# Board of Directors
Public AGENDA (held in public)

**Date:** Tuesday 30 October 2018  
**Time:** 0830hrs – 1100hrs  
**Venue:** Boardroom, Level D, Rotherham Hospital

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<td>0835</td>
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## Quality and Safety

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## Strategy and Strategic Planning

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<td>1100</td>
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To ensure smooth transaction of business, the Chairman will invite questions from the public at the end of the meeting only.

In accordance with §152(4) of the Health and Social Care Act, 2012, a copy of this agenda has been provided to Governors prior to the Board Meeting.
MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING HELD ON TUESDAY
25 SEPTEMBER 2018 IN THE BOARDROOM, LEVEL D

Present:  
Mr M Havenhand, Chairman  
Mrs G Atmarow, Non-Executive Director  
Mr J Barnes, Non-Executive Director  
Mrs L Barnett, Chief Executive  
Mr G Briggs, Chief Operating Officer  
Mrs H Craven, Non-Executive Director  
Mr M Edgell, Non-Executive Director  
Mr P Ferrie, Acting Director of Workforce  
Ms L Hagger, Non-Executive Director  
Dr D Hannah, Non-Executive Director  
Mr C Holt, Deputy Chief Executive  
Mr B Mellor, Non-Executive Director  
Mr C Morley, Chief Nurse  
Mr S Sheppard, Director of Finance

Apologies:  
Mrs C Clements, Director of Workforce  
Dr C Gardner, Interim Medical Director  
Ms A Milanec, Director of Corporate Affairs / Company Secretary  
Dr C Wareham, Medical Director

In attendance:  
Dr R Kersh, Associate Medical Director (deputising for Interim Medical Director)  
Mrs L Reid, Head of Governance (deputising for the Director of Corporate Affairs/Company Secretary)  
Miss D Stewart, Corporate Governance Manager (minutes)  
Dr J Terris, Interim Director of Clinical Services Integrated Medicine (from minute 353/18a)

Observers for the duration of the meeting:  
Governors x1  
Members of the Public 4  
Colleagues x1  
Mr K George, The Governance Forum (Observing the Board Meeting, as part of the Board’s Well Led external review process)

344/18 CHAIRMAN’S WELCOME AND APOLOGIES FOR ABSENCE

The Chairman welcomed those present to the meeting with any apologies having been received and noted.

345/18 DECLARATIONS OF CONFLICTS OF INTERESTS

There were no declarations of any conflict of interest. Colleagues were asked that should any become apparent during discussions, that they be declared.
The Chairman welcomed colleagues specifically attending to observe the meeting for this agenda item.

Mrs Barnett reported that although the intention had been to consider the establishment of a Wholly Owned Subsidiary (WOS), in the previous week NHS Improvement (NHSI) had issued a general communication to all trusts which outlined their intention to review the regulatory approach to subsidiary companies.

The regulator had further requested that any plans to create new subsidiaries should be paused until the regulator had concluded its consultation on the proposed approach. New guidance would be issued thereafter.

As a result of this communication, it had been decided not to consider the WOS business case at this time, resulting in no decision to be made by the Board at this meeting.

In order to address any concerns from those colleagues present, the Chairman opened the meeting to any questions from the floor.

During the question and answer session, a question was asked regarding whether the trust would be prohibited from tendering for work should the opportunity arise. Mrs Barnett confirmed that the Trust would still be in the position to explore emerging business/commercial opportunities for services should these arise.

However, in acknowledging that colleagues would have a further period of uncertainty as a consequence of the pause, it was anticipated that the outcome of the consultation to be issued in October, would provide detailed guidance for Trusts proposing to set up Wholly Owned Subsidiaries.

Mr Havenhand clarified that Foundation Trusts had the ability to make decisions about these matters and some organisations may have chosen to continue their discussions regarding WOS’s, whilst Rotherham had taken the decision to comply with the request from the sector regulator. However, should the consultation be protracted, the Board would review its position as the Business Case was complete and ready for consideration.

In concluding the discussion, Mrs Barnett stated her commitment to continue to work with colleagues to ensure they remained informed of the WOS position.

A number of attending colleagues left the meeting room at this point.
QUALITY AND SAFETY

347/18 PATIENT STORY

The Board of Directors received the patient story presented by the Chief Nurse which related to the journey of Maxx through the Urgent and Emergency Care Centre.

Maxx’s mother had specifically approached the Trust requesting that that their positive experience of services be shared with the Board. Although a difficult time for the family, they had been supported throughout the patient pathway and following a brief admission Maxx had been safely discharged home.

PROCEDURAL ITEMS

348/18 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 28 August 2018 were agreed as correct record.

349/18 MATTERS ARISING FROM THE PREVIOUS MEETING

i. Matters arising from the previous meeting (minute 309/18)

With regard to the establishment of a Clinical Ethics Committee, Mrs Barnett confirmed that she had discussed the matter with the Interim Medical Director as Lead Executive and it was confirmed that Committee would be holding its first meeting on 4 October, with the terms of reference being finalised.

350/18 ACTION LOG

The Board of Directors considered and discussed the Board action log, with a number agreed to be formally closed or those which would continue to be monitored.

STRATEGY AND STRATEGIC PLANNING

351/18 REPORT FROM THE CHAIRMAN

The Board of Directors received the report from the Chairman.

Mr Havenhand highlighted a number of specific sections from his report. These included the Rotherham Together Partnership meeting held on 19 September 2018, which had been attended by Ms Hagger, and the continuing arrangements with regard to the Board development programme.

In attending the Barnsley Hospital NHS Foundation Trust’s Annual Members Meeting on 13 September 2018, Mr Havenhand commented that this had been an excellent opportunity to be apprised of performance of another local
trust. Additionally, it had been insightful as to their Annual Members’ Meeting arrangements.

The Board of Directors noted the Chairman’s Report.

**REPORT FROM THE CHIEF EXECUTIVE**

The Board of Directors received the report from the Chief Executive which outlined key strategic issues, performance issues and stakeholder engagement.

Mrs Barnett reported that overall, the Trust remained on track to deliver the 2018/19 Operational Plan. Additionally, there continued to be active engagement with partners across the South Yorkshire and Bassetlaw Integrated Care System and the Rotherham Integrated Care Partnership.

With regard to operational performance against the four key standards, Mrs Barnett indicated that cancer performance remained on track to achieve the quarter 2 target. However, there was a requirement to ensure there was continued focus in this area to mitigate the residual risk. Performance against the diagnostics and 18 week referral to treatment time standards, remained strong.

The four-hour access target continued to remain challenging, with the Board being informed that the planned trajectory had not been achieved. It was also unlikely that the 90% target by the end of September 2018 would be met. Achievement of this target remained a priority, and actions were being undertaken by teams to improve patient experience and flow.

When suggested by Mr Edgell that the Trust work with a neighbouring Trust to share their practice with regard to four hour waits, Mrs Barnett confirmed that best practice from a number of organisations had been sought and utilised but that in particular Barnsley Hospital NHS Foundation Trust had particularly strong performance and this would be explored further to support improvement in Rotherham.

Mrs Craven commented that the Finance and Performance Committee, when reviewing both the financial and performance metrics, had been assured that there was overall progress being made, however the actions taken were not yet sufficiently embedded to achieve the desired improvement. As such, the Committee would recommend the utilisation of the continuous improvement methodology.

In conclusion, Mrs Barnett confirmed that whilst overall performance remained on track against the operational plan, the Executives were not complacent regarding the areas that required improvement.

The Board of Directors noted the report from the Chief Executive.
The Board of Directors received and noted the monthly Integrated Performance Report (IPR) introduced by the Chief Executive.

Mrs Barnett provided an overview of high levels of performance, and invited colleagues to consider individual areas in the reports that followed to facilitate triangulation of the issues. Mrs Barnett reported that top achievements had been 18-week incomplete performance which continued to improve and currently stood at 95.1%, which placed the trust in the top 3 providers. The second top achievement had been Hip Fracture Best Practice Compliance with 100% of patients in July receiving care that met the best practice standards. The national average was 65%, with no other provider delivering 100%.

The most improved areas had been Mortality Rates (HSMR) which had shown significant improvement over the past 3 months. Also, following a review of processes, completion of dementia assessments had recovered to previous levels, although remained short of the national 90% target.

Mr Barnes highlighted to Board colleagues that in addition to the areas of good performance, the IPR also made it evident that nearly 50% of the targets being monitored, were not being met.

Areas of most concern were the national 4-hour standard which was below the NHS Improvement recovery trajectory of 88.2%. The second area of concern was the e-referral slot issues rate, which for July was 41.6%.

The most deteriorated areas had been Delayed Transfers of Care, which had increased from 2.4% to 4.4%, which also impacted on bed flow and the 4-hour standard. The second area of deterioration had been Ambulance Turnaround Times over 60 minutes, which stood at 1.7%.

The Board of Directors noted the Integrated Performance Report, with detailed information on a number of matters contained within subsequent reports.

353/18(a) QUALITY REPORT

The Board of Directors received the Quality Report presented by the Chief Nurse.

Mr Morley reported that following a period of improved performance in relation to complaints response times, the position had unfortunately deteriorated from 100% to 75%. This was as a result of a low number of responses being closed in month, with no backlog issues. The position would continue to be monitored to ensure it improved.

The number of completed Initial Health Assessments for Looked After Children within 20 days had decreased to 62%. Actions to address the need for further improvements in performance continue, which were being
supported by an increase in the number of appointments having taken place. A further meeting with partners had been held in September where discussion had taken place to agree actions to achieve more convenient timing and venues for appointments, leading to better experience for children.

Of the 91 student nurses initially offered posts, 44 are currently expected to commence in September/October, which was higher than previous years Mr Morley commented that the conversion rates following recruitment campaigns may be a topic for the Chief Nurses across partner organisations who were also experiencing the same challenges in terms of conversion rates as colleagues were considering multiple roles in parallel across the patch, as there may be opportunities for a common approach rather than all running competitive processes which inevitability resulted in high withdrawal rates.

The Board of Directors noted the Quality Report.

353/18(b)  
**CLINICAL REPORT**

The Board of Directors received the Clinical Report presented by the Associate Medical Director in the absence of the Interim Medical Director.

Dr Kersh reported that the hospital standardised mortality ratio (HMSR) stood at 103 in July 2018 which was an improvement on the same period in July 2017 when it was 112.1. Whilst a considerable reduction, it could not be attributed to any one specific action taken by the Trust, due to the complexity of the issues, but was attributed to the planned actions being undertaken overall.

With regard to outliers, septicaemia, except in labour, had triggered an alert and as such would be the subject of an in-depth review which would be further discussed by the Mortality Review Group.

The dementia assessments rates had increased to 88.6% following a redesign of the documentation. Whilst the performance target was 90%, the aim was to achieve 100% across all specialities.

Research activities, which were seen as beneficial to support recruitment, continued to increase with the number of recruits into clinical research studies on the National Institute for Health Research Clinical Research Network portfolio standing at 667, against a target of 550.

The Board of Directors noted the Clinical Report.

353/18(c)  
**OPERATIONAL PERFORMANCE REPORT**

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

Mr Briggs reported, as outlined in earlier items, that there continued to good performance in a number of areas.
Performance against the 18-week referral to treatment time incomplete standard continued to see improvements, with the August 2018 un-validated position being 94.7% against the 92% target.

Gynaecology had instigated a number of actions as documented within the report and verbally reported by Mr Briggs, to address their performance against this target which stood at 84.4%. It was acknowledged that the backlog of patients had been building for some time and whilst action appeared to have been protracted, all options had been fully explored.

The commissioners had been briefed of the position and were expecting a weekly update. They had also indicated that the proposed recovery plan would need to be achieved, otherwise they would consider outsourcing the work.

In light of the gynaecology example, Mr Mellor suggested that service improvement should be more rapid to respond to such matters to quickly recover performance.

With regard to the 62-day cancer pathway, the current forecast for quarter 2 was that the 85% compliance target would be achieved and currently stood at 84.8% (un-validated). However, as reported at the previous meeting, there were a number of complex factors associated with this target. Whilst there remained confidence in the processes, quarter 3 performance may be challenging due to the extended bank holidays; however, planning was underway for this period.

Returning to the IPR, the Board discussed the matter of the delayed transfers of care which had been one of the most deteriorated areas of performance and currently stood at 4.4%.

The Board acknowledged that areas of performance solely attributable to the Trust remained relatively positive, however this was a target which required input from a number of partner organisations who had their own specific challenges.

Mr Briggs confirmed that proactive discussions had been held with these partner organisations, resulting in some improved performance in this integrated service, and relationships continued to be positive. Mrs Barnett also confirmed that she had held informal discussions with the Local Authority and raised the matter at the A&E Delivery Board to ensure the commissioners were sighted on the position.

Whilst it was beneficial for the Board to be aware of the action already taken regarding this matter by the Executive Directors, Mr Havenhand indicated that the Board were now expressing their collective concerns regarding the current pathway and the deteriorating position. Mrs Barnett was therefore requested to share the Board’s concern with relevant partners and seek a formal response as to their plans to address the matter.

**ACTION – Chief Executive**
As highlighted by Dr Hannah, the IPR and its supporting appendices, documented two different targets for the percentage of stroke patients admitted to a ward within four hours. It was clarified that the 60% target related to the national average and the 90% target related to the SSNAP audit. The former metric having been agreed by the Board for reporting in the IPR. However, the 90% target was the one to which the Trust aspired.

Whilst the annual review of the IPR indicators and metrics would resolve the matter relating to the stroke target, Mr Holt and Dr Hannah would discuss the position further outside the meeting.

On a separate matter relating to stroke, the deterioration in the proportion of patients supported by a stroke skilled ESD team from 52% to 30% in month was highlighted to the Board. Mr Briggs explained that this was as a result of outliers having to utilise the ring fenced stroke beds and the stroke unit being affected by patient flow. However, Dr Terris informed the Board that the proposed reconfiguration of the acute medical ward should alleviate the problems being experienced by the Stroke Ward.

With regard to 4-hour performance there remained a number of issues around staffing, including junior doctors, middle grade rota and primary care support in the Urgent and Emergency Care Centre. Additionally, length of stay, delayed transfer of care and staffing issues in other departments were all having an impact on patient flow. Mr Briggs supplemented the information contained within his reports with a more detailed overview of the issues.

As a result of the multiple challenges, plans with a small number of key actions had been developed to improve performance to the required 90% and an Action Team led by an Interim Director of Operations was being created to drive both the achievement of the 4 hours’ trajectory as well as the Winter Plan.

The Board acknowledged the multifaceted issues and comprehensive actions being taken to address the fact that the Trust's own trajectory was not being achieved. To provide the necessary assurance on the actions being taken and their sustainability, Mr Havenhand requested that the key elements be circulated to the Board.

**ACTION – Chief Operating Officer**

The Board of Directors noted the Operational Report.

**353/18(d) WORKFORCE REPORT**

The Board of Directors received the Workforce Report presented by the acting Director of Workforce.

Mr Ferrie reported that sickness absence rates stood at 3.55% for August 2018, which was 0.40% below the 3.95% target. To support managers a number of toolkits had been introduced, and would place an increased reliance on managers to monitor sickness absence. Additionally, to support
colleagues remaining at work, the Employee Assistance Programme would be launched on 1 October 2018.

With regard to Personal Development Review compliance, the current position for the organisation was 73.79%. Mr Ferrie remained confident that the target of 90% by the end of September would be achieved with the possible exception of the Division of Integrated Medicine.

Mandatory and Statutory Training performance stood at 88% against the 85% target.

In terms of staff engagement, the National Staff Survey would be launched on the 8 October 2018 and the ‘Flu campaign would commence mid-October.

Mrs Atmarow firstly wished to congratulate the Human Resources team on the overseas doctors’ recruitment campaign. Secondly, she reported that the Strategic Workforce Committee had received assurance regarding the induction processes for these overseas doctors to ensure that they are supported and remain committed to working at Rotherham.

The Board of Directors noted the Workforce Report.

**At this juncture in the meeting, the Chairman announced that notification had been received that the Care Quality Commission was en-route to commence their unannounced inspection. As such, it may prove necessary for the Chief Nurse to step out of the meeting to welcome them on their arrival.**

**353/18(e) FINANCE REPORT**

The Board of Directors received and noted the month 5 Finance Report presented by the Director of Finance.

