate Affairs
<b>Link with the BAF</b>	Links with BAF Risk D6 and D7
<b>How does this paper support Trust Values</b>	This paper supports all Trust values
<b>Purpose</b>	<b>For decision</b> <input checked="" type="checkbox"/> <b>For assurance</b> <input 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 has an established schedule of matters that are reserved to the Board which were last approved in November 2021. It is good practice to review constitutional documents on an annual basis.</p> <p>The attached schedule of matters reserved to the Board has been reviewed with one minor amendment highlighted in blue text.</p> <p>The revised Code of Governance has been published and will come into force in April 2023. A gap analysis is near completion to assess whether there is a need to further amend the matters reserved to the Board, further details of which will be presented to the Audit Committee in April 2023.</p>
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This report was presented and discussed at the Audit and Risk Committee in January 2023 who recommended approval to the Trust Board.
<b>Board powers to make this decision</b>	Within the Constitution.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	The schedule of matters reserved to the Board will be updated in line with any required changes as a result of the revised Code of Governance and presented at the April Audit Committee.
<b>Recommendations</b>	It is recommended that the Trust Board approved the current schedule of matters reserved and note that they may be subject to change.
<b>Appendices</b>	Schedule of Matters Reserved to the Board



# MATTERS RESERVED TO THE BOARD

## 1. Introduction

The Rotherham NHS Foundation Trust recognizes that good governance depends on a strong and effective decision-making body to decide strategy and lead the organization. The current NHS Foundation Trust Code of Governance states that for Boards of Directors, “there should be a schedule of matters specifically reserved for its decision”<sup>i</sup>.

The overall responsibility, and liability, for the actions of those directing the Trust rests with the Board of Directors. It is therefore essential that Directors, both Non-Executive and Executive, give clear guidance and establish thorough reporting systems to ensure that they make the appropriate decisions about the overall direction of the Trust and ensure those direction are enacted.

The following schedule illustrates the matters reserved to the Board of Directors at The Rotherham NHS Foundation Trust.

Matters reserved for the board	References
<b>General enabling provisions</b>	
<p>The statutory powers of the Trust shall be exercised by the Board of Directors.</p> <p>The Board may determine any matter it wishes in full session within its statutory powers, i.e. the Trust may do anything which appears to it to be necessary or expedient for the purposes of, or in connection with, its purpose.</p>	<p>NHS FT principles A.1.c, A.1.f,</p> <p>NHSA s47</p>
<p>An NHS Foundation Trust must exercise its functions effectively, efficiently and economically.</p>	<p>NHSA s63, NHS FT supporting principle A.1.h</p>
<p>The Constitution must provide for all the powers of the Trust to be exercisable by the Board of Directors on its behalf</p>	<p>HSCA 2003 Schedule 1, NHSA Schedule 7</p>
<b>Strategy and Management</b>	
<p>Approval of the Trust’s Five Year Plan</p>	
<p>Approval of the Trust’s annual operating plan (subject to feedback from the Council of Governors)</p>	<p>NHS FT supporting principles A.1.e, A.1.f,</p>
<p>Responsibility for the overall management of the foundation trust, in compliance with its licence, constitution, legislation, regulatory guidance and contractual obligations</p>	<p>NHS FT supporting principle A.1.d, MCC 26</p>
<p>Approval of the Trust’s business plans (operational and financial), and overall budgets and commercial strategy</p> <p>Approval of the annual operating and capital expenditure budgets and any material changes to them.</p> <p>Oversight of the Trust’s operations, ensuring:</p> <ul style="list-style-type: none"> <li>• Competent and prudent management</li> <li>• Sound planning</li> <li>• An adequate system of internal control</li> <li>• Adequate accounting and other pertinent records</li> <li>• Compliance with statutory and regulatory obligations</li> </ul>	<p>NHS FT supporting principles A.1.e, A.1.f,</p> <p>NHS FT principle C.2.1.</p>

