# hello my name is...

Martin Havenhand
Chairman
Agenda

- Review of 2017/18
- Auditor’s Report
- Governors’ response
- Looking forward
# hello my name is...

Louise Barnett
Chief Executive
Creating a healthier future for Rotherham
Vision
To be an outstanding Trust, delivering excellent healthcare at home, in our community and in hospital

Mission
To improve the health and wellbeing of the population we serve, building a healthier future together

Values
Ambitious, Caring, Together
2017/18
Headlines

Opened the new Urgent & Emergency Care Centre (UECC)

Transferred the GP Out-Of-Hours service from Care UK to the Trust

Awarded the contract to be the second Complex Cardiac Devices centre across South Yorkshire

Pioneered new day case procedures in urology, orthopaedics and gynaecology

Opened a new dementia ward in partnership with RDaSH

Shortlisted for HSJ award for acute children’s services

Fully integrated our Sexual Health services

Successful appointment of new consultants across all Divisions

Trained over 90 individuals in service / quality improvement methodology

Trialled electronic nursing observations

National recognition of acupuncture by the Acute Pain service

Received Nursing Times award for our Primary Ear Care team
Patients  Excellence in healthcare

Which means
• Deliver high quality care to our patients every day
• Put patients at the centre of what we do
• Continuously improve the quality of care and services we provide
• Develop and implement new models of care for the future

In 2017/18 we...
• Delivered strong infection prevention and control
• Achieved improvements in mortality standards
• Secured positive Friends and Family results
• Continued to focus on constitutional targets
Colleagues Engaged, accountable colleagues

Which means

• Recruit, retain and develop a high performing, effective and motivated workforce
• Be a learning organisation with a culture of continuous improvement
• Engage with colleagues and communicate effectively
• Develop strong leadership at all levels of the organisation

In 2017/18 we...

• Reduced sickness absence
• Launched leadership programme
• Supported new apprenticeships
• Had continued recruitment challenges
Governance  Trusted, open governance

Which means

- Have an effective performance framework to help deliver outstanding results
- Be outstanding on the CQC ‘well-led’ framework across the Trust
- Have high quality data to provide robust information and support decision making
- Ensure all teams have regular reviews and updates around key issues and opportunities to learn

In 2017/18 we...

- Collaborate with others through the Place and the SY&B ICS
- Information Governance - training 95% of colleagues
- Responded to 710 Freedom of Information requests
- Successfully tackling increasing number of national cyber attacks
Finances  Strong financial foundations

Which means
- Manage within our approved budgets at all times
- Improve our efficiency and productivity and invest in our estates and facilities
- Use our money and resources wisely – only spend what we can afford

In 2017/18 we...
- Did not deliver the financial plan
- Achieved £8.4m Cost Improvement Programme
- Invested £4.1m on Estates and IT
Partners  Securing the future together

Which means

- Work with our partners to provide sustainable health and care services for the population of Rotherham
- Be open to new ideas and innovations and adopt these wherever we can
- Collaborate with partners across South Yorkshire & Bassetlaw on key services to improve service resilience and sustainability

In 2017/18 we...

- Evaluated the integrated locality approach
- Received the Hospital Services Review report
- Had national recognition for our winter plan
Agenda

1) Financial statements audit – our work and conclusions
2) Quality report – our work and conclusions
3) Questions
## 1) Financial Statements audit – scope of work and findings

<table>
<thead>
<tr>
<th>Scope</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Statements True and Fair View</strong></td>
<td></td>
</tr>
<tr>
<td>• To be satisfied if the accounts comply with the directions provided and proper practices have been observed;</td>
<td><strong>Unqualified opinion</strong></td>
</tr>
<tr>
<td>• Express a “true and fair” opinion.</td>
<td>• Unqualified opinion on the numbers</td>
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<tr>
<td></td>
<td>• Emphasis of mater: Going concern – material uncertainty.</td>
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<tr>
<td></td>
<td><strong>Other</strong></td>
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<tr>
<td></td>
<td>• 10 new control recommendations (2017: 15)</td>
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<tr>
<td></td>
<td>• 11 of the 15 prior year recommendations fully implemented</td>
</tr>
<tr>
<td><strong>Value for Money</strong></td>
<td></td>
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<tr>
<td>• To be satisfied proper arrangements have been made for securing economy, efficiency and effectiveness;</td>
<td><strong>Qualified opinion</strong></td>
</tr>
<tr>
<td>• Findings included in our audit report and opinion.</td>
<td>• Remaining licence condition;</td>
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<td></td>
<td>• Deterioration in financial performance during the year;</td>
</tr>
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<td></td>
<td>• CQC rating: <em>requires improvement</em>.</td>
</tr>
<tr>
<td><strong>Public Interest</strong></td>
<td></td>
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<tr>
<td>• Consider the need to issue a report in the public interest.</td>
<td><strong>No public interest reporting required.</strong></td>
</tr>
</tbody>
</table>
## 2) Quality Report audit – scope of work and findings