Mr Shepard reported that the Trust was delivering ahead of plan for August, year to date and the forecast end of year delivery.

In August the overall deficit had been £1,706k which was £22k favourable to the planned deficit. With a favourable £195k against the £9,983k deficit plan.

The capital programme was underspent against its trajectory. As such the programme had been re-profiled, with lead officers required to provide monthly updates to the Director of Finance.

With regard to the cost improvement programme, performance in August had been £243k favourable to plan. The year to date performance was £883k above the plan of £2,553k.

The cash position remained favourable.

Whilst Mr Sheppard remained optimistic of achieving the financial plan, Mr Barnes reminded colleagues that the plan had been back-loaded in the final seven months, with challenges undoubtedly ahead.
Mr Sheppard acknowledged that some of the cost improvements and income had been profiled for the latter part of the financial year; however, he was assured that the trajectory would continue to be delivered. Additionally, the risks were understood, with the Divisions having a programme of attendance at the Finance and Performance Committee in order to provide the required assurance.

The Board of Directors noted the Finance Report, which continued to be monitored in detail by the Finance and Performance Committee.

354/18 DATA QUALITY REPORT

The Board of Directors received the report presented by the Deputy Chief Executive which provided the details of activity related to progress with developments in data quality.

Mr Holt reported that all new indicators in the IPR had been updated and the assurance assessments completed. All would have been signed off by the next Board meeting with an appropriate assurance rating and action plan for improvement.

The Board of Directors noted the report.

ASSURANCE FRAMEWORK

355/18 GOVERNANCE REPORT

The Board of Directors received the Governance Report presented by the Head of Governance.

Mrs Reid specifically highlighted that only 5% of acute trusts, which included Rotherham, and 20% of community and mental health trusts had complied with their contractual obligation to publish their registers of staff interests.

It was reported that Lord David Prior had been announced as the Government’s chosen candidate to take on Chairmanship of NHS England.

The Board of Directors noted the Governance Report

356/18 BOARD ASSURANCE FRAMEWORK

The Board of Directors received the report presented by the Head of Governance proposing the rewording of the Board Assurance Framework risk identifier for B4.

Mrs Reid confirmed that the proposed wording had been considered by the Strategic Workforce Committee on 21 September 2018.

Following discussion by the Board, it was agreed that the risk identifier for B4 be changed to ‘The Trust cannot deliver the range of services and / or Trust
plans it is commissioned to deliver due to insufficient workforce capability and / or capacity’.

The Board of Directors approved the proposed rewording of risk identifier B4.

**REGULATORY AND STATUTORY REPORTING**

357/18  “HOW WE LEARN FROM DEATHS” REPORT

The Board of Directors received the report presented by the Associate Medical Director which outlined the mortality process and the current position.

Dr Kersh reported that the Trust continued to review mortality cases, albeit the process for review varied between Divisions. As such, the process was to be reviewed to ensure that there was learning following a death.

Mr Edgell reported that the Quality Assurance Committee (QAC) had taken the decision to increase the frequency of reporting of mortality and would be taking an overview of the review and continued monitoring of mortality data. Any issues would be escalated to the Board as appropriate.

The Board of Directors noted, rather than approved, the report and were assured that the Interim Medical Director and Dr Kelly, Consultant Anaesthetist, as the lead for mortality, would be reviewing processes to ensure the approach delivered the assurance required. It was agreed that the Board would receive a report from Dr Gardner on the outcome of the improvement work related to mortality review, with the timescale determined by the CEO

**ACTION – Chief Executive**

It was noted that Dr Gardner was due to provide a report to the Quality Assurance Committee in October 2018 regarding the Trust’s mortality review processes.

**BOARD GOVERNANCE**

358/18  TRUST CONSTITUTION – REVIEWED AND REVISED

The Board of Directors received the reviewed and revised Trust Constitution presented by the Head of Governance.

Mrs Reid reported that the Trust’s Constitution had been updated to reflect the standard template provided by the regulator, which had now been adopted by most foundation trusts. Whilst in a new format, the content remained largely the same as previous versions, with the addition of a new annexe to outline the process for any disagreements between the Board and the Council of Governors.

Mrs Reid informed the Board that one of the changes related to the composition of the staff member classes. The recommendation was that whilst there would be the same number of staff governors (5 in total) they
would be from only one overall constituency, rather than the current five. Therefore, all current staff classes would be merged to provide one class which would have five Governors in total.

Ms Hagger indicated that she understood that a section was to have been inserted relating to the code of conduct and, as the Director of Corporate Affairs/Company Secretary was not present at the meeting, this would be clarified on her return from leave, with any proposed addition to the Constitution to be communicated to the Board.

It was confirmed that the annexes to the Constitution were distinct documents in their own right. As such the current versions would be inserted, and replaced as necessary with revised versions.

The Board of Directors approved the revised Trust Constitution subject to the strengthening of the wording flagged by Ms Hagger, if required, and would recommend its approval to the Council of Governors at their meeting on 10 October 2018.

359/18 ANY OTHER BUSINESS

There were no items of any other business.

360/18 DATE OF NEXT MEETING

The next meeting of the Board of Directors would be held on Tuesday, 30 October 2018.

The Board noted that this would be the final meeting for Mr Morley, Chief Nurse, who would be leaving the Trust to take up a new post at Sheffield Teaching Hospitals NHS Trust.

Mr Havenhand, on behalf of the Board, wished to thank Mr Morley for his significant contributions during his time at Rotherham and wished him every success in his new role.

At this point the Chairman opened the meeting to any questions from those observing the proceedings in relation to the agenda items.

A member of the public raised questions regarding public engagement, sustainability of the workforce and overseas recruitment, the relationship between the Trust and its partners, the Constitution and the sale of assets.

Responses were provided by the Board to a number of the matters or information to be incorporated into future reports.
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<td>Escalations from Governors</td>
<td>269/17</td>
<td>To be added to action log: 3 staff governor vacancies out of 5 remain vacant. Execs to consider options available to co-op colleagues to ensure they are engaged and represented through CoG.</td>
<td>Co Sec</td>
<td>30/09/2018 (re constitution)</td>
<td>Constitution has now been approved, and progress is being made with regard to staff Governors: further details will be provided at the October board meeting</td>
<td>Open</td>
</tr>
<tr>
<td>56</td>
<td>31-Jul-18</td>
<td>Report from the Chief Executive</td>
<td>273/18</td>
<td>CEO to consider the format of the quarterly table of objectives to reflect consistency across committees and Board</td>
<td>CEO</td>
<td>30-Oct-18</td>
<td>Complete</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>61</td>
<td>31-Jul-18</td>
<td>Operational Performance Report</td>
<td>275b</td>
<td>'Fragile' services to be included as part of the forthcoming review of clinical services by the Trust</td>
<td>COO</td>
<td>30/10/2018 14/11/2018</td>
<td>To be discussed at Board Seminar on 14 November 2018</td>
<td>Open</td>
</tr>
<tr>
<td>68</td>
<td>31-Jul-18</td>
<td>Guardian of Safe Working Hours report</td>
<td>282/18</td>
<td>Arrangements to be made to facilitate the Guardian meeting with Medical Director before next quarterly report is presented.</td>
<td>Co Sec</td>
<td>30-Oct-18</td>
<td>Complete. Also see agenda item 400/18</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>78</td>
<td>28-Aug-18</td>
<td>Operational Performance</td>
<td>314/18(c)</td>
<td>Board to be assured by ongoing actions relating to annual leave management policy/procedures (to go through SWC first)</td>
<td>COO</td>
<td>30-Oct-18</td>
<td>Details provided to the FPC in October, agenda item 245/18</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>80</td>
<td>28-Aug-18</td>
<td>BAF</td>
<td>316/18</td>
<td>Future reports to Board to include improved narrative as to why committees recommend amendments regarding BAF risk scores.</td>
<td>CoSec</td>
<td>30/10/2018 27/11/2018</td>
<td></td>
<td>Open</td>
</tr>
<tr>
<td>81</td>
<td>28-Aug-18</td>
<td>Responsible Officer (RO) report</td>
<td>317/18</td>
<td>Feedback on arising themes / particular departments etc. from anonymised data contained within the RO report to be provided to Board</td>
<td>MD</td>
<td>30-Oct-18</td>
<td>Included in agenda item 399/18</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>83</td>
<td>25-Sep-18</td>
<td>Operational Performance Report</td>
<td>353/18 (c)</td>
<td>To share the Board’s concern regarding the deteriorating delayed transfer of care performance with the appropriate partners and to seek a formal response.</td>
<td>CEO</td>
<td>30-Oct-18</td>
<td>Action complete.</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>Log No</td>
<td>Meeting</td>
<td>Report/Agora title</td>
<td>Minute Ref</td>
<td>Agenda item and Action</td>
<td>Lead Officer</td>
<td>Timescale/ Deadline</td>
<td>Comment/ Feedback from Lead Officer(s)</td>
<td>Open /Close</td>
</tr>
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</tr>
<tr>
<td>84</td>
<td>25-Sep-18</td>
<td>Operational Performance Report</td>
<td>353/18 (c)</td>
<td>Key elements relating to actions being taken for 4 hour performance to be circulated to the Board</td>
<td>COO</td>
<td>30-Oct-18</td>
<td>Details included in agenda item 396/18(b) report, and previously provided to FPC in October, agenda item 233/18</td>
<td>Recommend to close</td>
</tr>
<tr>
<td>85</td>
<td>25-Sep-18</td>
<td>How we learn from deaths’ report</td>
<td>357/18</td>
<td>Report to Board on the outcome of the improvement work related to mortality review.</td>
<td>MD</td>
<td>25-Nov-18</td>
<td>Added to board planner</td>
<td>Recommend to close</td>
</tr>
</tbody>
</table>
Report: Report from the Chairman

Presented by: Martin Havenhand, Chairman
Author(s): Anna Milanec, Director of Corporate Affairs / Company Secretary

Strategic Objective: Governance: Trusted, open governance

Regulatory relevance: NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring / responsive / well-led

Risk Reference: BAF: All as appropriate
Corporate Risk Register: All as appropriate

Purpose of this paper:

This paper provides an overview of progress on key issues since my last report to the Board on 25 September 2018.

Summary of Key Points:

- South Yorkshire and Bassetlaw Integrated Care System was officially launched on 1 October 2018;
- Performance against the Trust’s 4-hour access standard remains challenging, despite a number of actions having been taken;
- The Board of Directors progressed with its Board Development Programme;
- The Board’s congratulations are sent to Keira Hayden, Paediatric Nurse in our Urgent and Emergency Care Centre, has been awarded the Pride of Britain Fundraiser of the Year award for the region; and
- Thank you to everyone who took part in our extensive CQC Inspection programme.

Board action required:

The Board is asked to note the report.
1.0 Introduction

1.1 This report provides an update since the last Board Meeting on 25 September 2018.

2.0 South Yorkshire and Bassetlaw Integrated Care System

2.1 The SY&B ICS was officially launched on 1 October 2018, after many months of operating in shadow form.

2.2 A number of achievements were made by the ICS whilst in shadow form, including:
   - Securing more than £24M as ‘a partnership in transformation’ funding
   - Undertaken an independent review of hospital services, designed to improve clinical outcomes; and
   - Being part of a £7.5M digital programme to put in place shared personal electronic health and care records across Yorkshire and the Humber.

2.3 The new ICS draft Memorandum of Understanding was supported by the Board of Directors at the September meeting, and with the support of other partners, it was signed off by Sir Andrew Cash, ICS CEO, to enable the partnership to operate as a Level Two ICS.

2.4 ICS performance on NHS Constitution commitments, is being tracked through an integrated scorecard; this is currently being further developed with the enhanced version being used from January 2019 onwards, which will allow performance to be measured in more detail.

3.0 4 Hour Access Standard Performance

3.1 Achievement of the 95% target against the 4-hour access standard, continues to be challenging for the Trust, despite a number of actions having already been taken to improve the situation.

3.2 The situation continues to be monitored by the Finance and Performance Committee, and the Board – with further details regarding the current situation appearing in the Operational Performance Report later on the agenda (396/18(b)).

3.0 Board Development

3.1 The Board of Directors is the decision making body of the Trust, and continually strives to enhance its effectiveness. To enable this, regular board development sessions provide ‘space’ for self-reflection and learning; this also supports the Trust’s Well Led framework, statutory and regulatory requirements.

3.2 The last Board Development Day took place on 5 October 2018, and was externally facilitated by The Governance Forum. The next will take place at the beginning of January 2019.

4.0 Pride of Britain

4.1 We are always proud to hear of the achievements of our colleagues, and look forward to celebrating their successes and recognition.
4.2 Therefore, we were delighted to hear that one of our colleagues, Keira Hayden, Paediatric Nurse in our Urgent and Emergency Care Centre, has been awarded the Pride of Britain Fundraiser of the Year award for the region.

4.3 Keira has been raising funds for lifesaving equipment and is campaigning for tests for heart defects.

4.4 On behalf of the Board, I would like to express our immense pride in the fabulous achievements that Keira has accomplished, and wish her all the best for the national awards.

5.0 Stakeholder Activities

5.1 The Trust welcomed Jonathan Slater, the Permanent Secretary for the Department of Education to the Trust on 8 October. The visit was an opportunity for the Trust to showcase our apprentices and the diversity of roles they are performing. More details can be found in this month’s Workforce Report.

5.2 The CQC finalised their inspections at the Trust last week, with three days of intensive interviews with key colleagues and stakeholders, as part of the ‘Well Led’ element of their review.

5.3 Independent review of the services we provide at the hospital and in the community, gives us all the opportunity to showcase some of the fantastic work that goes on in Rotherham, every day.

5.4 The Board would like to thank everyone who met the regulator at the hospital or at one of our other sites, and for making them feel welcome. This includes colleagues from many departments, wards and localities.

5.5 Members of our Council of Governors were also invited to provide their views on the Trust to the CQC. Independent feedback from patients, the public and partners was also gathered independently by the regulator.

5.6 Thank you to everyone who took the time to provide valuable feedback about the services which we provide.

Martin Havenhand
Chairman
October 2018
Report: Report from the Chief Executive

Presented by: Louise Barnett, Chief Executive
Author(s): Louise Barnett - Chief Executive, Chris Holt – Deputy Chief Executive

Strategic Objective:
- Patients: Excellence in healthcare
- Colleagues: Engaged, accountable colleagues
- Governance: Trusted, open governance
- Finance: Strong, financial foundations
- Partners: Securing the future together

Regulatory relevance:
- NHSI: Licence Condition FT4 / Single Oversight Framework
- CQC Domain: safe / effective / caring /responsive / well-led

Risk Reference:
- BAF: All as applicable
- Corporate Risk Register: All as applicable

Purpose of this paper:
This paper outlines progress regarding a number of key strategic and operational issues and stakeholder engagement since the last Board of Directors’ meeting.

Summary of Key Points:
- Overall, the Trust is on track with the delivery of the 2018/19 Operational Plan, with some good progress in a number of key areas.

- The Trust is currently undergoing inspection by the CQC, with the core services and well-led inspection visits having taken place.

- The Trust’s performance against the A&E four-hour access standard continues to be challenging in September and October, with actions continuing to be taken to drive improvement.

- Actions to achieve Cancer 62-day performance in quarter 2 are on track, with clear actions to mitigate residual risk.

Board action required:
The Board of Directors is asked to note the report.
1.0 Introduction

1.1 This paper outlines progress regarding a number of key strategic and operational issues, and stakeholder engagement, since the September 2018 Board of Directors’ meeting.

2.0 Strategic Issues

2.1 The Trust continues to work actively with partners to improve the health and wellbeing of the population across South Yorkshire and Bassetlaw Integrated Care System (ICS) is attached at appendix 1. A Case Study setting out the progress we have made is attached at appendix 2.

2.2 The Trust is currently being inspected by the CQC, with the core services and well led inspection visits having taken place.

2.3 We continue to work closely with partners to finalise the Winter Plan. This outlines the actions that will be taken to ensure resilience during winter across the Rotherham system. The Trust is very engaged in the process, which is overseen through the A&E Delivery Board which I will chair in November 2018. There is still some residual risk in the plan and actions are being identified which will mitigate the risk for the system, to give the necessary assurance required.

2.4 In addition, the operational planning for 2019/20 is well underway to meet agreed deadlines. The five-year plan continues to be developed. A further system meeting has taken place, chaired by NHS England, including representation from Rotherham CCG, SYB ICS and NHS Improvement. The draft plan will be discussed with the board of directors at the seminar session in November and presented for approval to the board of directors at the end of the month.