Responsibility for ensuring the quality and safety of health care services, education, training and research delivered by the Trust.	NHS FT supporting principle A.1.g
Review of performance in the light of the Trust's overall strategy, objectives, business plans and budgets and ensuring that any necessary corrective action is taken.	NHS FT principle A.1.4, supporting principle A.4.b
Review of the Trust's activities into new operational or geographic areas	NHSA s45 – 47
Approval of any decision to cease to operate all or any material part of the Trust's business or services	NHSA s45-46
Approval of business cases with a value in excess of £1m	SFIs
Approval of single requisitions with a value in excess of £1m	SFIs
Authorisation of the waiver of Non Competitive Action in excess of £250k	SFIs
Approval of increases by 5% or more of the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England, subject to approval by the Council of Governors	HSCA 2012 164 (3D)
Responsibility for ensuring effective dialogue between the Board of Directors and Council of Governors, and how Governors will undertake their role.	NHS FT code provision A.5.d
Approval of the Trust's Vision, Mission and Values.	NHS FT code provision A.1.e
<b>Delegation of Authority</b>	
Subject to any directions to the contrary by Monitor, NHSI/E or the Trust itself, any of the powers of the Board of Directors may be delegated to the Chief Executive, or to another Executive Director, or to a committee of the Executive Directors	NHS FT code provision B.1.e Standing Order 5.0
Appoint and dissolve (non-statutory) committees which are directly accountable to the board	Standing Order 6.1.b, 6.1.i
Approval of terms of reference of Board Committees	NHS FT code provision A.2.1 Standing Order 5.2.b.
Receiving reports from the Board Committees on their activities, as required by the Board	NHS FT code provision A.2.1
Approving arrangements for the periodic formal evaluation of the performance of Board Committees	NHS FT code provision B.6.a
Confirming or rejecting the recommendations of the Board Committees where the Committees have exceeded their delegated powers, or do not have delegated executive powers	Standing Order 6.1.e
Approving membership and Chairmanship of Board Committees	Standing Order 6.1.b, 6.1.i
Where formal documents are signed on behalf of the Trust using electronic signatures, a register of such details shall be maintained and presented to the Board for ratification on a bi-annual basis.	Standing Order 11.d
<b>Structure and capital</b>	

<ul style="list-style-type: none"> <li>Approval of any changes to the Trust as a stand-alone Foundation Trust</li> <li>Approval of changes relating to the Trust's capital structure including reduction of capital</li> <li>Approval of changes to the Trust's corporate structure</li> <li>Approval of changes to the Trust's control structure</li> </ul>	
Any establishment of subsidiary companies, joint ventures, partnerships or arrangements (subject to Council of Governors' approvals required under significant transactions as defined in the Constitution)	NHSA s46(5)
Approval of any proposal to merge, acquire, dissolve or separate (subject to Council of Governors' approvals required under significant transactions as defined in the Trust's Constitution)	NHSA s56A, s56B, s56 (1A), s57A
<b>Financial reporting and controls</b>	
Approval of the annual report and accounts, including quality report	HSCA 2003 s27, NHSA s27 Audit Committee
Approval of any significant changes in accounting policies or practices	
<b>Internal controls</b>	
<p>Ensuring maintenance of a sound system of internal control and risk management, including (but not limited to):</p> <ul style="list-style-type: none"> <li>Receiving reports on, and reviewing the effectiveness of, the Trust's risk and control processes to support its strategy and objectives;</li> <li>Undertaking an annual assessment of these processes;</li> <li>Approving an appropriate governance statement (AGS) for inclusion in the annual report</li> <li>Approving internal and external audit arrangements (save that Council of Governors appoint and / or remove the External Auditors)</li> <li>Receipt of the annual management letter received from the external auditor and agreement of proposed action, taking into account, the advice of the Audit Committee</li> <li>Receipt of Annual Audit Committee report</li> <li>Approval of the BAF, the Trust Risk Register (risks scoring 15 and above)</li> </ul>	<p>NHS FT principles C.2.a, C.2.b, Audit Committee</p> <p>NHS FT principles C.2.a, C.2.b, Audit Committee</p>
<b>Contracts</b>	
<p>Approval of major capital projects:</p> <p>Approval of contracts which are material strategically or by reason of size, entered into by the Trust or any subsidiary, in the ordinary course of business, for example, acquisitions or disposal of fixed assets above £500K, or single tenders above £250K or any commercial loan</p>	NHSA s45 – 47
Contracts of the Trust (or any subsidiary) <u>not</u> in the ordinary course of business, for example loans and repayments above £1m and acquisitions or disposals above £500K	NHSA s45 – 47
Approval of financial investments in excess of £250K	NHSA s45 – 47
<b>Communication</b>	
Approval of resolutions to be put forward to members at a general meeting	

