Welcome
The Rotherham NHS Foundation Trust
Annual Members’ Meeting 2016

Martin Havenhand
Chairman
Welcome

#hello my name is...

Martin Havenhand
Trust Chairman
Today’s Agenda

Setting the scene: Martin Havenhand, Trust Chairman
Strategic review of 2015/16: Louise Barnett, Chief Executive
Quality Report: Chris Holt, Chief Operation Officer
Performance: Tracey McErlain-Burns, Chief Nurse
Financial overview: Simon Sheppard, Director of Finance
Auditor’s Report: Elizabeth Wharton, KPMG LLP
Governors’ response: Denis Wray, Lead Governor
Looking ahead: Martin Havenhand, Trust Chairman

Questions from the floor

Close
You will hear about a year of:

- Continued financial challenge
- Continuing to operate in breach of our Licence
- Actions following our CQC inspections in February 2015
- Overall performance against national targets
- Increasing acute and community transformation
- Working more collaboratively with local and regional partners
- All substantive posts on our Board of Directors now filled
Strategic Review

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Louise Barnett
Chief Executive
Our strategy and Goals

OUR MISSION
Improve the Health and Wellbeing of the population we serve, building a healthier future together

OUR VISION
To be an outstanding Trust, delivering excellent health care at home, in our community and in hospital
Strategic objectives

- Patients: Excellence in healthcare
- Colleagues: Engaged, accountable colleagues
- Governance: Trusted, open governance
- Finance: Strong financial foundations
- Partners: Securing the future together
Overview of 2015/16

• A challenging year
• National and local NHS
• Providing high quality sustainable services for the population of Rotherham
• CQC inspections
• Financial and workforce challenges
• New models of care and collaboration
How did it go?

- Improved quality of care, and we addressed learning from CQC visits
- Achieved many of our quality and performance standards whilst not achieving others, including our 4-hour A&E access standard

- Entered our second year of Listening into Action
- Celebrated the fantastic contribution of colleagues, volunteers and partners at our Proud Awards
- Recruitment, training, development and new roles

- Further strengthened governance in the Trust in terms of monitoring and learning
How did it go?

Delivered significant cost improvement and efficiency
• Reduced slightly the underlying deficit of the Trust
• Capital investment / refurbishment
• However, workforce shortages led to increased premium pay which, was the main factor in not achieving £1.9M deficit

Further developing and strengthening relationships with partners
• Key to our sustainability is developing new models of care:
  • Integration of acute and community (home, community, hospital)
  • Developing the vision for Rotherham, and for health and social care across the Rotherham ‘place’
• Acute care collaboration (Vanguard) and STP
Introducing the Executive Team

Tracey McErlain-Burns, Chief Nurse
Chris Holt, Chief Operating Officer
Conrad Wareham, Medical Director
Cheryl Clements, Director of Workforce
Simon Sheppard, Director of Finance
CQC & Quality Report

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Tracey McErlain-Burns
Chief Nurse
Quality Report: Our regulators

February 2015 CQC Inspection

Overall Rating

- Safe? Requires Improvement
- Effective? Requires Improvement
- Caring? Good
- Responsive? Requires Improvement
- Well-led? Requires Improvement

Overview of Ratings

- 25 Good
- 34 Requires Improvement
- 5 Inadequate
## Quality Report 2015/16

**Priorities and achievements for 2015/16**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
<th>Did we achieve this goal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100% of unpredicted deaths of patients in hospital will be reviewed in line with the Mortality Review Process.</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Over 2015/16, the numbers of patients with a length of stay equal to, or greater than 14 days will be reduced.</td>
<td>Yes</td>
</tr>
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| 3        | Achieve minimum 96% Harm Free Care with the following percentage reduction on the 2014/15 baseline:  
- 70% reduction in avoidable pressure ulcers grade 2-4  
- 50% reduction in avoidable falls with significant harm | No. Trending at 94.85%; a 0.5% improvement on the previous year. |
| 4.1      | Significantly reduce the incidence of avoidable harm caused by missed or delayed diagnosis. | See narrative (p20) |
| 4.2      | Significantly reduce the incidence of avoidable harm caused by failure to recognise and manage the adult deteriorating patient. | See narrative (p20) |
| 5.1      | Increase the percentage of in-patients who are not disturbed at night during their admission | Yes – I/P survey scores improved from 7.5 – 8.1 (from staff) and 5.4 – 5.5 (from patients) |
# Quality Report 2015/16