2.5 Overall, the Trust is continuing to make progress towards delivering the operational plan. Performance against the Operational plan is set out in appendix 3 for information, in terms of the Operational Objectives, Enablers, and key priorities under each of our five strategic themes; patients, colleagues, governance, finance and partners.

2.6 The planned review of half year performance took place, well attended by colleagues from clinical and corporate divisions. This celebrated the positive progress to date, focused on outstanding challenges and risks to delivery and winter planning. This will inform how we focus during the remaining six months of 2018/19 to ensure delivery of quality, operational, workforce and financial priorities. The lunchtime showcase event was particularly positively received. An evaluation was undertaken to gather feedback from colleagues which will be used to inform future events.

3.0 BREXIT implications

3.1 Following the Government’s white paper regarding ‘The future relationship between the United Kingdom and the European Union’ (July 2018), the Department of Health and Social Care (DHSC) have been working with the EU’s negotiating team to agree terms of the UK’s future relationship alongside the Withdrawal Agreement later this year.

3.2 A raft of technical notices, which may impact health and care, have been published by the government. These include implications for some pharmaceutical companies which may face additional regulatory hurdles, needing import and export licences to trade with the EU – which are not currently required.
3.3 NHS Providers are working with the Department of Health and Social Care (DHSC), and through the Cavendish Coalition and Brexit Health Alliance, to understand and support Trusts and the wider health and care sector with the uncertainty and implications that may arise.

3.4 Three particular issues have been highlighted by the DHSC this month, that require attention; Technical Notice on recognition of professional qualifications; EU settlement Scheme Pilot; applicant eligibility and; Trust Contract Review.

3.5 In terms of the latter, The Trust has been asked to provide DHSC with a summary of those contracts deemed highly impacted, along with the Trust’s planned mitigating activities, by 30 November 2018. The specific requirements for self-assessment have been set out in a letter to the Trust Head of Procurement. The Director of Finance is the Executive Lead for this, with Paul Ralston, Head of Procurement, the Senior Responsible Officer.

3.6 Further details about the three issues are included at appendix 4.

4.0 Operational Performance

4.1 The Integrated Performance Report highlights the key performance within the Trust along with the top achievements and key concerns.

4.2 The Trust’s performance against the A&E four-hour access standard continues to be challenging in September and October, with actions continuing to be taken to drive improvement.

4.3 Actions to achieve Cancer 62-day performance in quarter 2 are on track, with clear actions to mitigate residual risk.

5.0 Stakeholder Engagement

5.1 In addition to the CQC inspections, NHSI undertook the Use of Resources Inspection in September which involved a number of key colleagues. The findings will be provided in the CQC report alongside the findings from the core and well-led inspections.

5.2 Proud Week takes place in November. Over 460 colleagues have been nominated for awards with 52 individuals/teams being shortlisted.

5.3 The Innovation Award has been reinvigorated this year, with over 40 ideas being put forward and a poster event planned for January to share the developments from all the ideas put forward.

6.0 Conclusion

7.1 The Trust is making progress against the Operational Plan, with the strengthening of mitigating actions to address risk particularly in relation to 4 hour performance.

7.2 The Trust continues to work with partners to improve the quality, resilience and sustainability of services for the population we serve.

Louise Barnett
Chief Executive
October 2018
## Appendices

### ICS CEO Report

**SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM**  
**COLLABORATIVE PARTNERSHIP BOARD**  
**19 October 2018**

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Andrew Cash, Chief Executive, SYB ICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sponsor</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Is your report for Approval / Consideration / Noting</strong></td>
<td>For noting and discussion</td>
</tr>
</tbody>
</table>
| **Links to the STP (please tick)** | Reduce inequalities  
Upon health and care  
Invest and grow primary and community care  
Treat the whole person, mental and physical  
Standardise acute hospital care  
Simplify urgent and emergency care  
Develop our workforce  
Use the best technology  
Create financial sustainability  
Work with patients and the public to do this |
| **Are there any resource implications (including Financial, Staffing etc)?** | N/A |

### Summary of key issues

This monthly paper from the ICS CEO provides an:

- Update on the work of the ICS CEO over the last month
- Update on a number of key priorities not covered elsewhere on the agenda

### Recommendations

The Collaborative Partnership Board is asked to note and discuss the update.
1. Purpose

This monthly paper from the ICS CEO provides an:

- Update on the work of the ICS CEO over the last month
- Update on a number of key priorities not covered elsewhere on the agenda

2. Report – October 2018

2.1 ICS Performance Scorecard

We are making good progress on our NHS Constitution commitments to our populations. The attached scorecards show our collective position at July 2018 as compared with other areas in the North of England and also the other ICSs. There are two areas where we are red: 31 day cancer standard (we are 95.3%, the standard is 96%) and 62 day cancer standard (we are 82.9%, the standard is 85%). We are working hard to align across our organisations to improve our position over the next few months in our aim to be the best delivery system in the country for these standards.

We are also working with each of the five places to develop additional standards that go beyond the NHS Constitutional standards to better reflect our collective approach across the system. We hope to have these in place from January.

2.2 South Yorkshire and Bassetlaw Integrated Care System official launch

On 1 October, we officially launched as South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) with our key message to partners, the public and the media focusing on the partnership work between the NHS, councils and the voluntary sector at a local level in each of the five places, with the ICS supporting this work and addressing issues that are best delivered through collaboration across the whole of South Yorkshire and Bassetlaw.

In line with our launch plans, which many of our partners have been involved in shaping, we will be developing our narrative further to convey the breadth of our work as an Integrated Care System. This will involve widely sharing news stories about how at both place and system levels we are transforming primary and community care, improving our offer to citizens with mental health and long term conditions and increasing employment opportunities across the region.

2.3 ICS ways of working/governance review

As part of the ways of working/governance review, engagement with our senior leaders in local authorities, CCGs and Trusts, together with other partners and collaborations, on the current and potential future models is ongoing. Our ambition is to have a draft ready for discussion in late December 2018, with new arrangements starting in 2019.

2.4 Memorandum of Understanding (MoU)

Following discussion at all partner boards and governing bodies, I have signed the Memorandum of Understanding on behalf of the system, with effect from 1 October 2018.
Two of our Chief Executive System Leads, Idris Griffiths and Richard Parker, are looking at how the assurance process might work and we hope to get this to start off with place-based meetings in Quarter 3 (end of November/beginning of December) and Quarter 4 (end of February/beginning of March) in each of our places.

2.5 Public Engagement Workshop

South Yorkshire and Bassetlaw ICS has been selected to be one of the first of six national NHS England public engagement projects, with the aim of reviewing and improving our offer to stakeholders and the public.

Working with an overview of what ‘good’ public engagement looks like for an ICS, taken from statutory guidance and system experiences, the project gives us the opportunity to review what is working well, what could be done better in terms of ICS public engagement and to co-design local action plans. This will be done through a self-assessment process, followed by a Discovery Workshop on 20 November 2018, which many of our stakeholders are invited to.

2.6 Long Term Plan

Following the opportunity to feed into the development of the NHS Long Term Plan, which many of our partners have engaged with at place, the final document is expected to be published in late November/early December.

The Long Term Plan is in response to the Government announcement of additional funding for the NHS and will set out the ambitions for improvement over the next decade, and plans to meet them over the five years of the funding settlement.

2.7 Local Health Care Record Exemplar (LHCRE)

In June the Yorkshire and Humber region was awarded one of five exemplar positions on the NHS Local Health Care Record Exemplar (LHCRE) programme. The programme's ambitious objective is to integrate health and care records across the region with the aim of improving care by providing timely and relevant information to care professionals and citizens securely and safely.

Over the summer a small team has been working with local representatives to understand how we will deliver this commitment and the Yorkshire and Humber Digital Care Board has met to oversee and govern the programme. Our final funding agreement - £7.5 million for Yorkshire and the Humber with an understanding that it will be matched by the region - is now with NHS England and Department of Health and Social Care for approval and they are aiming to release the monies to Yorkshire and Humber within the next few weeks.

The work will both impact and benefit all NHS and social care providers in the Humber Coast and Vale Health Partnership, South Yorkshire and Bassetlaw Integrated Care System and West Yorkshire and Harrogate Health Partnership.

2.8 Sharing systems good practice - North of England

The seven systems in the North of England, three of which are advanced Integrated Care Systems, are now meeting regularly. A key focus of work is looking at common areas where we can learn from each other, without this becoming overly burdensome, and South Yorkshire and Bassetlaw has been asked to lead on respiratory medicine.
3. **Recommendation**

The Collaborative Partnership Board is asked to note and discuss the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

**Date 12 October 2018**
The Challenge

Rotherham has a growing population of older people. This has led to growing pressures on our health and social care services. Unless we develop new ways of working in the community the costs of health and social care are going to rise exponentially. We already have to work closely with our social care colleagues to support people in the community who have complex health and social care issues. We know that we can move further and faster to deliver the required transformation to support system sustainability. We believe our strong track record of partnership working will allow us to deliver an integrated community service model that reduces duplication, delivers efficiencies and supports people to live in their own home.

What Was Done

The integrated locality model is in its fourth year of development. Over the last 2 years the Trust has led The Health Village pilot. This is a multi-professional team incorporating community nurses, social workers, mental health workers, social prescribers and community therapists. It covers a population of 31,000.

The Health Village Team has supported people who require longer term health or social care input. The team has an ethos which focuses on promoting independence and supporting self-management.

The Health Village Team has supported the development of integrated working between community and primary health care. The team has brought together the following community health and social care functions:

- Adult Social Care
- District Nursing & Phlebotomy
- Community Matrons
- Therapies & Reablement
- All Age Mental Health
- Social Prescribing

Staff have worked together to a set of joint outcomes that include; maintaining people in their own home, reducing hospital admissions and reducing reliance on formal care services.

Outcomes
A recent evaluation of the Health Village pilot showed that the move towards integrated health and social care teams is gaining grip. Non-elective admission for people over 64 years living in The Health Village catchment rose by 5% during the period of the pilot. The average rise across the other localities was 12.4%. The Health Village has shown the lowest rise of all the localities. If all localities had achieved an increase of 5% the number of non-elective admissions for the period of the pilot would have reduced by 822. The pilot demonstrated an even larger reduction in GP generated non-elective activity.

Non-elective bed days for people over 64 years, living in The Health Village catchment, fell by 13% during the period of the pilot. The average fall across the other localities was 7%. There was a significant net fall in bed days across the borough. However the Health Village showed the sharpest fall of all the localities.

**Learning from Pilot**

A clear picture is starting to emerge on the learning from the Health Village Locality Pilot.

The development of the GP LTC meeting has produced a platform to allow a more inclusive approach to care management. GPs actively engaged with a wide range of health and social care professionals and were therefore better able to develop wrap-around support for patients.

There were substantial benefits associated with co-locating staff. It created an environment where staff could gain a better understanding of each other’s roles and helped develop greater trust between professional groups. The Pilot has facilitated the development of joint processes and procedures. It has supported robust communication and sharing of information systems. Workers have more realistic expectation of each other’s roles. They have actively engaged with key enablers especially IT and Information Governance.

The Pilot has supported the development of a more proactive multidisciplinary approach to patient care.

**What's Next?**

The Trust will build on the learning from the Health Village pilot and roll out integrated locality working across the borough. We will develop Partnership Hubs in Central, North and South Rotherham. We will develop a service model for integrated locality working, using the learning from The Health Village pilot. The new service model will set out those functions that will transfer from partner organisations. It will describe how the new teams will be constructed and led. The service model will also set the governance framework within which localities operate.

It is proposed that partner organisations transfer functions to the Integrated Localities where it is clear a multidisciplinary approach would add value. The following functions are currently in scope:

- Assessment and care management
- Community nursing
- Management of long term conditions
- Community reablement
- Community mental health services
- Social prescribing

The proposed structure for Integrated Localities assumes that there are 3 partnership areas supporting 7 localities.

Each partnership area will have a leadership team responsible for operational management of all health and social care functions. They will have autonomy to realign resources within the locality in order to achieve the joint outcomes.
Appendix 3 – Operational Objectives Progress
## Operational Objectives

### Operational Objectives and Milestone Plan

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1: Implement the 9 quality priorities for 2018/19</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.1</td>
<td>Agree the baseline measures and improvement trajectories</td>
<td>Apr-18</td>
<td></td>
<td>CN</td>
<td>Delivered</td>
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<tr>
<td>1.2</td>
<td>Produce report on progress since last CQC inspection report and recommended new key actions</td>
<td>Jun-18</td>
<td></td>
<td>CN</td>
<td>Green</td>
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<tr>
<td><strong>Objective 2: Deliver the financial plan and the contract</strong></td>
<td></td>
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<td></td>
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<tr>
<td>2.1</td>
<td>Deliver the activity, clinical and operational performance targets</td>
<td>Monthly</td>
<td></td>
<td>COO</td>
<td>Green</td>
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<tr>
<td>2.2</td>
<td>Deliver the CQUIN and local incentive schemes in full</td>
<td>Mar-19</td>
<td></td>
<td>CN</td>
<td>Amber</td>
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<tr>
<td>2.3</td>
<td>Operate within the agreed expenditure budgets</td>
<td>Monthly</td>
<td></td>
<td>DoF</td>
<td>Green</td>
</tr>
<tr>
<td>2.4</td>
<td>Deliver the 2018/19 cost improvement plans</td>
<td>Mar-19</td>
<td></td>
<td>DoF</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Objective 3: Implement year 1 of the Transformation &amp; Efficiency Programme</strong></td>
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<td>3.1</td>
<td>Business case presented to Trust Board to determine whether to proceed with the Wholly Owned Subsidiary</td>
<td>Jul-18</td>
<td>Sep-18</td>
<td>DoST</td>
<td>Delivered</td>
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<tr>
<td>3.2</td>
<td>If decision is to proceed with the WOS, to undertake implementation in line with the agreed implementation plan</td>
<td>Dec-18</td>
<td></td>
<td>DoST</td>
<td>Red</td>
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<td>3.3</td>
<td>Produce a draft outline 5-year sustainability plan</td>
<td>May-18</td>
<td></td>
<td>CEO</td>
<td>Delivered</td>
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<td><strong>Objective 4: Implement year 2 of the Rotherham Place Plan with partners</strong></td>
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<td>4.1</td>
<td>Locality service specification and model and implementation timescales signed off by CP Board</td>
<td>May-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
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<tr>
<td>4.2</td>
<td>Locality model fully operational across Central Partnership</td>
<td>Jan-19</td>
<td>Mar-19</td>
<td>DoST</td>
<td>Red</td>
</tr>
<tr>
<td><strong>Objective 5: Review our clinical strategy in light of the Hospital Services Review</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Review and agree the clinical service review process and timetable for clinical service reviews and clinical strategy refresh</td>
<td>Apr-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
</tr>
<tr>
<td>5.2</td>
<td>Complete clinical service review and strategy refresh</td>
<td>Sep-18</td>
<td>Dec-18</td>
<td>MD</td>
<td>Amber</td>
</tr>
</tbody>
</table>
## Enablers