<b>Board membership and other appointments</b>	
Changes to the structure, size and composition (including diversity) of the Board of Directors , following recommendations from the Nominations Committee	NHSA schedule 7, NHS FT code provisions B.2.1, B.2.3, Nominations Committee
Ensuring adequate succession planning for the Board of Directors and senior management (to be defined)	NHS FT supporting principle B.2.c
Appointment and removal of the Chief Executive (Approval also required from the Council of Governors for appointment)	HSCA 2003 s17, NHSA s17, NHS FT B.2.12,
Appointment and removal of executive directors	HSCA 2003 s17, NHSA s17, Nomination Committee
Appointment of the Senior Independent Director (with Council of Governors approval)	NHS FT code provision A.4.1
Appointment of the Vice Chair	NHS FT code provision B.2.6.
Continuation in office of any director at any time, including the suspension or termination of service of an executive director as an employee of the Trust.	Nomination Committee
Approval of the appointment of the Deputy Chief Executive	
Appointments to the boards of subsidiaries	
<b>Remuneration</b>	
Determine the remuneration policy for the executive directors	NHS FT supporting principle A.1.m,
<b>Corporate governance matters</b>	
Undertake a formal and rigorous annual review of its own performance, and that of its committees, and individual directors (PDRs)	NHS FT code provision B.6.a
Determine the independence of directors	NHS FT code provision B.1.1
Review of the Trust's overall corporate governance arrangements	
Receiving reports on the views of the Trust's Governors, members and patients	
Approving the use of the Trust's seal and receiving and approving reports detailing use of the Trust's seal	Standing Order 10.0
Receiving declarations of interests from Officers which may conflict with those of the Trust and determining the extent to which such Officers may remain involved with the matter under consideration.  The Board of Director's Register of Interests shall be presented on a bi-annual basis to the Board.	Standing Order 7.0  Constitution 33
Ratifying or confirming when necessary, any urgent decisions taken by the Chairman and the Chief Executive	Standing Order 5.1
Setting the dates of Board of Directors' meetings	Standing Order 3.3.a

<p>Approval of mandatory / statutory corporate documents / submissions to the Department of Health, regulators, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Annual Quality Account</li> <li>• Annual EPRR submission</li> <li>• Annual Report into 'How We Learn from Deaths'</li> <li>• Annual Revalidation (of Doctors) submission</li> <li>• Workforce Race Equality Standard</li> <li>• <a href="#">Workforce Disability Equality Standard</a></li> <li>• Equality Delivery System</li> </ul>	<p>HA 2009, HSCA 2012  NHSE, through CCA 2004, NHSA 2006  NQB 2017, NHS 2017  MPR 2013  HSCA 2012, EA(SD), PSED  HSCA 2012, EA(SD), PSED</p>
<p>Receipt of the annual listing of statutory and regulatory positions held by individuals in the Trust</p>	
<p>Approve the opening, and signatories to bank and / or investment accounts in the Trust's name</p>	<p>SFI's</p>