Priorities and achievements for 2015/16

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<tr>
<td>5.2.1</td>
<td>Achieve and maintain a minimum 95% positive Friends and Family Test (FFT) score – in-patients</td>
<td>Yes – 97% achieved</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Achieve and maintain a minimum 86% positive Friends and Family Test (FFT) score – A&amp;E</td>
<td>Yes – 88% achieved</td>
</tr>
<tr>
<td>5.2.3</td>
<td>Achieve a 40% FFT response rate – in-patient areas.</td>
<td>Yes – 41% achieved</td>
</tr>
<tr>
<td>6.1</td>
<td>Increase the number of colleagues who have undertaken training in dementia awareness by 30%</td>
<td>Yes &gt;70% of colleagues now trained</td>
</tr>
<tr>
<td>6.2</td>
<td>A reduction in the number of complaints about our care of frail and elderly patients, including those with dementia, by at least 30%</td>
<td>Baseline data collected; 9 complaints related to dementia care in 2015/16</td>
</tr>
<tr>
<td>6.3</td>
<td>Achieve minimum 90% positive result from the dementia carers survey</td>
<td>90% achieved</td>
</tr>
<tr>
<td>7.1</td>
<td>Achieve 90% of complaint response times on the date agreed with the patient</td>
<td>No, but up from 20% to 41% by February 2016</td>
</tr>
<tr>
<td>7.2</td>
<td>Achieve 20% improvement in the complaints management satisfaction rate over the Q1 baseline position.</td>
<td>Response rate too low to be meaningful</td>
</tr>
</tbody>
</table>
Our priorities for 2016/17

Patient Experience:
1. The management of discharge from hospital
2. Complaints management

Clinical Effectiveness:
1. Mortality

Patient Safety:
1. Medication safety and efficiency
2. Avoiding missed or delayed diagnosis (Sign up to Safety Campaign)
3. Preventing the deteriorating patient (Sign up to Safety Campaign)
4. Harm Free Care
5. Extending the scope of the NHS Safety Thermometer
Patient Feedback

Despite being busy, staff and doctors ....were very friendly with my mother

My care was first class. Everybody was in a friendly mood and willing to help.

Very professional and without fuss! Excellent!

Friendly approachable specialists who are interested in us and our lives....

...always treated with the dignity and respect I deserve.
Performance

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Chris Holt
Chief Operating Officer
Overview 2015/16: Performance

• 18 week waits: achieved the standard
• 62 day cancer referrals: achieved the standard
• 4-hour access standard: delivered in Q1, but not in Q2, Q3, Q4
• Commissioner agreed quality targets: 85% compliance rate achieved
• Joint development of new Urgent and Emergency Care Centre
• Acute & Community Transformation progressed
Improved the patient environment

• Upgrade of Ward A5 (an investment of £60K)
• Transferred Fitzwilliam Ward to Ward A2 (an investment of £275K)
• Transferred Ward B3 to Fitzwilliam Ward (an investment of £142K)
• Transferred Discharge Lounge to Ward B10 (an investment of £142K)
• Transferred Ward B1 to Wards B2/B3 (an investment of £374K)
• Transferred A&E to Ward B1 (an investment of £175K)
• Creation of a second Purple Butterfly (end of life care) room on Ward A2 (with charitable donations of +£64K)
Overview 2015/16: Transformation

5 priority areas for the acute and community transformation programme were agreed for 2015/16:

1. Emergency access and admissions;
2. Structured and systematic management of patient beds (acute care and intermediate care);
3. Embedding supported discharge pathways and site management of patient flow;
4. In-reach and outreach programmes of care for community and hospital staff respectively;
5. Closer ties and integrated working with social and primary care care.
Overview 2015/16: Transformation
Colleagues

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Cheryl Clements
Director of Workforce
Colleagues 2015/16

- Workforce costs
- Sickness absence reduced from 5.2% to 4.44%
- Recruitment of more than 100 EU nurses
- Listening into Action, more engagement
Colleagues 2015/16

Over 300 nominations
Financial Overview

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Simon Sheppard
Director of Finance
Financial Overview 2015/16

- Deficit of £8.8m against plan of £1.9m:
  - Significant premium pay spend

- Cost Improvement Plan of £12.9m recurrent (£12.6m in year):
  - 5.5% controllable costs v. sector average of 3.1%

- Capital programme spend of £13.5m against £14.1m plan
- £15m loan for ambitious capital programme

- Underlying deficit:
  - 2013/14 £9.2m
  - 2015/16 £6.5m
Financial Outlook 2016/17

- Plan for £6.6M surplus, includes:
  - Receipt of £6.5M Sustainability & Transformation funding
- Cost Improvement Plan of £10.5m
- Capital programme of £11.6m
- Underlying deficit:
  - 2016/17 £4.4m to £6.5m
Auditor’s Report: 2015/16

KPMG LLP
KPMG Team

Clare Partridge
Director

Lizzie Wharton
Manager

Jessica Dunn
In Charge Auditor
The Role of External Audit

- Financial Statements Audit
- Use of Resources Audit
- Review of Annual Report and Annual Governance Statement
- Review Quality Report
- Testing of selected indicators

ISA 260 and Audit Opinion

Audit Opinion and Report on Quality Report

Present to Audit Committee and Governors
Key Issues Arising

- Clean, unqualified audit opinion issued
- No unadjusted audit differences
- One audit adjustment to the Statement of Changes in Equity:
  - moving £6.3m from the Revaluation Reserve to the Income and Expenditure Reserve
- Some presentational changes
Six recommendations raised:

- Improving the accounts production process (Priority 1)
- Regular, timely completion and review of bank reconciliations (Priority 2)
- Evidencing the review of the accounts payable reconciliation (Priority 3)
- Use of purchase orders for agency staff payments (Priority 3)
- Accounting treatment of the annual leave accrual (Priority 3)
- Accounting treatment of the Park Rehab Centre lease (Priority 2)
Key Issues Arising

- ‘Except For’ Use of Resources conclusion as a result of:
  - The Trust still being in significant breach with Monitor at year end
  - The Trust has reported a deficit of £8.8m in 2015/16 and has had a FRR of 1 throughout the year.
- Annual Report and Annual Governance Statement consistent with financial statements and complies with Monitor’s Annual Reporting Manual
Key Issues Arising

- ‘The content of the Quality Report complies with the requirements of Monitor’s Annual Reporting Manual
- The content of the Quality Report is not inconsistent with other information sources as specified by Monitor
- Three indicators tested:
  - Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period (mandated by Monitor)
  - Emergency readmissions within 28 days of discharge from hospital (mandated by Monitor)
  - Minimising delayed transfer of care (selected by governors)
Key Issues Arising

- Clean ‘limited’ assurance opinion achieved on the two mandated indicators

- Two recommendations relating to delayed transfer of care:
  - Reporting is not in line with Monitor requirements (Priority 3)
  - System for monitoring performance is substantially manual (Priority 2)
Governors’ Response:

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Denis Wray
Lead Governor
Risks for 2016/17

- Access to the Sustainability and Transformation Fund;
- Delivery of the CIP for 2016/17;
- Capital programme;
- Ability to reduce reliance on premium pay spend;
- Successful partnership working through the acute care collaboration, Vanguard and increased resilience to support the introduction of new models of care;
- Implication of the new junior doctors contract;
- Further transformation across emergency and elective pathways.
Looking Forward:

The new Urgent & Emergency Care Centre

Chris Holt
Chief Operating Office
Questions from the floor?