### Enablers and Milestone Plan

<table>
<thead>
<tr>
<th>Enabler 1: Recruit to the top 30 key posts</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Agree the top 30 posts and a strategy to fill with clear timescales</td>
<td>Apr-18</td>
<td></td>
<td>DoW</td>
<td>Delivered</td>
</tr>
<tr>
<td>1.2 Produce corporate Trust video to support recruitment</td>
<td>Jun-18</td>
<td></td>
<td>DoW</td>
<td>Delivered</td>
</tr>
<tr>
<td>1.3 Fill key posts with agreed risk and mitigation strategies as required</td>
<td>Mar-19</td>
<td></td>
<td>DoW</td>
<td>Red</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enabler 2: Implement Service Line Management across 10 specialties</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Identify and agree the 10 specialties for implementation</td>
<td>Apr-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
</tr>
<tr>
<td>2.2 Agree detailed implementation plans with clinical leads along with detailed success criteria</td>
<td>Jun-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
</tr>
<tr>
<td>2.3 Deliver implementation plans</td>
<td>Mar-19</td>
<td></td>
<td>DoST</td>
<td>Green</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enabler 3: Train key people across the organisation in service improvement</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Agree wave 2 training cohort and training plan and deployment plan for wave 1 and 2</td>
<td>May-18</td>
<td></td>
<td>DoN</td>
<td>Delivered</td>
</tr>
<tr>
<td>3.2 Undertake service improvement training for all Trust Board members</td>
<td>Jul-18</td>
<td></td>
<td>DoN</td>
<td>Delivered</td>
</tr>
<tr>
<td>3.3 Complete training for wave 2 and identify wave 3 cohort</td>
<td>Sep-18</td>
<td></td>
<td>DoN</td>
<td>Delivered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enabler 4: Optimise the Corporate Estate</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Review and present proposal to Trust Board for future use of RCHC</td>
<td>Jul-18</td>
<td>Dec-18</td>
<td>DoST</td>
<td>Amber</td>
</tr>
<tr>
<td>4.2 Implementation in line with agreed timetable</td>
<td>Mar-19</td>
<td></td>
<td>DoST</td>
<td>Red</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enabler 5: Replace the core IT Infrastructure</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Community laptop replacement programme complete</td>
<td>Jun-18</td>
<td>Jul-18</td>
<td>DoST</td>
<td>Amber</td>
</tr>
<tr>
<td>5.2 All Workstation-On-Wheels (WOW’s) in inpatient areas replaced</td>
<td>Jul-18</td>
<td>Nov-18</td>
<td>DoST</td>
<td>Amber</td>
</tr>
<tr>
<td>5.3 Business case for data and WiFi upgrade agreed</td>
<td>Sep-18</td>
<td>Jan-19</td>
<td>DoST</td>
<td>Amber</td>
</tr>
<tr>
<td>5.4 NHS Mail 2 migration completed</td>
<td>Mar-19</td>
<td></td>
<td>DoST</td>
<td>Green</td>
</tr>
</tbody>
</table>
## Priority Objectives for Patients

### Strategic Theme - Patients: Excellence in Healthcare

<table>
<thead>
<tr>
<th>Topic</th>
<th>Objective</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Priorities</td>
<td>To deliver the Quality Priorities (as outlined in Appendix D)</td>
<td>Mar-19</td>
<td></td>
<td>CN</td>
<td>Green</td>
</tr>
<tr>
<td>4 Hour Access</td>
<td>Achieve month-on-month performance improvement</td>
<td>Monthly</td>
<td></td>
<td>COO</td>
<td>Red</td>
</tr>
<tr>
<td></td>
<td>Achieve 90% 4 hour access performance</td>
<td>Monthly</td>
<td></td>
<td>COO</td>
<td>Red</td>
</tr>
<tr>
<td></td>
<td>Achieve 95% 4 hour access performance</td>
<td>Monthly</td>
<td></td>
<td>COO</td>
<td>Red</td>
</tr>
<tr>
<td>CQUINS</td>
<td>Deliver forecast CQUIN outcome framework</td>
<td>Mar-19</td>
<td></td>
<td>CN</td>
<td>Amber</td>
</tr>
<tr>
<td>Mortality (HSMR)</td>
<td>To maintain HSMR below 100</td>
<td>Monthly</td>
<td></td>
<td>MD</td>
<td>Amber</td>
</tr>
</tbody>
</table>

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## Priority Objectives for Colleagues

### Strategic Theme - Colleagues: Engaged, Accountable Colleagues

<table>
<thead>
<tr>
<th>Topic</th>
<th>Objective</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top 30 posts</strong></td>
<td>Recruit to the top 30 key posts (as per Operational Objective (Enabler) No.1)</td>
<td>Mar-19</td>
<td></td>
<td>CN</td>
<td>Green</td>
</tr>
<tr>
<td><strong>NHS National Survey</strong></td>
<td>Improve overall engagement score by 5%</td>
<td>Sep-18</td>
<td>Dec-18</td>
<td>DoW</td>
<td>Red</td>
</tr>
<tr>
<td><strong>Sickness Absence</strong></td>
<td>To have sickness absence levels of no greater than 3.95% of total workforce.</td>
<td>Monthly</td>
<td></td>
<td>DoW</td>
<td>Green</td>
</tr>
<tr>
<td><strong>PDR / Appraisal</strong></td>
<td>PDR / Appraisal target of 90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Band 7 and above – compliance by end Q1</td>
<td>Jul-18</td>
<td>DoW</td>
<td>Delivered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- All other colleagues – compliance by end Q2</td>
<td>Sep-18</td>
<td>DoW</td>
<td>Delivered</td>
<td></td>
</tr>
<tr>
<td><strong>MAST</strong></td>
<td>MAST Training levels to be:</td>
<td></td>
<td></td>
<td>DoW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 85% for MAST</td>
<td>Monthly</td>
<td></td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 95% for Information Governance</td>
<td>Monthly</td>
<td></td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td><strong>Leadership Programme</strong></td>
<td>Maintain the Band 7 programme to ensure all relevant colleagues have successfully attended the programme</td>
<td>Mar-19</td>
<td></td>
<td>DoW</td>
<td>Green</td>
</tr>
<tr>
<td></td>
<td>Develop and introduce a Medical Leadership programme</td>
<td>Jul-18</td>
<td>Nov-18</td>
<td>DoW</td>
<td>Amber</td>
</tr>
</tbody>
</table>

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## Strategic Theme - Governance: Trusted, Open Governance

<table>
<thead>
<tr>
<th>Topic</th>
<th>Objective</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Line Management</td>
<td>Implement Service Line Management across 10 specialties (as per Operational Objective (Enabler) No. 2)</td>
<td>Mar-19</td>
<td></td>
<td>DoST</td>
<td>Green</td>
</tr>
<tr>
<td>Data Quality Standards</td>
<td>Data quality standards to be completed for all Divisional performance dashboard indicators</td>
<td>Mar-19</td>
<td></td>
<td>DoST</td>
<td>Green</td>
</tr>
<tr>
<td>Well-Led Review</td>
<td>To undertake and complete a well-led review with an agreed implementation plan</td>
<td>Dec-18</td>
<td></td>
<td>Comp. Sec.</td>
<td>Green</td>
</tr>
<tr>
<td>GDPR</td>
<td>Internal audit of GDPR implementation and compliance completed and agreed</td>
<td>Dec-18</td>
<td></td>
<td>Comp. Sec.</td>
<td>Green</td>
</tr>
<tr>
<td>Performance Framework</td>
<td>To refresh and strengthen the performance framework and associated dashboards and implement changes</td>
<td>Jun-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
</tr>
</tbody>
</table>

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Green: On track  
Amber: Off track but remedial plan in place  
Red: Will not deliver as planned
## Priority Objectives for Finance

### Strategic Theme - Finance: Strong Financial Foundations

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Deliver the financial plan and the contract (as per Operational Objective No. 2)</td>
<td>Monthly</td>
<td></td>
<td>COO</td>
<td>Green</td>
</tr>
<tr>
<td>2)</td>
<td>Produce a draft outline 5-year sustainability plan (as per Operational Objective No. 3 (Part 3.3))</td>
<td>May-18</td>
<td></td>
<td>CEO</td>
<td>Delivered</td>
</tr>
<tr>
<td>3)</td>
<td>Deliver against the cash flow profile by delivering the I&amp;E plan and managing debtors and creditors</td>
<td>Monthly</td>
<td></td>
<td>DoF</td>
<td>Green</td>
</tr>
<tr>
<td>4)</td>
<td>Secure appropriate funding to support the 3 year plant and equipment replacement plan</td>
<td>Oct-18</td>
<td>Nov-18</td>
<td>DoF</td>
<td>Amber</td>
</tr>
<tr>
<td>5)</td>
<td>Fully implement Patient Level Costing for all service lines / CSU's</td>
<td>Mar-19</td>
<td>Mar-19</td>
<td>DoF</td>
<td>Amber</td>
</tr>
<tr>
<td>6)</td>
<td>Demonstrate compliance and deliver against Carter Efficiency Plan</td>
<td>Mar-19</td>
<td></td>
<td>DoF</td>
<td>Green</td>
</tr>
</tbody>
</table>

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### Transformation Programme – Across the Trust

<table>
<thead>
<tr>
<th>Programme</th>
<th>Key Milestone</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Across the Trust</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust bed base configuration</td>
<td>Trust bed base configuration plan completed (Phase 2)</td>
<td>Oct-18</td>
<td>Feb-18</td>
<td>COO</td>
<td>Amber</td>
</tr>
<tr>
<td>Development of Assessment facilities</td>
<td>Business case for SAU, GAU and revised AMU agreed</td>
<td>Jul-18</td>
<td></td>
<td>COO</td>
<td>Delivered</td>
</tr>
<tr>
<td>Implementation of AEC and Frailty pathways</td>
<td>Ambulatory service model defined and agreed</td>
<td>Jul-18</td>
<td>Nov-18</td>
<td>COO</td>
<td>Amber</td>
</tr>
<tr>
<td>Review of a Wholly Owned Subsidiary</td>
<td>Business Case and recommendation presented to Trust Board</td>
<td>Jul-18</td>
<td>Sep-18</td>
<td>DoST</td>
<td>Delivered</td>
</tr>
</tbody>
</table>

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36
### Transformation Programme – Across the Place

<table>
<thead>
<tr>
<th>Programme</th>
<th>Key Milestone</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Single Point of Access</td>
<td>Service model for Integrated SPA agreed with ICP Board</td>
<td>Sep-18</td>
<td>Mar-19</td>
<td>DoST</td>
<td>Amber</td>
</tr>
<tr>
<td>Integrated Rapid Response</td>
<td>Service model for Integrated SPA agreed with ICP Board</td>
<td>Sep-18</td>
<td>Dec-18</td>
<td>DoST</td>
<td>Amber</td>
</tr>
<tr>
<td>Integrated Discharge Team (IDT)</td>
<td>IDT joint provider post in place</td>
<td>Aug-18</td>
<td>Oct-18</td>
<td>DoST</td>
<td>Delivered</td>
</tr>
<tr>
<td>Integrated Localities</td>
<td>Locality service specification and model signed off by ICP Board</td>
<td>May-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
</tr>
<tr>
<td>Community &amp; Intermediate Care bed base</td>
<td>Proposal on use of Intermediate Care beds presented to ICP Board</td>
<td>Oct-18</td>
<td>Dec-18</td>
<td>DoST</td>
<td>Amber</td>
</tr>
</tbody>
</table>

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## Transformation Programme – Across the ICS

<table>
<thead>
<tr>
<th>Programme</th>
<th>Key Milestone</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Across the ICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical specialty and strategy reviews</td>
<td>Complete clinical service review and strategy refresh</td>
<td>Sep-18</td>
<td>Dec-18</td>
<td>MD</td>
<td>Amber</td>
</tr>
<tr>
<td>Local partner collaboration</td>
<td>Collaboration arrangements agreed with key partner(s)</td>
<td>Jun-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
</tr>
<tr>
<td>Children and Young People’s services collaboration</td>
<td>Partnership arrangements agreed with SCH</td>
<td>Dec-18</td>
<td></td>
<td>DoST</td>
<td>Green</td>
</tr>
</tbody>
</table>

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- **Red:** Will not deliver as planned

**Notes:**
- **Sep-18**: September 2018
- **Dec-18**: December 2018
- **MD**: Sponsor
- **DoST**: Sponsor

**Sponsorship:**
- **MD**: Sponsor
- **DoST**: Sponsor
## Estates Implementation Milestones

<table>
<thead>
<tr>
<th>Topic</th>
<th>Headline Milestone</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Optimise the Corporate estate</td>
<td>Optimise the Corporate Estate (as per Operational Objective (Enabler) No.4)</td>
<td>Mar-19</td>
<td></td>
<td>DoST</td>
<td>Red</td>
</tr>
<tr>
<td>2) WOS</td>
<td>Determine whether to pursue the development of a Wholly Owned Subsidiary (as per Operational Objective No.3)</td>
<td>Dec-18</td>
<td></td>
<td>DoST</td>
<td>Red</td>
</tr>
<tr>
<td>3) Trust Bed Configuration</td>
<td>3.1 - Proposal on Phase 2 bed base configuration agreed</td>
<td>May-18</td>
<td></td>
<td>COO</td>
<td>Delivered</td>
</tr>
<tr>
<td></td>
<td>3.2 - Trust bed base configuration plan completed (Phase 2)</td>
<td>Oct-18</td>
<td>Feb-18</td>
<td>COO</td>
<td>Amber</td>
</tr>
<tr>
<td>4) Plant &amp; Equipment replacement strategy</td>
<td>4.1 - Develop a risk assessed plant and equipment replacement plan</td>
<td>Jun-18</td>
<td>Oct-18</td>
<td>DoF</td>
<td>Amber</td>
</tr>
<tr>
<td></td>
<td>4.2 - Develop options and funding solutions to support implementation of the plant and equipment replacement strategy</td>
<td>Oct-18</td>
<td>Nov-18</td>
<td>DoF</td>
<td>Amber</td>
</tr>
</tbody>
</table>
## Digital Implementation Milestones

<table>
<thead>
<tr>
<th>Topic</th>
<th>Headline Milestone</th>
<th>Due</th>
<th>Revised Due</th>
<th>Exec Sponsor</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Clinical Backbone</td>
<td>1.1 - Deployment and funding agreed for Electronic Prescribing and Medicines Administration (EPMA)</td>
<td>Jun-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
</tr>
<tr>
<td></td>
<td>1.2 - Paper on recommendation for post-March’19 Electronic Patient Record contract</td>
<td>Sep-18</td>
<td>Dec-18</td>
<td>DoST</td>
<td>Amber</td>
</tr>
<tr>
<td>2) Rotherham Health Record</td>
<td>2.1 - Adult Social Care Services Care Packages viewable within Rotherham Health Record</td>
<td>Oct-18</td>
<td>Nov-18</td>
<td>DoST</td>
<td>Amber</td>
</tr>
<tr>
<td></td>
<td>2.2 – South Yorkshire &amp; Bassetlaw eDischarge correspondence viewed via Rotherham Health Record (RHR)</td>
<td>Dec-18</td>
<td></td>
<td>DoST</td>
<td>Green</td>
</tr>
<tr>
<td>3) Information Management &amp; Analytics</td>
<td>3.1 - 90% of spells coded within 5 days</td>
<td>Jul-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
</tr>
<tr>
<td></td>
<td>3.2 - Automated IPR data acquisition</td>
<td>Dec-18</td>
<td></td>
<td>DoST</td>
<td>Green</td>
</tr>
<tr>
<td>4) Infrastructure</td>
<td>4.1 - Cyber Management tools fully deployed</td>
<td>Dec-18</td>
<td></td>
<td>DoST</td>
<td>Green</td>
</tr>
<tr>
<td></td>
<td>4.2 - TRFT call centre upgrade business case completed and agreed</td>
<td>Sep-18</td>
<td>Nov-18</td>
<td>DoST</td>
<td>Amber</td>
</tr>
<tr>
<td>5) People</td>
<td>5.1 - Secure 2nd Graduate Management Training post</td>
<td>May-18</td>
<td></td>
<td>DoST</td>
<td>Delivered</td>
</tr>
</tbody>
</table>
Technical Notice on recognition of professional qualifications:

The Mutual Recognition of Professional Qualifications (MRPQ) Directive is a reciprocal arrangement which enables European Economic Area (EEA) nationals to have their professional qualifications recognised in an EEA State other than the one in which the qualification was obtained.

If there is no BREXIT deal, the MRPQ Directive will no longer apply to the UK and there will be no system of reciprocal recognition of professional qualifications between the remaining EEA states and the UK.

The UK will ensure that professionals arriving in the UK from the EEA after the exit date will have a means to seek recognition of their qualifications. However, this will differ from the current arrangements.

EU Settlement Scheme Pilot: applicant eligibility:

During November and December, all those who are employed by, or work at an organisation in the health or social care sector in the UK, and are either a resident EU citizen or non-EU Citizen family member of an EU Citizen with a biometric residence card, can apply for status under the scheme.

Trust Contract Review:

The DHSC has been working with the Cabinet Office to implement an approach to identify contracts that may be impacted by changes to trading relations between the UK and EU.
Report: Five-Year Strategy Refresh

Presented by: Chris Holt, Director of Strategy & Transformation
Author(s): Chris Holt, Director of Strategy & Transformation

Strategic Objective:
- Patients: Excellence in healthcare
- Colleagues: Engaged, accountable colleagues
- Governance: Trusted, open governance
- Finance: Strong, financial foundations
- Partners: Securing the future together

Regulatory relevance:
- NHSI: Licence Condition FT4 / Single Oversight Framework
- CQC Domain: safe / effective / caring / responsive / well-led

Risk Reference:
- BAF: B6, B11,
- Corporate Risk Register: none

Purpose of this paper:
To provide an update on changes made and proposed final document for the refresh the current 5-year strategy.