<b>Policies</b>	
<p>Approval of policies, including:</p> <ul style="list-style-type: none"> <li>• Standing Financial Instructions</li> <li>• Scheme of Delegation</li> <li>• Standing Orders</li> <li>• Standards of Business Conduct and Conflicts of Interest Policy</li> <li>• Board Code of Conduct</li> <li>• Whistle Blowing Policy (Raising Concerns Policy)</li> <li>• Counter Fraud, Bribery and Corruption Policy</li> <li>• Health and Safety Policy</li> <li>• Corporate Responsibility Policy</li> <li>• Disciplinary Policy</li> <li>• Risk Management Policy</li> <li>• Management of Complaints and Concerns Policy</li> <li>• Policy for Safeguarding Children Supervision</li> </ul> <p>(This is not an exhaustive list, and the Board of Directors may approve any policy, at any time, which it deems appropriate)</p>	
<b>Strategies / Plans</b>	
<p>Approval of strategies, including:</p> <ul style="list-style-type: none"> <li>• Rotherham Place Plan</li> <li>• The Trust's Strategy</li> <li>• The Trust's Annual Operational Plan</li> <li>• The Trust's Quality Account</li> <li>• Digital Strategy / Plan</li> <li>• Health and Safety Strategy</li> <li>• Workforce Strategy / Plan</li> <li>• Estates Strategy / Plan</li> <li>• Procurement Strategy / Plan</li> <li>• Equality and Diversity Strategy / Plan</li> <li>• Annual Oversight and Delivery Plan</li> <li>• Annual Financial Plan</li> </ul> <p>(This is not an exhaustive list, and the Board of Directors may approve any Strategy or Plan, at any time, which it deems appropriate)</p>	
<b>Other</b>	
<p>Approval of the appointment of the Trust's principal advisors / consultants (excluding statutorily required appointments, e.g. external auditors) with appropriate approvals sought from NHSI, for any consultancies in excess of £50,000</p>	
<p>Approval of prosecution, defence or settlement of litigation [involving amounts above £5 million or being otherwise material to the interests of the Trust]</p>	
<p>Approval of the overall levels of insurance including directors' and officers' liability insurance (and indemnification of directors)</p>	
<p>Approval of this schedule of Matters Reserved for the Board</p>	<p>NHS FT code provision A.1.1</p>
<p>Approving the suspension of the de, and / or variation or amendment of the Standing Orders</p>	

Being informed of any instances of non-compliance with the Standing Orders, ratifying or requiring actions in accordance with the Standing Orders	Standing Orders 5.4
Approving changes to the Trust's Constitution, subject to approval by the Council of Governors	HSCA 2012 161
The Board of Directors should maintain a schedule of the specific third party bodies in relation to which the Trust has a duty to co-operate.	NHS FT code provision E.2.1
Approving arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on charitable or other trusts	Standing Order 2.8

**In addition, the Board of Directors will receive reports and recommendations from time to time, on any matter which it considers significant to the Trust.**

Key to cited legislation and regulations:

CCA 2004 – Civil Contingencies Act 2004

EA(SD) = The Equality Act 2010 (Specific Duties) Regulations 2011.

HA 2009 = Health Act 2009

HSCA 2003 = Health and Social Care Act 2003

HSCA 2012 = Health and Social Care Act 2012

MPR 2013 = Medical Professional (responsible Officers) (Amendment) Regulations 2013

NHS 2006 = NHS Act 2006

NHS 2017 = National Health Service (Quality Accounts) (Amendment) Regulations 2017, par 7.8

NHS FT = The NHS Foundation Trust Code of Governance (2014)

NQB 2017 = National Quality Board 2017 (guidance)

PSED = Public Sector Duty of the Equality Act 2010

---

<sup>i</sup> Code Provision A.1.1, *The NHS Foundation Trust Code of Governance, Monitor, July 2014*



**Board of Directors' Meeting**  
**03 March 2023**

<b>Agenda item</b>	P59/23
<b>Report</b>	<b>Register of Seal Report</b>
<b>Executive Lead</b>	Angela Wendzicha, Director of Corporate Affairs
<b>Link with the BAF</b>	Not applicable for this report.
<b>How does this paper support Trust Values</b>	This report supports the core value of Ambitious ensuring the Board complies with the requirements it sets out in its Constitution in relation to the signing and sealing of documents with third parties
<b>Purpose</b>	For decision <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>
<b>Executive Summary</b> (including reason for the report, background, key issues and risks)	The Board is asked to note that the Trust Seal has not been used since the last report to the Trust Board in March 2022.
<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 considered by any other Committee.
<b>Board powers to make this decision</b>	No decision is required by the Trust Board, however, the Board will note that the current Trust Standing Orders (Section 10.3) deals with the Register of Sealing as set out in the attached report.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	The Director of Corporate Affairs will be charged with compliance with the relevant procedures and will be supported by the Head of Governance and Corporate Governance Manager.
<b>Recommendations</b>	It is recommended that the Board receives and notes the content of the report.
<b>Appendices</b>	None

## **Register of Sealing Report**

### **1. Introduction**

1.1 In accordance with Section 10.3 of the current Standing Orders,

“An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealing shall be made to the Board of Directors at least bi-annually. (The report shall contain details of the seal number, the description of the document and date of sealing). The book will be held by the Secretary.”