<table>
<thead>
<tr>
<th>Scope</th>
<th>Findings</th>
</tr>
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</table>
| **Content and Consistency Opinions** | • Opinion on consistency of content with specified information sources;  
 • Opinion on content as mandated by NHSI.  
 • **Content:** Unqualified conclusion;  
 • **Consistency:** Unqualified conclusion. |
| **Performance Indicators in Scope** | • Assurance over two mandated indicators;  
 • One local indicator – selected by governors.  
 • % of incomplete pathways within 18 weeks for patients on incomplete pathways;  
 • % of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge;  
 • **Local indicator:** Delayed transfer of care. |
| **Reporting / Conclusions** | • Limited assurance opinion – content and mandated indicators;  
 • Private report to Governors detailing findings of our work  
 Mandated indicators: Qualified (4hr A&E only)  
 Findings on following slides.  
 **Local Indicator (DToC):**  
 Three recommendations, see following slides. No opinion required on this indicator. |
2) Quality Report – Our Findings (mandated indicators)

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

Key Finding

• Reconciling differences between the detailed listings, Unify submission templates, and quality report itself. We have recommended additional review controls in this regard.
2) Quality Report – Our Findings (mandated indicators)

Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

Key Findings

1) No supporting documentation was available for patients attending the Walk in Centre - unable to verify appropriate inclusion;

2) 16/45 instances with backdated clock stop dates and amended from ‘breach’ to ‘non-breach’ with insufficient audit trail and supporting records, e.g. rolling back stop clocks between 4 hours and 4 hours 5 minutes to under 4 hours; and

3) Reconciling differences between the detailed listings, Unify submission templates, and the draft Quality Accounts.
2) Quality Report – Our Findings (local indicator)

Delayed transfers of care

Key Findings

1) Reconciling differences between the detailed listings, Unify submission templates, and the draft Quality Accounts;

2) The Trust has not been internally reporting DTOC results using a consistent formalised methodology; and

3) We were unable to agree the new DTOC calculation used (as of October '17) back to national and internal documentation.
# hello my name is...

Gavin Rimmer
Lead Governor
Questions from the floor

Martin Havenhand
Chairman
2018/19 and beyond

Louise Barnett
Chief Executive
Our aims for 2018/19

Objective: 1
Deliver the 9 quality priorities for 2018/19

Objective: 2
Deliver our financial plan and contracted activity

Objective: 3
Deliver our transformation plans to support new models of care and ways of working

Objective: 4
Continue to build on the closer integration with partners across Rotherham

Objective: 5
Ensure our clinical services and strategy are reviewed in light of local and national developments
Enabler 1
Recruit to our top 30 key posts

Enabler 2
Implement Service Line Management across 10 specialties

Enabler 3
Continue to train teams across the organisation in service improvement

Enabler 4
Review and optimise the use of our corporate estate and buildings

Enabler 5
Ensure our core IT infrastructure is fit for purpose
Missed or delayed diagnosis
To improve the rate of electronic acknowledgement of radiology results

Deteriorating patient (including Sepsis)
To improve the time between the identification of the need to screen a patient for Sepsis to the administration of the appropriate antibiotics

Medication safety
To increase the proportion of medication signed for and documented and increase the proportion of patients who receive medication in a timely and appropriate manner on discharge
End of life care
To increase the number of nurses trained in the use of end of life care plans and to increase the number of care plans in place for patients receiving end of life care

Patient discharge from hospital
To improve the percentage of patients safely discharged from the Trust by midday on the day of discharge

Learning from the views of inpatients
To improve the experience of patients across seven specific areas
Preparing for the CQC inspection
To review individual services highlighted in the 2016 inspection and identify where improvements have been made or still need to be made and to review the actions allocated by the CQC and ensure appropriate closure

Improved compliance with the Mental Capacity Act
To improve compliance with the Mental Capacity Act and to increase compliance with adult safeguarding training

Effective outcomes for women and baby
To increase the detection rate for small for gestational age (SGA) babies
Key performance outcomes

• **4-hour** – 85%

• **18 week** – Top 5 in country

• **Diagnostics** – 99.5% waited less than 6 weeks - one of the best performing Trust's in the country

• **Cancer** – Top 20% in the country in 5 out of 9 standards, 62-day standard not met in last 6 months of year
  
  • Recovery plans quickly put in place and compliance expected Q2 2018/19
Our award winning estates and facilities services support the smooth delivery of care day-in day-out.

Digital technology continues to play an increasing role in the way health care is delivered within the Trust and across the NHS.
• Financial Plan of a £20.3m deficit
• Cost Improvement Plan of £9.7m
• Capital Programme of £5.8m
**Across the place (Rotherham)**

- Implementing integrated locality working
- Review of our community and intermediate care bed base
- Developing integrated pathways for children’s acute and community services
- Developing a single-point-of-access across Rotherham

**Across the Trust**

- Enhancing our assessment facilities for Acute Medical Unit, Surgical Assessment Unit and Gynae Assessment Unit
- Developing our ambulatory and frailty pathways
- Separating the planned and unplanned workloads for adult district nursing teams
- Enhancing our Integrated Rapid Response and Home First services

**Across the Integrated Care System (ICS)**

- Developing collaboration arrangements with partner Trusts across the ICS
- Supporting and contributing to the Hospital Services Review process and improving sustainability
Thank you

We aim to build on the progress we have made in 2017/18 and to tackle the challenges we face, to make 2018/19 a year to celebrate for our patients and colleagues.