Summary of Key Points:
- The 5-year strategy has been refreshed as agreed in the operational plan
- The document remains in line that which was presented at the September 2018 Trust Board
- A number of additions have been made that strengthen the previous paper, which are outlined within this paper.

Board action required:
For approval.
1.0 Overview of strategy refresh.

1.1 As agreed in the 2018/2019 operational plan, and as outlined in the Annual Planning Cycle, the 5-year strategy has undergone a refresh.

1.2 This was presented to the Board in September 2019 as a draft, and feedback was received. This feedback has been taken into account and reflected in this latest, and proposed final version.

1.3 The main changes that have been made are in this updated version are:

1.3.1 A section has been added under 2.8 in response to the changes in the wider strategic context and how our overall strategy addresses the key themes identified

1.3.2 A section has been added under 3.8 in response to the key challenges facing the Trust, and identifying how the overall strategy responds to these challenges

1.3.3 Following the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis that has been included, sections have been added under 5.1 to 5.4 to outline how the SWOT is being addressed

1.4 The purpose of the additions above is to highlight how the overall strategy responds to the environment that we are currently operating within.

1.5 The remainder of the changes are minor updates and reflect the document that was presented in September 2018.

Board action required:

To approve.

Chris Holt
Deputy Chief Executive / Director of Strategy & Transformation
October 2018
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1. Executive Summary

This strategy sets out how we propose to organise, deliver and develop our services over the next five years.

Our strategy sits within a wider strategic context. Recognition has been given to changes within the national landscape, with the announcement of the NHS 10-year plan and NHS funding settlement. It is also consistent with the aims and objectives of the NHS Five Year Forward View (FYFV), The South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS), The Rotherham Integrated Health & Social Care (IH&SC) Place Plan, Rotherham’s Health and Well Being (H&WB) Strategy and the Better Care Fund (BCF). Our strategy will influence the development of other Trust-wide strategies, such as those for estates, workforce, informatics and public engagement.

Our strategy also sets out key challenges facing the local health and social care economy over the next five years. There continue to be funding challenges. There is a growing older population and the gap between healthy and actual life expectancy is likely to grow. Although we have streamlined services there is still a degree of fragmentation and duplication, especially on the interface between health and social care. There is a need to empower patients so that they are encouraged to take more responsibility for their own care, and there is a need for strong leadership at all levels of the Trust in order to address these challenges.

The Trust’s Vision, Mission and Values remain the same. We want to be an outstanding Trust delivering excellent care at home, in the community and in hospital. Our Mission is to improve the health and wellbeing of the population we serve, building a healthier future together. Our Values are; Ambitious, Caring and Together.

Our strategy explains how far we intend to progress over the coming years. This 5-year vision will be achieved through a programme of work led by each division within the Trust. It is an exciting vision that will support the Trust in its ambition to develop as a thriving district general hospital working alongside a fully integrated community health and social care service.

We want to achieve a CQC rating of “good” or better and this strategy is a vehicle for delivering that ambition. We will maintain key functions that are commensurate with the running of a sustainable district general hospital. We will provide a full range of services from birth to end-of-life, and we will collaborate with partners in primary care and the local authority, developing strong joint working arrangements that benefit patients.
2. **Strategic Context**

2.1 **The NHS 10-year plan**

In March 2018, the Prime Minister committed to a “sustainable long term plan” for the NHS backed by “a multiyear funding settlement”. This was further expanded upon in June 2018, with the confirmation of a new 5-year funding settlement, with an average of 3.4% real terms increase over the next five years. The NHS is also tasked, in return for the increase in funding, with producing a 10-year plan setting out how the service intends to deliver major improvements.

*The Governments priorities and tests for the plan*

There are a number of priorities set out within the 10-year plan, which include:

- getting back on the path to delivering agreed performance standards
- transforming cancer care so that patient outcomes move towards the very best in Europe.
- better access to mental health services, to help achieve the government’s commitment to parity of esteem between mental and physical health.
- better integration of health and social care, so that care does not suffer when patients are moved between systems.
- focusing on the prevention of ill-health, so people live longer, healthier lives.

The government also set the NHS five financial tests to show how the service will put the service onto a more sustainable footing. Those tests are:

1. improving productivity and efficiency.
2. eliminating provider deficits.
3. reducing unwarranted variation in the system so people get the consistently high standards of care wherever they live.
4. Getting much better at managing demand effectively.
5. Making better use of capital investment.

2.2 **The NHS funding settlement**

The announcement of the funding increase was generally received as a welcome investment, but it is also recognised that there are many demands on this funding, which include recovering current performance, closing the current provider deficits, pay awards for staff, keeping up with NHS cost and demand growth, and early steps
to either transform the service or enhance performance in areas like cancer and mental health. This will certainly mean that there are difficult choices required for all Trusts and the funding settlement will potentially not see significant additional monies coming into the NHS to help transform the way services are delivered over the coming years.

2.3 The Five-Year Forward View

The NHS Five-Year Forward View (FYFV) continues to be a blueprint for how care services can be provided and outlines a number of the key priorities. Since the original publication in Autumn 2014, a FYFV Next Steps has been published which outlines the progress made and the priorities looking ahead. These priorities are summarised as:

- **Improving A&E performance.** This requires upgrading the wider urgent and emergency care system so as to manage demand growth and improve patient flow in partnership with local authority social care services.
- **Strengthening access to high quality GP services** and primary care, which are far and away the largest point of interaction that patients have with the NHS each year.
- **Improvements in cancer services (including performance against waiting times standards) and mental health** – common conditions which between them will affect most people over the course of their lives.

There also remains a strong commitment to developing new models of care, with both the Primary and Acute Care Systems (PACS) and Multi-speciality Community Providers (MCP’s) all experiencing lower growth in emergency hospital admissions and emergency hospital bed days than the rest of England. Whereas some of the early findings need to be interpreted with caution, there is a general consensus the integrated models are having a positive effect. The Care Home vanguards are also supporting lower growth in emergency admissions than the rest of England.

The work we have been doing locally within Rotherham, around integrated working in a locality setting has also, through the evaluation undertaken, demonstrated a similar pattern of improvement and we intend to continue to build upon this as part of our strategy.

2.4 Integrated Care Systems (ICS) and Sustainability and Transformation Partnerships (STP’s)

South Yorkshire and Bassetlaw has developed from a Sustainability and Transformation Partnership into an Integrated Care System, and these arrangements build upon the good partnership working established through the Working Together Programme and the early stages of the STP. The ICS within South Yorkshire and Bassetlaw is a partnership of 25 organisations responsible for
the health and care of 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. The ICS is made up of 18 NHS organisations, six local authorities and key voluntary sector and independent partners.

By working together as an integrated care system, the partners are committed to better join up GPs and hospitals, physical and mental health and social care to give patients seamless care. Health and care services also want to support people to prevent illness by making different lifestyle choices and keeping a check on their health. In this way, together, all partners will support real and long-lasting improvements to the health of local people.

Within Rotherham we already have a number of shared pathways in place for a number of specialties with our partners across SY&B and through the ICS we anticipate that we will continue to have discussions with other provider organisations in the future across a range of services.

An early development within the ICS is the Hospital Services Review (HSR), which is looking at the long term sustainable provision of a number of key services. We consider this to be an important vehicle for reviewing services and will continue to work with partners to support the process.

2.5 Rotherham’s Place Plan

Rotherham’s Health and Social Care Community continues to have a strong record of collaboration. Some of the work is being recognised nationally, with Rotherham partners giving presentations at key national events on place-based working as well as contributing to the recent Local Government Association (LGA) review of integrated place arrangements. The second Rotherham Integrated Health & Social Care (IH&SC) Place Plan has been refreshed so that it closely aligns to the revised Health and Well Being (H&WB) Strategy and the Place Plan is therefore see as the delivery mechanism for the health and social care elements of the H&WB Strategy.

The Place Plan has identified five closely interlinked transformational work streams to maximise the value of our collective action and transform our health and care system so that we can reduce demand for acute services, achieve clinical and financial sustainability and improve quality and access of services. These five transformational work streams align to the H&WB Strategy and will underpin its delivery:

- Children and Young People
- Mental Health
- Learning Disabilities
- Urgent Care
Community Care

We continue to make good progress against the priorities identified within the first Place Plan, with some of the headlines being:

- the opening of the new Urgent & Emergency Care Centre.
- the piloting of a new dementia friendly ward between physical and mental health partners to improve cognitive rehabilitation for patients.
- further development of the Rotherham Health Record (SEPIA).
- demonstrable improvements in reducing admissions to hospital based care being evidenced through the integrated locality work.
- successfully embedding occupational therapists into the Rotherham Metropolitan Borough Council (RMBC) single point of access to reduce waiting times for support.

2.6 Health and Wellbeing Strategy

The Rotherham Health and Wellbeing Strategy has also been refreshed and updated (2018-25) and sets out Rotherham’s overarching vision to improve health and wellbeing, enabling people to live fulfilling lives, to be actively engaged in their community and reduce health inequalities in the borough. Through the strategy, the Health and Wellbeing Board has made a commitment to ensure the commissioning and delivery of services are more integrated, person-centred, providing high quality care and accessible to all.

The key aims identified in the Health and Wellbeing Strategy are as outlined below;

- **Aim 1.** All children get the best start in life and go on to achieve their potential and have a healthy adolescence and early adulthood.
- **Aim 2.** All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.
- **Aim 3.** All Rotherham people live well and live longer.
- **Aim 4.** All Rotherham people live in healthy, safe and resilient communities.

2.7 The Better Care Fund (BCF)

The Better Care Fund and improved Better Care Fund (iBCF) continue to be one of the delivery vehicles for Rotherham’s Health and Well Being Strategy. The main focus of the BCF Plan is around integration, effective joint commissioning and multi-disciplinary working. The main priorities identified in the Better Care Fund Plan are;

- An integrated health and social care delivery system which promotes joint working.
• An integrated commissioning framework with joint outcomes and service
specifications.
• More care and support provided in people’s homes.
• Integrated care planning that addresses physical and psychological wellbeing.
• Individuals and families taking more control of their health and care.
• Accurate identification and active case management of people at high risk of
admission.
• Broader use of new technology to support care at home.
• A financially sustainable model that targets resources where there is greatest
impact.

The impact of the BCF and iBCF Plans on patient and service user experience
continues to be significant. As a result of the changes we will make, we expect that
all service users, patients and their carers will have confidence in the care they
receive and feel supported to live independently. We will see a shift from high cost
reactive care, to lower cost, high impact preventative activity.

2.8 Our Response to the Strategic Context

There are a number of recurring themes and issues outlined within the sections
above, and the strategic approach and priorities for The Rotherham NHS Foundation
Trust, outlined within this 5-year strategy, have been designed to directly address the
core points identified:

• We are committed to providing a high-quality, resilient, urgent and emergency
care pathway and in particular delivering to the performance standards
outlined nationally and improving the quality of care across this pathway.
• We are aiming to continue to deliver strong performance across the other key
national performance standards with a continuing focus on elective care and
cancer pathways.
• We will continue to build upon our strong performance across the cancer
pathway, with the intention to all new access timescales and improve cancer
outcomes for the local population.
• We recognise the importance of providing joined up services across physical
and mental health, and we intend to continue with the close relationship,
services and pathways that we have developed with our partner Rotherham,
Doncaster and South Humber NHS Foundation Trust (RDASH).
• We intend to further develop relationships with Primary Care and General
Practice (GP) colleagues. In taking on the GP Out of Hours service across
Rotherham, we have a unique opportunity to build upon this, and see the GP
Federation as a key strategic partner.
• We are committed to further the integration of health and social care and adopt new models for providing services to the local population. We recognise the importance of both the Integrated Care System across South Yorkshire & Bassetlaw, as well as the Integrated Care Partnership (ICP) across Rotherham and will continue our strategic role in both models.

• We intend to continue building strong financial foundations and deliver efficiency and productivity improvements to address our underlying deficit and work to eliminate the deficit altogether. We see working across the ICP and the ICS as being a key contributor to this aim.

• We recognise the critical role technology can play in the delivery of modern health and social care provision and we intend to continue to play a leading role nationally in the development of technology and digital solutions.

Overall, we believe our 5-year strategy provides a cohesive and comprehensive response to what is a very complex strategic landscape.

3. **Key Challenges**

There are a range of challenges facing the health economy over the next five years and we have to be able to adapt to an uncertain economic and social environment, demonstrate leadership, be confident and have capacity and capability to change the way we provide care.

3.1 **Funding for Health and Social Care**

Government funding for health and social care over the next decade is a key concern for commissioners, providers, patients and the public and the increase in health funding is not keeping up with growing demand for services. The announcement of new funding in June 2018 is also with an expectation that there will be changes to the way services are provided. However, the concern, as outlined in Section 2, is that the additional funding will be largely required to address current performance challenges across emergency care and elective care, to fund the recent pay deal for NHS staff, as well as addressing the increased backlog of estates maintenance that has formed during the last few years. This will then leave very little transformation funding to help change service provision, and therefore financial pressures will continue to be felt across the whole sector. Funding for social care has also not been announced, and it is argued that this is actually more critical than health funding, with local authorities continuing to face significant pressure on budgets and reduction in services, which are having an inevitable impact on the way health and social care is provided.
3.2 Local Demographics

Between 2012 and 2028 the number of people aged 65 and over is projected to grow by 35% and by 70% for those aged 85 and over. Increasingly, these people will be living alone. There will also be an increase in the number of people with long term conditions. Currently, there are more than 11,000 people in Rotherham with diabetes and 5,500 on GP stroke registers, and by 2025, it is estimated that there will be over 4,500 people living in Rotherham with dementia.

Rotherham’s Joint Strategic Needs Assessment (JSNA) states that health, deprivation and unemployment in Rotherham is generally worse than the average for England. 19.5% of Rotherham residents live in the most deprived 10% of areas in England.

Life expectancy at birth is 78.1 years for men and 81.3 years for women. The gap in life expectancy between Rotherham and the national average is 1.4 years for males and 1.9 years for females. The gap in life expectancy between the most and least deprived parts of Rotherham for males is significant; 9.5 years for males and 7.0 years for females. Healthy life expectancy at birth is 57.1 years for men and 59.0 years for women. This is 6.2 years less than the England average for men and 4.9 years less for women. This means that both men and women in Rotherham live over 20 years or a quarter of their lives with at least one long term health condition.

3.3 Early Intervention and Prevention

Too many people in England are living with, and dying from, conditions that could have been prevented, including heart disease, stroke, cancer, respiratory illnesses and type 2 diabetes. Prevention is better than cure, whether it is stopping a condition occurring in the first place, stopping conditions getting worse, limiting symptoms, or reducing the risk of one condition leading to the development of another. Encouraging and supporting people to adopt healthy behaviours, identifying physical and mental health problems early and enabling people to manage them effectively once diagnosed will help everyone to live as healthily as possible. The current impact of preventable illness on people’s lives and the health system is immense. We need to ensure that prevention is a priority and take comprehensive action before the challenges facing our health services worsen. Some communities are at a particularly high risk of both physical ill health and of dying early. People in the most deprived neighbourhoods will die on average seven years earlier than those in the richest areas. The most socio-economically disadvantaged groups in our society are 60% more likely to have a long term condition than the most advantaged, and are more likely to experience more severe cases of these diseases.
3.4 Self-Management and Self Care

Approximately 15 million people in England have one or more long-term condition. The number of people with multiple long-term conditions is predicted to rise by a third over the next ten years. People with long-term conditions are the most frequent users of health care services, accounting for 50 per cent of all GP appointments and 70 per cent of all inpatient bed days. Treatment and care of those with long-term conditions accounts for 70 per cent of the primary and acute care budget in England.

Around 70-80 per cent of people with long-term conditions can be supported to manage their own condition.

Self-management programmes have been shown to reduce unplanned hospital admissions, improve adherence to treatment and give back control to patients. There are a number of well-established self-management programmes that empower patients to improve their health. These programmes reduce or remove the need for formal care. They empower patients to become experts in their own care by treating them as equal partners in the care planning process.