1.2 The last report to the Board on matters relating to the use of the Trust seal was presented in March 2022.

### **2. Use of the Trust Seal**

The Trust Board is asked to note that the Trust Seal has not been used since the last report to Trust Board in March 2022.

### **3. Recommendations**

The Board is asked to note the contents of this report.

Angela Wendzicha  
Director of Corporate Affairs  
24 February 2023

# Board of Directors' Meeting

## 03 March 2023

<b>Agenda item</b>	P60/23
<b>Report</b>	<b>Constitution Amendment</b>
<b>Executive Lead</b>	Angela Wendzicha, Director of Corporate Affairs
<b>Link with the BAF</b>	As a Constitutional Document the paper links with all BAF Risks
<b>How does this paper support Trust Values</b>	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 following report illustrates the recommended amendment to the current Constitution thus amending the Constituencies to one Rotherham-wide Constituency whilst retaining the Rest of England Constituency.
<b>Due Diligence</b> (include the process the paper has gone through prior to presentation at Board of Directors' meeting)	This matter has been discussed and approved at the Council of Governors at their meeting on 15 February 2023.
<b>Board powers to make this decision</b>	The powers are within the Constitution and Standing Orders.
<b>Who, What and When</b> (what action is required, who is the lead and when should it be completed?)	Subject to Board approval, the Constitution will be amended to reflect the change in readiness for imminent Governor elections.
<b>Recommendations</b>	It is recommended that the Trust Board approve the amendment to the Constitution.
<b>Appendices</b>	Report setting out the proposed amendment to the Constitution.

## 1. Introduction

- 1.1 The Constitution of the Trust sets out the powers and functions of the Trust in addition to how the governance operates.
- 1.2 The current Constitution was first approved by the Council of Governors and Trust Board in October 2018 with minor amendments approved in January 2020. A full review of the Constitution is underway to reflect amendments required as a result of recent legislative and governance changes.
- 1.3 One element of the Constitution relates to the constituencies whereby the Trust seeks to elect its' Council of Governors. One of the difficulties facing the Trust over the past few years is the inability to elect a full Council of Governors.
- 1.4 The Governors provide a pivotal role in representing the interests of members of the Trust as a whole and the interests of the public. Whilst we have an exceptional group of existing Governors, we continue to carry a number of vacancies within our elected Governors which is not supported by our Constitution or good practice within NHS governance. The Board will note that a further round of elections are imminent.