3.5 Public Expectation & Dependency

There continues to be a rise in expectations of local health and social care services. The public is making more demands on health and social care professionals and seeking more engagement in decisions about their care.

Within Rotherham, the dependency on care services is particularly high. As a borough, Rotherham is an outlier on a number of key metrics which place considerable financial pressure on the overall budgets available. There are significantly more people in long term residential care than in comparable areas, and there are also more people receiving long-term community care packages. This suggests that more ‘care’ is being provided to local residents than in comparable areas and reinforces the dependency that local people have on health and care provision.

3.6 Workforce

Workforce is a top concern for NHS trusts across the country, with staffing challenges now as pressing as the financial challenge. Recruitment and retention of sufficient staff with the right skills and experience is increasingly difficult across the sector. Trusts are also struggling to match the staffing levels they require with the finances available. These pressures are having a direct impact on trusts’ ability to deliver safe and sustainable high-quality care, and there is increasing recognition and priority that issues need to be tackled urgently.
3.7 Strengthening Leadership

Strong and effective leadership, from the board to the front-line, is a central feature of any successful NHS provider. Good leaders promote professional cultures that support teamwork, continuous improvement and patient care. They can operate effectively when the organisation is under pressure, exerting control whilst at the same time maintaining a high-trust work environment. Strong organisational performance requires distributed leadership, incorporating doctors, nurses and advanced health professionals. Effective leadership requires the engagement of clinicians in the design and reconfiguration of services.

There is substantial evidence that high-performing health care organisations give managers a greater degree of autonomy, enabling decision-making and accountability to be devolved as close as possible to the front line. High-performing health care organisations are also characterised by having long-serving leaders and transitions that preserve their achievements. A factor certain to mitigate the loss of effective leaders is the existence of robust, confident teams capable of building on and sustaining success. There is also evidence of a return on investment in leadership development.

3.8 Our Response to the Key Challenges

As with the strategic context, there are a number of key themes within the challenges identified and it is necessary to outline how the 5-year strategy is helping the organisation respond to these:

- We are committed, through working with our long-term conditions teams across the community and by rolling out integrated locality based teams across Rotherham, to supporting individuals with long term conditions. Identifying these individuals and how care is currently provided across the multiple services available, through joining up health and care records by using technology and then developing a more joined-up offer of care is a strategic priority for our teams.

- We will promote the concept of ‘make every contact count’ to promote the prevention and self-management messages. Our teams make thousands of contacts every day with patients and the public, and we will work to use these contact points to convey key messages about the importance of prevention and the opportunities to adopt healthy life-style options.

- We will continue to work with partners across Rotherham around communication and messaging to support patients on where and how they can address their health needs. Demand continues to rise, and this is often due to individuals not using the most effective and appropriate services e.g. continuing to access emergency care portals when alternatives are available.
We recognise the challenges around workforce and the need to recruit, retain and develop our teams and to develop the right roles for the future in order to provide the care that is needed in the most appropriate setting. We will continue to identify the key roles needed and to focus on these each year whilst providing the best environment and conditions for our teams to work within.

We will continue to focus on the training and development of individuals and teams and build upon the work undertaken so far, through balancing local, bespoke training for our leaders with that which is available on a regional and national level. We see developing the right clinical and non-clinical leadership to work in today’s challenging and complex environment as critical to the future sustainability of the organisation.

4. Clinical Services

4.1 Overview

A key part of the overall strategy is the strategic clinical view around our core services. As part of the strategy development and review, all clinical services have been reviewed by the clinical leadership within the clinical divisions, making an assessment for each of our clinical services against a number of key aspects, which include:

- **Must Have**: what do we believe are the ‘red-lines’ for the clinical service and which we believe we must be providing or undertaking
- **Would Like**: which aspects of the clinical service do we consider as desirable to provide as they support or compliment the core offer
- **Don’t Need**: which aspects do we not need to be doing and can stop (if already providing) or we don’t wish to develop going forward
- **Key Risks**: what are the headline risks that we are faced with or anticipating
- **Key Opportunities**: what are the headline opportunities we can develop or build upon
- **Key Priorities**: what are they top 3 opportunities we should focus on going forward

Following these reviews, an overall assessment on where the clinical priorities and challenges are, has been established and factored in to the development of the wider strategic view, and reflected in the delivery of the overall 5-year vision.

This is reflected further within Section 7 with the identification of 4 clinical care pathways that are identified as strategically critical to develop and provide our clinical services.
5. SWOT Analysis

A SWOT (Strengths Weaknesses, Opportunities and Threats) analysis has been undertaken to help understand the internal and external environment within which the Trust is operating, and to ensure that the strategy is formulated to appropriately address these environmental factors.

**Table 1: SWOT analysis**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Integrated acute and community provider</td>
<td>• Medical leadership in key areas</td>
</tr>
<tr>
<td>• Partnerships across Place</td>
<td>• 4hr emergency access sustainability</td>
</tr>
<tr>
<td>• First wave Integrated Care System</td>
<td>• Reliance on beds across place</td>
</tr>
<tr>
<td>• Strong operational delivery in a number of areas</td>
<td>• Workforce strategy and plan</td>
</tr>
<tr>
<td>• Number of strong specialist services</td>
<td>• Staff survey results</td>
</tr>
<tr>
<td>• New emergency care facilities (UECC)</td>
<td>• Some services are loss-making</td>
</tr>
<tr>
<td>• Integrated locality models launched</td>
<td>• Changing leadership across key teams</td>
</tr>
<tr>
<td>• Leading digital agenda, nationally</td>
<td>• Difficulty in recruiting to key roles</td>
</tr>
<tr>
<td>• Good consultant recruitment across key services</td>
<td>• Ageing estate in a number of areas</td>
</tr>
<tr>
<td>• Strong stakeholder relationships</td>
<td>• Historical financial planning and forecasting</td>
</tr>
<tr>
<td>• Track record of delivering cost improvements</td>
<td>• Small ward layouts in a number of areas</td>
</tr>
<tr>
<td>• Caring culture</td>
<td>• Stability of a number of services</td>
</tr>
<tr>
<td>• Strong day case and elective pathways</td>
<td>• Medical equipment resilience in key areas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Integration of health and social care services</td>
<td>• Demographics (locally)</td>
</tr>
<tr>
<td>• Collaboration with local partners</td>
<td>• Ageing workforce (including primary care)</td>
</tr>
<tr>
<td>• Hospital Services Review sustainability</td>
<td>• Social care funding pressures</td>
</tr>
<tr>
<td>• Pathology services</td>
<td>• Dependency culture across the Borough</td>
</tr>
<tr>
<td>• GIRFT and Carter programmes</td>
<td>• Outcomes of the Hospital Services Review</td>
</tr>
<tr>
<td>• Management of agency and locum spend</td>
<td>• Workforce and recruitment challenges</td>
</tr>
<tr>
<td>• Clinical partnerships with local Trust’s</td>
<td>• Perception from local partners of the Trust</td>
</tr>
<tr>
<td>• Development of a Wholly Owned Subsidiary</td>
<td>• Underlying financial deficit position</td>
</tr>
<tr>
<td>• Securing additional day case &amp; elective activity</td>
<td>• Increasing demand for services</td>
</tr>
<tr>
<td>• Physical space and footprint</td>
<td>• Capital funding availability</td>
</tr>
<tr>
<td>• Nationally recognised pathways i.e. respiratory</td>
<td>• Change in government policy</td>
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<tr>
<td>• Potential funding and capital bids</td>
<td>• Brexit implications</td>
</tr>
<tr>
<td>• Specialist Children’s hospital in ICS</td>
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</tbody>
</table>

5.1 Building upon our strengths

The strategy builds upon the key strengths of the organisation in the following way:

- Developing closer working relationships with partners across the ICS with collaboration with a number of partners around key services as well as the further integration of health and care across Rotherham.

- Building upon our elective and day case pathway with investment in facilities and working across the ICS to be a ‘provider of choice’ for elective care.

- Keeping digital and technology as a key enabler in the provision of care and maintaining a vision of ‘digital by default’ through our digital roadmap.
5.2 Addressing our weaknesses

The strategy aims to address a number of the weaknesses identified, with the following approaches:

- Focusing on developing a robust and resilient urgent and emergency care pathway with investment in facilities and a reconfigured hospital and community bed base with the aim of providing high quality care in line with national performance standards.
- Developing teams and individuals with leadership and development programmes, identifying and recruiting into key posts, and increasing staff engagement and communication.
- Continuing to invest and develop our facilities, equipment and infrastructure and to continue to identify and realise appropriate funding opportunities both within the Trust, across the ICS and nationally.
- Working with partners across the ICP and ICS to focus on providing sustainable services in line with the clinical strategy and reviews.

5.3 Developing our opportunities

The strategy aims to build upon and develop a number of the opportunities identified, with the following approaches:

- Continuing to play a leading role in the development of new models of care with collaboration across the ICS whilst developing a closer working relationship with partners such as Barnsley Hospital NHS Foundation Trust and promoting closer integration of health and care across the ICP.
- Building upon our recent success in securing funding to develop our estate and facilities, with recent successes being the Urgent & Emergency Care Centre and our Assessment facilities and using the space we have wisely.
- Developing a multi-year efficiency plan to deliver on efficiencies identified in areas such as Model Hospital and Getting It Right First Time (GIRFT) and also through working with partners on new models of care provision.

5.4 Mitigating our threats

The strategy aims to support the mitigation of the identified threats in the following way:

- Using communication and better signposting through an integrated single point of access to ease demand pressure by directing users to the most appropriate services.
- Developing new roles and ways of working to address recruitment challenges and by working with partners to understand how clinical networks can be best deployed in ‘hard to recruit to’ specialties
- Focusing on releasing productivity and efficiency opportunities through a joint approach to long term financial planning with partners across the ICP and ICS to help reduce the financial deficit

6. The Trust’s Vision, Mission, Values and Strategic Themes

6.1 The Vision, Mission and Values

The Trust’s Vision is to be an outstanding Trust, delivering excellent care at home, in our community and in hospital. Our Mission is to improve the health and wellbeing of the population we serve, building a healthier future together.

The Vision and Mission reflect the Trust’s ambition to work with patients, the public and partners to make a positive difference to the health and wellbeing of the population of Rotherham and the wider catchments which the Trust serves, and seeks to continue to serve, in the provision of high quality services. Services are provided in a range of settings, with an emphasis on home, then community highlighted ahead of hospital, in recognition of the need to encourage health promotion, self-care and early intervention to avoid hospital admission where possible.

The Trust values seek to create a culture which will support delivery of our Vision and Mission, guiding the behaviour of colleagues across the organisation. The Trust has three values; Ambitious, Caring and Together, which are described below:

**Ambitious** – to set high standards and expectations for the services we deliver not only for our patients but also for ourselves, for example, in terms of quality of care for our patients and clinical services and ways of working for our colleagues and staff, to develop sustainable services for the population we serve.

**Caring**, reflects overwhelming feedback about what our colleagues and patients would like to see from us as a provider, embracing the importance of caring for patients, but also, for each other as colleagues, and caring about our community, our resources, our environment and our future.

**Together**, represents the importance of working together, whether as clinical, non-clinical and multidisciplinary teams, with patients, carers and families to provide high quality patient centred care, with stakeholders and partners across Rotherham, South Yorkshire and Bassetlaw.

The three values form an acronym “act” as shown in Figure 2 below. Values are about the way we act and behave, and “act” provides simplicity to our approach. The
overall aim is for colleagues to live the values, empowering our workforce to be able to explore and make decisions at appropriate levels, to achieve our Vision and Mission. The Trust’s Vision, Mission and Values are shown in Figure 1 below:

**Figure 1:** The Trust Vision, Mission, Values

**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 and Together

**Figure 2:** Our Trust Values

6.2 Strategic Themes

Our Vision, Mission and Values are underpinned by 5 strategic themes as follows:

- **Patients**
  *Excellence in healthcare*

- **Colleagues**
  *Engaged, accountable colleagues*

- **Governance**
  *Trusted, open governance*

- **Finance**
  *Strong financial foundations*

- **Partners**
  *Securing the future together*
This refreshed five-year strategy sets out the level of ambition for each of the strategic themes in terms of where we would like to be by 2022, together with an outcome metric which will be used to determine success against each.

Patients

Excellence in healthcare

We will continue to ensure that patients and families are at the centre of everything we do and we will aim to deliver high quality care to our patients each and every day. We will provide excellent healthcare, at home, in our community and in hospital, and we will organise our services around this ethos. We will promote and support people to be healthy and self-care, treating everyone as individuals, with care and compassion.

We will work to develop resilience across our pathways, in particular the emergency care pathway and we will invest in our maternity, children and young people services to provide greater integration and transition. We will also continue to work with our partners in delivering “parity of esteem” and integrate care planning for people who have mental health needs.

We will continue to focus on providing quality cancer care and ensure that all patients have a seamless pathway providing immediate access to diagnostics and treatment, and we will work to organise our services to achieve compliance with new standards being introduced.

We will work to deliver reductions in unwarranted clinical variation in patient care to provide quality access and care for all, and we will have a continually refreshed clinical strategy for all our services and develop clinically-led solutions for services where long-term sustainability is challenging.

We will listen to feedback, embracing this to continually improve and tailor our services to meet people’s needs. We will rise to the challenges presented for the future, leading the way in working with our patients, partners and the public, to develop and secure high quality, thriving health and care services for the people of Rotherham.

We will work to improve the quality of care that that we provide and will embed an ethos of continuous quality improvement and train individuals to provide them with the tools and techniques they need to do this.

We will set and deliver our quality priorities each year, ensuring a continual focus on patient safety, patient experience and clinical effectiveness. We will see that the pathways we develop provide seamless, joined up care and support patients in the most appropriate clinical setting to meet their needs.
By 2022 we would like to be rated as good by the CQC and outstanding in at least one service.

**Colleagues**

We will have a workforce of talented, engaged and motivated colleagues, with a culture that empowers teams to be open to innovation and embrace change.

We will have strong and effective leaders at every level across the organisation, where colleagues will value and recognise each other’s contributions. Colleagues will lead and shape the vision for their services, working effectively in teams, supported to make changes to continuously improve patient care and meet future needs.

Colleagues will have access to the training and development required to grow and fulfil their roles and we will look to develop new roles and attractive career opportunities which meet current and future service needs.

We will identify and recruit to key posts often by working with our partners across Rotherham place and the ICS to provide training and support to expand roles and working practices to suit changing health and care needs.

Our culture will empower colleagues and we will be a learning organisation with a drive for continuous improvement. We will be a great place to work and be proud of the difference we make, together.

We will work on feedback, using insight from the staff survey and regular ‘pulse checks’ to address areas of concern and see that improvement plans are implemented. We will also focus on the health and well-being of individuals and teams.

We will put great emphasis on good communication and engagement and see that we engage not only with our workforce but with our local community partners and our diverse hard-to-reach groups, to promote the Trust as an employee of choice across the local economy.

By 2022 we would like to be rated in the NHS National Staff Survey as Top 20% of peer group for the Overall Engagement Score.

**Governance**

We will have effective governance arrangements that support the delivery of high quality, sustainable healthcare. We will listen to feedback, complaints, claims and incidents, and ensuring we learn when things don’t go well, in a safe and supportive environment. We will continue to be open and transparent about what we do and use high quality data to provide reliable information to support effective decision making.
We will ensure effective governance and performance frameworks and continue to see that all teams have regular reviews and feedback around key issues and have opportunities to learn. We will also work with our clinical divisions to ensure that the right support is in place to allow them to deliver and that there remains effective two-way communication to provide appropriate sharing of information and escalation.

Our aim is to deliver against all of our constitutional standards building upon the excellent foundations we already have whilst focussing particularly on those areas of most challenge.

We remain committed to the implementation of Service Line Management across all teams, providing them with the information they need, through integrated performance reports and clarity of structure and role and clear accountabilities.

Our ambition of compliance, with clear up-to-date policies, procedures and escalation processes, will support the delivery of sustainable healthcare and give confidence in the care we provide.

By 2022 we would like to be rated as outstanding for the well-led domain as assessed by the Regulator(s).

**Finance**

**Strong financial foundations**

We will use our money and resources wisely, improving our financial performance by delivering our service transformation and making savings and becoming more efficient where we can.

We will have an ongoing understanding of the costs of delivering services and take appropriate actions, where we can, to improve productivity and efficiency of care delivery. We will manage within our annual approved budgets, addressing the underlying deficit, and continue to work with partners across the ICP and ICS on the long-term view of financial sustainability and the actions needed to be taken.

We will invest in quality, our estate and technology to support our teams to continuously deliver high quality integrated services for the population we serve. We will build upon the opportunities outlined in Getting It Right First Time (GIRFT) and Carter / Model Hospital opportunities and ensure that these are realised year on year.

We will continue to train our teams in financial management tools and techniques, and embed regular and accurate forecasting. We will have an active 5-year business plan which is reviewed annually, with place partners, to develop a long term financial model and plan.
By 2022 we would like to be assessed as 2 for effective use of resources by the Regulator.

We will be working together to improve the health and wellbeing of our local population. We will continue to engage with our patients and their families to understand how our services need to be designed to meet their needs, now and in the future.

We will be working with our partners across Rotherham, through the Integrated Care Partnership, delivering integrated locality based health and social care services for children, young people, adults and families to avoid duplication and improve coordination.

By collaborating with our partners across South Yorkshire and Bassetlaw, we will continue to play a leading role in improving access and sustainability to high quality, resilient NHS services for all. We will play a leading role in helping shape and deliver the Integrated Care System.

We see new ideas and innovation as fundamental in the delivery of sustainable services in the future and we will support teams to identify and deliver on such opportunities.

By 2022, we aim to have delivered the ambitions set out within the Rotherham Place Plan. We also anticipate there to be a formal assessment mechanism to be established by the Regulator for “strategic change” and that we will set an ambitious target against this framework which we will have successfully achieved.

### 7. Five Year Vision: 2017 - 2022

#### 7.1 Overview of the Five Year Vision

The Trust has a clear vision as to where it will be in five years. We will continue to develop as a thriving district general hospital, which has a strong reputation for innovation and good quality care and to have a strong community services offering that will be appropriately aligned and integrated with the acute setting. We will achieve a CQC rating of “good” or better and to sustain this throughout the period of this strategy. We will develop into an organisation that is sustainable and financially viable within the current economic climate. We will develop a fit-for-purpose estate and IT infrastructure, embracing new technology and one-public estate principles.

We will maintain key functions that support the running of a sustainable district general hospital. These functions will include (among others); maternity services, an acute medical take, elective surgery, anaesthetics and an urgent and emergency
care pathway. We will provide a full range of services from birth to end-of-life. We will collaborate with other providers developing strong partnership arrangements that benefit Rotherham patients.

We will have a strong urgent and emergency care function supported by emergency assessment units for both adults and children, and we recognise the importance of supporting those with frailty conditions. We will have smaller specialist wards but will provide specialist care pathways for other parts of the sub-region. These specialist care pathways will support more patients, ensuring the future sustainability for the whole Trust. We will provide a comprehensive outpatient service as close to home as possible.

We will provide a strong community health service offer, where we will continue to roll out integrated locality teams and high quality community reablement services. Community services will be jointly commissioned, delivering health and social care outcomes. We will support hospital discharge and prevent admission. We will promote self-management and work with people so that they can maintain their independence. We will provide targeted support to care homes and we will develop a single point of access into health and social care services.

We recognise that it is not enough to just support people when they are ill. We will contribute to broader public health objectives such as increasing healthy life expectancy, reducing levels of obesity, smoking and alcohol/drug use. We recognise that the health and social care economy cannot be sustained without these issues being tackled.

We will continue to review our performance framework so that it gives us full visibility across acute and community services based on the principles of service line management, robust data quality and business analytics. Using the Rotherham Health Record, we will use information and intelligence to drive performance forward.

We will build local leadership capacity and capability as part of our workforce plan. This will involve a breadth of leadership development opportunities. We will develop a transformational leadership framework that ensures a robust process of coaching, mentoring and supervision for leaders at all levels. We will create a work environment which is sustainable for staff, creating a culture which makes staff feel valued. We will invest in our workforce, creating new roles and increasing productivity.

7.2 Delivery of The Five Year Vision

The delivery mechanism for the strategy is cascaded through the annual planning framework that will see priorities and objectives set to support the overall strategy, supported by a transformation and service improvement team. The Trust currently has four Clinical Divisions, each of which contains Clinical Support Units (CSUs), and a Corporate Division. Each Division will play an active role in the promotion and delivery of the strategy through their leadership and teams.
The clinical priorities over the coming years can be viewed from a number of perspectives, and two are offered up within this strategy:

7.3 Across the Footprint

The Trust operates within a number of different areas or ‘footprints’ and this has been used to articulate the range of priorities that need to be delivered upon. The three footprints considered are:

- **Across the Trust**: providing a **sustainable** district general hospital providing high quality care with a strong community services offering appropriately aligned and integrated with the acute setting
- **Across the Place**: developing closer **integration** of health and social care, providing care close to, or at home as much as possible to improve the wider health and wellbeing of the local population
- **Across the ICS**: working on **collaboration** with partners, providing sustainable services and developing and promoting system working

These three footprints are used within the overall strategy to support the priorities and focus moving forward.

7.4 Across the Pathways

Within this document the clinical priorities are also structured and grouped according to four clinical care pathways:

- **Urgent, emergency and acute care**: providing a robust, resilient pathway on a 24/7 basis with timely access for those who need urgent and emergency care
- **Elective care**: to be a high performing provider of choice across Rotherham and SY&B for elective day care and inpatient services for adults and children
- **Community & Intermediate care**: to develop integrated community services across health and social care providing a coordinated offer close to, or at home.
- **Maternity, children and young people services**: to provide maternity choice for mothers, community and hospital paediatric care, and seamless transitional care for young people into adulthood

Priorities across each of the pathways are provided in the following sections, with a principle priority in each pathway for across the Trust, the Place and the ICS. This is summarised in table 2 below.

There are separate plans supporting this strategy identified for workforce, digital, finance, estates and quality although a number of the estates and digital priorities are outlined in section 12.
### Table 2: Overall priorities

<table>
<thead>
<tr>
<th>Across the Trust</th>
<th>Across the Place</th>
<th>Across the ICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent, Emergency &amp; Acute Care</strong></td>
<td>• Embed Assessment, frailty &amp; AEC pathways with UECC &amp; fit-for-purpose acute bed base • Recruitment to key roles • Sustainable performance</td>
<td>• Integrated Single Point of Access (Incl. CCC) and enhanced Integrated Rapid Response • Prevention and Self Care • OOH’s consolidation</td>
</tr>
<tr>
<td><strong>Elective / Planned Care</strong></td>
<td>• Develop elective inpatient and day-case surgery offering • Modernise outpatient services • High performing pathways for elective &amp; cancer</td>
<td>• Greater community based outpatients &amp; procedures • Repatriation of Rotherham patients • Development of alternative skills &amp; roles</td>
</tr>
<tr>
<td><strong>Community &amp; Intermediate Care</strong></td>
<td>• Reconfigure community bed base (incl. Intermediate Care) • Revised workforce model and skill mix • Integrated discharge team</td>
<td>• Implement integrated localities &amp; partnerships • Reconfigured reablement offer • Develop coordinated approach to care homes</td>
</tr>
<tr>
<td><strong>Maternity, Children &amp; Young People</strong></td>
<td>• Secure maternity and children’s services • Provide maternity choice (Obstetrics, ALMU, Home) • Reconfigure general and specialist gynaecology services</td>
<td>• Support transition from children to adult services • Integrate children’s pathway &amp; community hubs • Implement Continuity of Carer (as per Better Births)</td>
</tr>
</tbody>
</table>

8. **Urgent, Emergency and Acute Care**

Achievement of the 4hr access target continues to be a challenge within Rotherham, as it is nationally, driven in part by increasing demand and workforce challenges. The new Urgent and Emergency Care Centre (UECC) opened in July 2017, as planned, and brings together primary and secondary care clinicians to provide urgent and emergency care services.

Robust management and sustainability for the whole pathway is fundamental in providing care to the local population and it is acknowledged that increased partnerships and joint working arrangements will be required to achieve this.

Three of the priorities across the Urgent, Emergency and Acute Care pathway are;

1. Implement and embed the UECC with acute assessment units, ambulatory and frailty pathways and a reconfigured, fit-for-purpose acute bed base
2. Implementation of an integrated single point of access (including the Care Coordination Centre) and enhanced Integrated Rapid Response service
3. Provide sustainable acute based services and specialist sub-regional pathways
8.1 Implement and embed the UECC with acute assessment units, ambulatory and frailty pathways and a reconfigured, fit-for-purpose acute bed base

In July 2017 the new state-of-the-art Urgent and Emergency Care Centre (UECC) opened at Rotherham Hospital. The Trust also took on responsibility for running the GP out-of-hours services across Rotherham, which is based at the UECC and allows the closer integration of Primary Care services.

Part of our strategy to deliver urgent and emergency care will be appropriate, right sized assessment facilities along with pathways aimed at facilitating safe and effective treatment and discharge pathways. We will have assessment units to provide, as a minimum, an effective acute medical unit (AMU), surgical assessment unit (SAU), paediatric assessment unit (PAU) and a gynaecology assessment unit (GAU).

We will also provide short stay medical and surgical wards to focus on the 24-48 hour length of stay patients and working very much in line with the assessment units, and with timely and effective access to diagnostic services, all provided 7 days a week.

We will continue to embed Trust wide ambulatory care pathways (medical, surgical and paediatric) with dedicated facilities from which ambulatory services can be located. We will also embed effective emergency surgical ambulatory pathways to maximise same-day emergency surgery.

In order to support the emergency portals, assessment units and short stay facilities, we will have appropriate in-patient speciality beds. We will therefore have an in-patient bed base that will support the sub-specialisms and as far as possible separate out the non-elective bed base from the elective. We will also have appropriate flexibility built in to deal with surges in demand and to avoid these surges impacting on the safe, sustainable running of each pathway. In addition, we will have greater operational resilience by working within a structured framework with clear escalation triggers and responses aligned to both internal and external changes, over a 7-day period.

We will invest in wards so they will be refurbished to provide a clean, safe environment with appropriate gender specific facilities (where appropriate). Clinical technology solutions will be deployed to support clinical practice and care and to support communication and information sharing across the Trust (and with partners, where appropriate).

The medical workforce will be configured to provide appropriate levels of seniority in the right place at the right time, with the use of alternative roles and specialists to
support areas where recruitment may be difficult. Pharmacists will be used in greater numbers, along with therapists and other health care professionals.

8.2 Implementation of an extended Care Coordination Centre (an integrated single point of access and enhanced Integrated Rapid Response service)

The Care Coordination Centre (CCC) acts as a portal into community health services. The key functions of the CCC are:

- Coordination of supported discharge care pathway
- Single point of access into community nursing services
- Central referral point for NHS 111 into community health services
- Single point of access for GPs when supporting patients with an urgent health need
- Clinical advice on the availability of alternative levels of care for ambulance patients

Over the coming years, we will work with partners to provide a single point of access into all community-based health and social care services. This will reduce costs associated with several call centres. The new 24/7 call centre will be more accessible for people who require support. It will have access to GP, hospital and social care records, enabling greater visibility and connectivity. It will support ED with redirecting patients to alternative care provision. It will support long term condition case management through the use of telehealth monitoring and telephone health coaching.

The Integrated Rapid Response service is the vehicle through which the Trust delivers urgent, unplanned care in people’s own homes. It is a reactive service that can work alongside locality teams to support patients who are medically fit for discharge, can be cared for at home but are waiting for the appropriate health or social care package to be assessed and put in place. It also supports patients who are at immediate risk of hospital admission.

Looking ahead, we will continue to develop the IRR service so that it incorporates social care and mental health. The new service will incorporate social workers, mental health workers and care enablers. The service will be accessed through the Care Coordination Centre or directly by locality teams. We will also collocate the CCC and IRR together so that they can better respond to urgent needs and gain a greater appreciation of available pathways and response.
8.3 Provide sustainable acute based services and specialist sub-regional pathways

We continue to have a number of services that feature resilience and sustainability challenges, but are considered potentially core services in the provision of acute based services. Whilst some of these services may continue to function as stand-alone services, a number will be better provided through greater collaboration and partnership working with others.

These partnership arrangements may take many forms and the priority is that we will be proactive in identifying those specialties that are most appropriate for partnership arrangements and then develop strategies to address them. To do this we will undertake regular clinical specialty reviews across all specialties (and sub-specialties where appropriate) in order to ensure we are clear on future clinical, financial and operational sustainability.

The Integrated Care System and the Hospital Services Review has already begun work on five services, looking at how these could be provided in a more sustainable manner across South Yorkshire & Bassetlaw. We will continue to support the HSR and the ICS by playing a leading role in developing the solutions to provide greater sustainability and see that all transformation and reconfiguration discussions actively promote the interests of the local population to ensure services are provided that best meet the needs of Rotherham residents.

We also believe there are a number of specialties where we can demonstrate strong performance, a track record in delivery and where we can bring significant advantages in terms of provision and will be looking to take a leading role in such services on behalf of the ICS.

Outwith the wider ICS and HSR, we will continue to develop collaboration agreements with local Trusts and with Barnsley Hospitals NHS Foundation Trust in particular, where we believe that working closer together can provide joint benefits and improve resilience across urgent and emergency care pathways.

9. Elective Care

Elective care pathways are currently provided across both medical, surgical and orthopaedic specialties such as general surgery, orthopaedic surgery, ENT, urology, ophthalmology, maxillofacial surgery, cardiology, gastroenterology, dermatology, gynaecology and endoscopy among others. These are provided in both inpatient and outpatient settings with well developed, well run anaesthetics and theatre teams.

Three of the priorities across the Elective Care pathway are:

1. Development of elective inpatient and day-case surgery offering.
2. Effective and efficiently organised outpatient services, maximising community settings.

3. Sustained delivery of services and waiting time standards for cancer.

9.1 Development of elective inpatient and day-case surgery offering

The Trust continues to demonstrate strong performance across the elective care pathway. Benchmarking performance suggests that efficiency levels are good, but opportunities do remain. We will therefore build upon this by continuing to drive efficiencies to ensure that we our maximising the use of our current facilities. We will continue to use information better and have demand and capacity planning across all specialties which will support, where appropriate, annualised job-planning.

We will work with partners across SY&B to see how we can support any capacity deficits and also look to become a ‘partner of choice’ where deficits do exist. We will continue to promote our strengths in orthopaedic surgery, which is a service that has a strong reputation across the region for orthopaedic training.

We will invest within our theatre capacity and develop plans for refurbishment and expansion, building upon the developments already submitted to the ICS.

We will also focus on expansion of our day-case offering. We will invest in the admission and recovery facilities to ensure they are right sized and provide appropriate patient privacy and dignity in a clean safe environment. We will also link the day-surgery offering to the emergency ambulatory pathway to maximise the emergency care pathway (see section 8.1).

We will also continue to modernise the workforce model to reflect the service offering and also make appropriate investments to ensure that skills are provided and roles are developed.

9.2 Effective and efficiently organised outpatient services, maximising community settings.

Outpatient services are often the first point of contact that most elective care patients have with the Trust. Getting things right at this stage of the pathway can have significant benefits in terms of patient safety, quality and cost further downstream.

Our main objectives will be to improve patient experience within the service and ensure the service is run as efficiently as possible, whilst maximising the use of community based settings. We will continue to reduce the number of cancellations that are made, particularly by the Trust, and aim to eliminate cancellations with less than 6-weeks notice. We will continue to use partial booking solutions where appropriate, and reduce the number of clinic appointments lost due to patient non-attendance.
We will reduce our reliance, where appropriate, on hospital based, consultant led-clinics. We will use alternative clinical settings in either community or primary care facilities to move, where appropriate and effective, as many outpatient services into the community as possible, freeing up capacity on the hospital site for additional activity identified elsewhere in this strategy.

We will continue to reduce new-to-follow-up rates and deploy best practice to ensure that we only bring patients to face-to-face appointment where necessary. We will use technology as an alternative interface and provide a greater patient experience. We will develop one-stop pathways and we will work with GPs to develop better systems for managing the long term follow-up of patients. We will improve immediate access to specialist advice for primary care to prevent unnecessary delays or referrals.

9.3 Sustained delivery of services and waiting time standards for cancer care

Delivering sustained access to care for cancer pathways in line with the constitutional standards is something that the Trust has been able to achieve with success over the last few years. However, with pressures across all pathways increasing and access standards being shortened we will need to make changes and investments in the way care is provided and pathways are established.