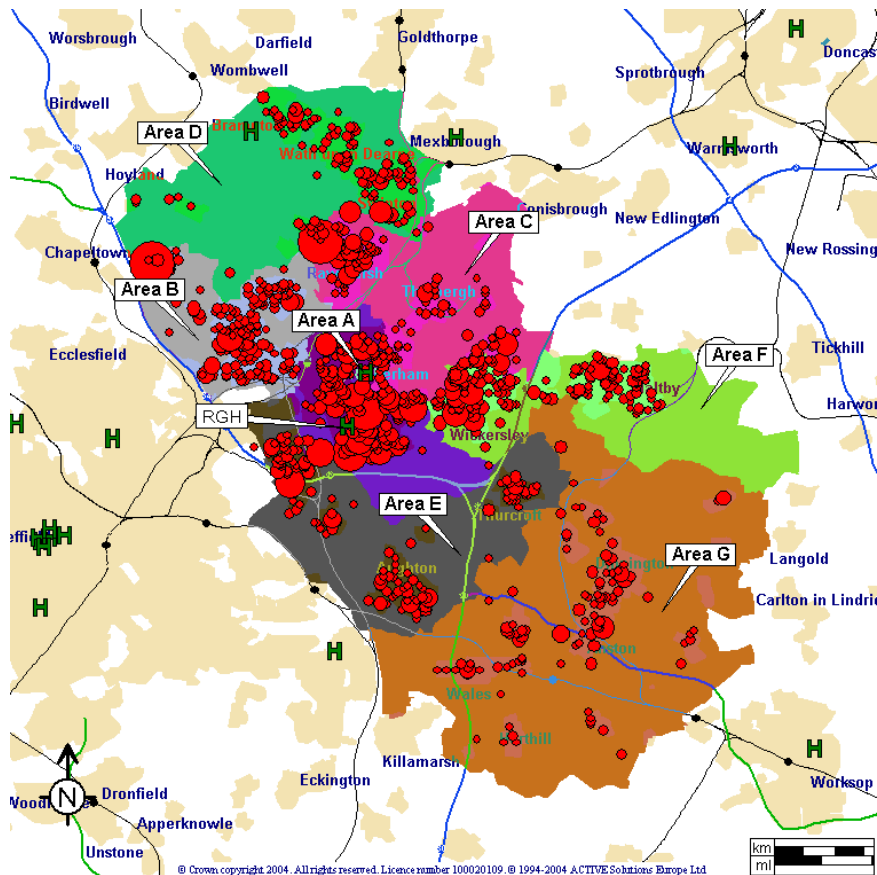
## 2. Proposed Amendment to the Current Constitution

- 2.1 The current Constitution sets out the constituencies as follows:

- 5 Staff Governors
- 1 Local Authority Governor
- 6 Partner Governors
- 16 Public Governors elected from the constituencies detailed in the table below:

Name of Constituency	Area (Wards)	Minimum Number of Members	Number of Governors
<b>Rotherham South</b> (Area A)	Boston Castle, Rotherham East, Sitwell	10	2
<b>Rotherham North</b> (Area B)	Keppel, Rotherham West, Wingfield	10	2
<b>Wentworth South</b> (Area C)	Rawmarsh, Silverwood, Valley	10	2
<b>Wentworth North</b> (Area D)	Hooper, Swinton, Wath	10	2
<b>Rother Valley West</b> (Area E)	Brinsworth & Catcliffe, Holderness, Rother Vale	10	2
<b>Wentworth Valley</b> (Area F)	Hellaby, Maltby, Wickersley	10	2
<b>Rother Valley South</b> (Area G)	Anston & Woodsetts, Dinnington, Wales	10	2
<b>All England</b> (Area H)	The rest of England excluding areas A-G	10	2

2.2 The map below illustrates the current constituencies as described in the Constitution.



2.3 It was noted at the Council of Governors held on 15 February 2023 that the wards /constituencies described above are no longer in existence therefore amendments are required in any event.

2.4 The proposal to create one Rotherham-wide public constituency (as illustrated in the map below) whilst retaining the Rest of England constituency was widely discussed at the Council of Governors at their meeting on 15 February 2023. Whilst it was recognised that action was required to try and increase our Governors, there was concern that by doing so will risk the election of Governors not fully representative of the communities we serve.

2.5 In addition the Council of Governors considered the proposal to retain the Rest of England constituency resulting in any Member living outside of the Rotherham-wide constituency being able to both stand as a Governor and / or vote for the two Public Governor seats in this constituency.

2.6 Following robust discussion, the Council of Governors approved the proposed amendment to create one Rotherham-wide Constituency and retain the Rest of England Constituency.



### 3. Recommendations

It is recommended that the Board of Directors approve the amendment to the Constitution to reflect one Rotherham-wide Constituency in addition to retaining the Rest of England Constituency to enable the change to take effect prior to the current round of Governor elections.

Angela Wendzicha  
Director of Corporate Affairs  
24 February 2023.

Board Planner

Event/Issue

			2022		2023						2024	
			Sept	Nov	Jan	Mar	May	July	Sept	Nov	Jan	March
Action tracker log no.	TRUST BOARD MEETINGS		M6	M8	M10	M12	M2	M4	M6	M8	M10	M12
	Lead											
<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			•dfd	•dfd		•				
	Estates Strategy	DoF			•dfd	•dfd		•			•	
	People Strategy	DoW										
	Quality Improvement Strategy.	CN								•		
	Public and Patient Involvement Strategy	CN										
<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	CN		•		•		•		•		•
	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			•							•
	Workforce Race Equality Standards (WRES)	DoW							•			
	Workforce Disability Equality Standard Report (DES)	DoW							•			
	Public Sector Equality Duty Report	DoW							•			
	Medical Engagement	MD					•					
<b>ASSURANCE</b>												
	Integrated Performance Report:	COO	•	•	•	•	•	•	•	•	•	•
	Quarterly Medical Workforce Data	MD										
	Maternity including Ockenden	CN	•	•	•	•	•	•	•	•	•	•
	Safe Staffing Nurse review (6 monthly)	CN			•		•		•		•	
	Reports from Board Assurance Committees	NEDs	•	•	•	•	•	•	•	•	•	•
	Finance Report	DoF		•	•	•	•	•	•	•	•	•
	Operational Update, Including Recovery and Winter Update	COO			•	•	•	•	•	•	•	•
<b>ASSURANCE FRAMEWORK</b>												
	Governance Report	DoCA		•	•	•	•	•	•	•	•	•
	Board Assurance Framework	DoCA	•	•	•	•	•	•	•	•	•	•

Event/Issue

			2022		2023						2024	
			Sept	Nov	Jan	Mar	May	July	Sept	Nov	Jan	March
Action tracker log no.	TRUST BOARD MEETINGS		M6	M8	M10	M12	M2	M4	M6	M8	M10	M12
		Quarterly Risk Management Report	DoCA			•		•	•		•	
	Annual Review of risk appetite	DoCA								•		
	Assurance Board Committee ToRs	DoCA										
	Health and Safety Annual Report	DoE					•					
	Quality Assurance Report (1/4)including Care Quality Commission update	CN	•	•		•		•	•	•		•
	Annual Report from SIRO	DCEO					•					
	Safeguarding Annual Report	CN			•						•	
<b>POLICIES</b>												
	Health and Safety Policy (review date Oct 2023)	DoE							•			
	Freedom to Speak Up Policy (Updated when National Policy available)	CN										
	Management of Complaints and Concerns Policy (review due June 2023)	CN					•					
	Procurement Policy (due for renewal March 2023)	DoF				•						
	Risk Management Policy	DoCA			•dfd	•						
<b>REGULATORY AND STATUTORY REPORTING</b>												
	Annual Report and Audited Accounts	DoF					•					
	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)	CN					•					
	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			Q4 •		Q1 •	Q2 •		Q3 •		
	ANNUAL Report from the Guardian of Safe Working	MD					•				•	
	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				•						•
	Serious Incidents and Legal Report	CN / DoCA				•	•		•	•		•
	Controlled Drugs Annual Report	MD								•		
<b>BOARD GOVERNANCE</b>												
	Executive Team Meetings report	CEO		•	•		•	•	•	•	•	•
	Assurance Committee Chairs Logs	NEDs		•	•	•	•	•	•	•	•	•



Event/Issue

Event/Issue		2022		2023						2024	
		Sept	Nov	Jan	Mar	May	July	Sept	Nov	Jan	March
Action tracker log no.	TRUST BOARD MEETINGS	M6	M8	M10	M12	M2	M4	M6	M8	M10	M12
		Register of Sealing (bi-annual review)	DoCA		•dfd	•		•			
	Register of Interests (bi-annual review)	DoCA	•		•dfd			•			•
	Register of use of electronic signature (bi-annual review)	CoCA					•				
	Review of Board Feedback	DoCA			•						
	Review of Board Assurance Terms of Reference	DoCA		•							
	Review of Standing Financial Instructions	DoF		•dfd	•dfd	•					
	Review of Scheme of Delegation	DoF		•dfd	•dfd	•					
	Review of Standing Orders	DoCA		•dfd	•						
	Review of Matters Reserved to the Board	DoCA		•dfd	•						
	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	•	•	•		•	•	•	•	•
	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		•								
	Orthopaedic Centre			•							
	LIMS			•							
	Board feedback			NB	SK		DS	JBe	MT	MW	RS SH