We will ensure diagnostic access is timely and we will undertake and continually review, demand and capacity planning for all key specialities to ensure sufficient arrangements are in place to meet the forecast demand.

We will ensure that appropriate collaborative arrangements are in place where pathways involve other organisations, which is the case for a number of complex cancer pathways, and that arrangements and roles and responsibilities are clear and understood by both parties as best we can.

We will also ensure that regular information is provided to teams to help them manage appropriately and that reviews are built into appropriate performance frameworks and Service Line Management principles.

10. Community and Intermediate care

The main focus of the community services pathway work is on integration across health and social care. Integration will reduce levels of fragmentation, deliver efficiencies whilst at the same time improve the quality of care delivered. Successful integration of community services will mean that patients will experience a holistic service, where they only have to tell their story once and where there is a coordinated response to support provided.

Three priorities for Community and Intermediate care services are;

1. Reconfiguration of the community bed base
2. Development of integrated localities
3. Good quality end of life care

10.1 Reconfiguration of the community bed-base

Our current community and intermediate care bed-base offer is over-provided, fragmented and expensive. The Trust support beds that are spread over several sites, located in buildings which are not fit-for-purpose. There is also an over-reliance on beds within the Rotherham health and care community, and there is a commitment to move away from a bed-based approach to care and more to a model where we focus on recovery in the home.

Building the right capacity and capability for an integrated intermediate care service is a key element in driving this forward. Therefore, we will develop a fully integrated intermediate care offer, with the right number of beds and home-based resources to meet demand.

We will therefore look to establish a reconfigured intermediate care offer, which may be undertaken in a number of phases. The ultimate aim however would be to co-locate all intermediate and community based beds into a Reablement Village which would be a Centre of Excellence for community rehabilitation and reablement, supporting people to maintain independence and self-manage their condition. It will support community integration for people who are at risk of social isolation. It will optimise physical, mental and social wellbeing by working in partnership with other professional groups. The Reablement Village will be closely linked to the integrated locality teams who will lead on the management of rehabilitation and reablement programmes.

There is also the potential to create a flexible bed-base in the community where patients can go once they are medically fit, even if they are not yet ready to return home, and which could support pressures within the hospital setting. If in doing this we can ensure that quality of care and overall length of stay is not compromised by transferring a patient from hospital to a care home bed, then we can free up capacity within the hospital, and also act as flexible capacity, which it is difficult to do within the current hospital setting.

Allied Health Professions (AHP’s), and in particular therapy services expertise in rehabilitation and enablement is vital to the shift away from over-reliance on hospitals and professional interventions. We will work with Rotherham MBC to integrate rehabilitation and homecare services, using domiciliary carers to promote independence, improve physical function and support community integration. AHPs will make a contribution to faster diagnostics and earlier interventions in primary care. A key opportunity to improve access to care, reduce waiting times and reduce costs is to enable direct access to AHPs. The Trust will support self-referral into
multi-disciplinary teams that include AHPs. We will support the interface between AHPs and primary care, improving responsiveness to lifestyles and personal goals.

10.2 Development of integrated localities

The integrated locality model was fully evaluated with a report and findings presented in early 2018. The overriding theme from the work was that integrated locality based working was seen as being of benefit to the patients, the staff and the wider health and social care community. The model, which brought together a multi-professional team incorporating community nurses, social workers, mental health workers, social prescribers and community therapists, covering a population of 31,000 showed demonstrable improvements in hospital attendances, admissions and length of stay, particularly for the elderly. Following the evaluation an operating model has been agreed and partners have agreed to move forward on a 3 Partnership and 7 Locality model, and to commence roll-out across the Borough.

As part of the strategy, we will also develop the interface between the localities and acute care, support the role of community physicians, introduce virtual wards for patients at high risk of admission, extend the use of the Rotherham Health Record to support in-reach and improve the quality of case management for people with long term conditions. We will use integrated localities as a vehicle for delivering “parity of esteem” integrating care planning for people who have a combination of physical and mental health needs. We will also build upon the segmentation work that was undertaken, which profiled the Rotherham population, taking information from all key partners (CCG, Primary Care, RMBC, RDASH) to identify how health and social care demand is being consumed and the key population cohorts who are driving this so we can work on targeted care provision and to understand allocation of resources both today and in the future.

10.3 Good quality End of Life care

How we care for the dying is an indicator of how we care for all sick and vulnerable people. It is a measure of society as a whole and it is a litmus test for health and social care services. The Trust recognises the key components of a ‘good death’

- Being treated as an individual, with dignity and respect
- Being without pain and other symptoms
- Being in familiar surroundings
- Being in the company of close family and/or friends.

Through the strategy, the Trust will, alongside partner organisations across the ICS, develop the End of Life care pathway so that more people can die in their preferred place of care, wherever they may be across SY&B. We will support honest
discussions between care professionals and dying people. We will help patients make informed choices about their care. We will develop personalised care plans for everyone. We will involve family and carers in care planning and provide a main contact so that families know where to go if they are concerned.

11. Maternity, Children and Young People

This section of the strategy covers children’s assessment and inpatients, maternity services, sexual health, the special care baby unit and children’s outpatients. The Trust will develop a new service model that responds to the current challenges in the health economy. This proposed model is based upon the principle that every child should have access to high quality care. The ambition is to provide care closer to home, bringing together primary care, community services and social care within one holistic service. It is also our ambition to develop a high quality, sustainable inpatient and ambulatory care offer for children.

Three priorities for maternity, children and young people services are;

1. Securing the future of maternity and children’s services
2. Supporting the transition from children to adult services
3. Partnership arrangements with local providers

11.1 Securing the future of maternity and children’s services

Maternity Services is a core service for the Trust. We will continue to improve safety and women's experience of labour whilst also maintaining financial sustainability. We also have a strong vision and ambition to ensure that maternity services in Rotherham are safe, personalised and family friendly; where every woman has access to information that allows her to make an informed decision regarding her choice of antenatal care, place of delivery and the type of postnatal support.

At the centre of our overall vision, as defined in the ‘Better Births Programme’, is an aim to introduce 1:1 midwifery-led care right through pregnancy and birth as a choice for all women who are assessed as having ‘low risk’ pregnancies. This would provide continuity of service throughout the pregnancy and enable a choice of birthing options. For women who begin on higher risk pathways, there will be consultant-led obstetric care, although there will be named midwife contact throughout and a process of ongoing assessment and monitoring which will enable women to transfer to the lower risk pathway choice and flexibility to all women, with personalised plans throughout enabling an ongoing dialogue around education and prevention.

We will also look to reconfigure our facilities to look at co-locating maternity day care
and triage services as well as addressing the current gynaecology facilities.

We are also committed to support the Local Maternity Strategy, which has been developed across SY&B by local commissioners coming together to ensure the national recommendations within the ‘Better Births’ programme is delivered locally.

We will also continue to provide children’s services through further integration of children’s pathways. We will develop fully integrated health and social care hubs based on a locality footprint and assign resource based upon the health needs in each locality. We will build upon the 3 hub-model within Rotherham encompassing all 0-19 year services. This mirrors the current social care delivery model and has the ability to facilitate smoother multi-agency integration. Each hub will incorporate:

- GPs with special interest working with paediatricians, nurses, social workers, mental health professionals and Allied Health Professionals
- Supported discharge and admission prevention pathways
- Enhanced outpatient support
- Rapid access clinics for urgent specialist help
- Specialist paediatric clinics on safeguarding and specific conditions

The hubs will be supported by a 24-hour hotline, which will allow healthcare professionals to access appropriate support and identify the correct care pathway for children with urgent health needs

11.2 Supporting the transition from children to adult services

We will ensure that there is support available to young people when they make the transition from children to adult services. We will use a person-centred approach to ensure that transition support is delivered in a way which treats the young person as an equal partner in the process and takes full account of their views and needs.

We will support the development of transition plans which address issues relating to education, employment, community inclusion, emotional health and independent living. Where appropriate a young person will have a transition plan that is reviewed annually by a named worker. We will support development of the role of a named worker. A named worker could be a nurse or another health practitioner working within the Trust. S/he will oversee, coordinate or deliver transition support, be the link between the young person and other practitioners and help the young person navigate services.

The Trust recognises that it has a corporate parenting responsibility to young people leaving local authority care. We will explore the potential for prioritising care leavers for apprenticeships and supported work experience. We will also explore the
potential for offering supported work experience placements to young people who have a transition plan.

Finally, we will prioritise young people who have a transition plan when accessing community rehabilitation and reablement services. In this way we can support young people to self-manage long term conditions and maintain independence.

11.3 Partnership arrangements with local providers

As well as enhancing the quality of community health services, we will aim to create an acute care model which supports an enhanced community offering. We have reconfigured our inpatient bed base to strengthen the short stay assessment philosophy and an increased use of ambulatory care pathways, and we remain committed to this model. We will also continue to align these services with the new Urgent and Emergency Care Centre to ensure that patients are streamed through to the most appropriate setting for their care. We will also aim to reduce length of stay and the number of admissions through more effective use of community services.

Currently there is a shortage of paediatric medical and nursing staff and a need to combine resources across a broader footprint. We are therefore committed to working in collaboration with other health providers on the delivery of acute care and we will continue to explore opportunities with Sheffield Children’s Hospital Foundation Trust so that we can make effective use of resources in relation to workforce and service delivery.

12. Estates, Digital and Capital

In order to support the overall strategy, we need to make sure we have appropriate capital investment in a number of key areas, which will act as key enablers to deliver the overall vision.

12.1 Estates

An estates strategy was prepared, with external partner support, during 2017. It identified a number of priorities for the coming few years to support delivery of the overall strategy, the headlines of which are summarised as follows:

- **Emergency assessment facilities and UECC integration**: reconfiguration of the B-floor footprint to support emergency assessment, ambulatory and frailty pathways
- **Women & Children’s services**: development of maternity services to co-locate maternity day care facility and triage, development of an Alongside Midwifery-Led Unit and reconfigured general and specialist gynaecology services
• **Endoscopy**: development of the decontamination facilities within Endoscopy (phase 2) and then the reconfiguration of the department to improve flow, patient privacy and dignity and capacity (Phase 3)

• **Diagnostic facilities and MRI**: to invest in new equipment and facilities and to increase capacity specifically in MRI to provide a second scanner

• **Intermediate care and Community Beds**: to consolidate the intermediate care and community bed base, initially through provision on the hospital site (Phase 1) and then through the development of a dedicated reablement facility (Phase 2)

• **Day surgery and elective capacity**: creation of enhanced day-case surgery facilities with additional capacity and recovery facilities, dedicated children’s services for day-surgery and additional theatre capacity

• **Shared facilities**: to review all community based provision and look at rationalisation and / or consolidation of facilities and how this could be shared with partners. Initial focus is the use of Rotherham Community Health Centre.

• **Modernised inpatient wards**: refurbish inpatient wards to provide updated facilities, a dementia friendly environment, with additional privacy and dignity facilities for patients

In order to reflect the changing nature of service provision, other opportunities are being explored which are not summarised within the current estates strategy, such as the development of new car parking facilities on the hospital site, and schemes such as this continue to be explored and included in any future re-draft.

12.2 **Digital**

The digital strategy, articulated as the digital roadmap, outlines the priorities for the Trust for the coming 5 years, and is fully aligned to the overall trust strategy. It has also been developed in partnership with Place partners, as well as reflecting the wider ICS. The key priorities to highlight are as follows:

• **Rotherham Health (and care) Record**: to continue to develop a single and secure view of a patient’s health and social care record with real-time operational dashboard accessible by health and social care providers across Rotherham

• **Clinical backbone**: The enhancement and development of our Clinical EPR and systems to support high quality, efficient and integrated patient care.

• **Information Management and Analytics**: to continue to use our extensive and nationally leading data expertise enable operational and strategic decision making
Infrastructure: Having fit for purpose IT infrastructure such as end user devices, servers, datacentres, networks backed with customer focused technical support services

13. Supporting Strategic Framework

13.1 Strategic Objectives and Enablers

A number of strategic objectives have been identified to support the delivery of the overall strategy. These underpin delivery and are articulated within the overall delivery business plan.

13.2 Supporting Plans

There are a range of supporting plans which are pivotal to the delivery of our five-year strategy and vision.

- 5-year business plan
- 1-year operational plan
- Quality Improvement Plan
- Workforce Plan
- Financial Plan (incl. Capital)
- Estates Plan
- Digital Plan
- The Rotherham Place Plan
- Communication and Engagement Plan

14. Conclusion

Our Five Year Strategy will transform the way we provide our care and support us to sustainably achieve our Vision and Mission. It will address the changing needs of our patients and will focus on delivering more local and integrated services, improving access and helping people stay healthy.

We will deliver a comprehensive urgent and emergency care service through our state of the art UECC, surgical, medical and paediatric assessment units and a range of acute care specialties across medicine, surgery and family health. We will also work towards and integrated single point of access and rapid response service for those patients who have an urgent need for care to maximise the opportunity to keep them at home.

We will reconfigure our elective care pathways, in both inpatient and outpatient settings. We will build upon well run anaesthetics and theatre teams and see that the elective care pathway contributes significantly to the financial performance of the
Trust. We will also provide resilience across our cancer pathways to ensure current and future standards are achieved.

We will enhance our community and intermediate care offer by consolidating our community bed-base and developing a Reablement Village. We have a good reputation for delivering intermediate care services but there is much more that we can do to promote independence and reduce reliance on stretched health and social care services.

We will also continue with the locality model and further integration across health and social care. Integration will reduce levels of fragmentation and deliver efficiencies whilst at the same time improve the quality of care delivered. Successful integration of community services will mean that patients will experience a holistic service, where they only have to tell their story once and where there is a coordinated response to support provided.

We will develop a new service model for children, young people and maternity that responds to the current challenges in the health economy. This model will provide choice for mothers, as well as continuity of carer, and be based upon the principle that every child should have access to high quality care. The ambition is to provide care closer to home, bringing together primary care, community services & social care within one holistic service. It is also our ambition to develop a high quality, sustainable inpatient and ambulatory care offer for children.

Finally, the models of care outlined above will be underpinned by the ambition outlined in each of the strategic themes with the overall aim of achieving our vision of being an outstanding Trust, delivering excellent care at home, in our community and in hospital.
### Integrated Performance Dashboard (October 2018)

#### Key Performance Indicator

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Target</th>
<th>Performance</th>
<th>Trend</th>
<th>Benchmark</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E % Left without being seen</td>
<td>Aug-18</td>
<td>5.0%</td>
<td>6.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP Friends &amp; Family Test (% Positive)</td>
<td>Sep-18</td>
<td>95.0%</td>
<td>95.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>% LAC assessments reported &lt;20 days</td>
<td>Sep-18</td>
<td>95%</td>
<td>36%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>New Complaints per WTE</td>
<td>Sep-18</td>
<td>7.6</td>
<td>8.3</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Ambulance Turnaround Times % &gt; 60 mins</td>
<td>Sep-18</td>
<td>0.0%</td>
<td>1.4%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Canceled Operations</td>
<td>Sep-18</td>
<td>0.8%</td>
<td>0.9%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Delayed Transfer of care</td>
<td>Sep-18</td>
<td>3.5%</td>
<td>3.2%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Dementia Assessment</td>
<td>Aug-18</td>
<td>90.0%</td>
<td>94.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Hip Fracture Best Practice Compliance</td>
<td>Aug-18</td>
<td>65.0%</td>
<td>93.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Mortality (HSMR Rolling 12 Month)</td>
<td>Jul-18</td>
<td>100</td>
<td>104.3</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Stroke: admitted to ward within 4 hours</td>
<td>Sep-18</td>
<td>60.0%</td>
<td>43.2%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Urgent Care (4 Hour)</td>
<td>Sep-18</td>
<td>95.0%</td>
<td>84.7%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Cancer Standards 62 Day</td>
<td>Aug-18</td>
<td>85.0%</td>
<td>85.2%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Cancer Standards 62 Day Screening</td>
<td>Aug-18</td>
<td>90.0%</td>
<td>100.0%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Diagnostics DM01</td>
<td>Sep-18</td>
<td>1.0%</td>
<td>0.4%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>18 weeks (RTT Incomplete)</td>
<td>Sep-18</td>
<td>92.0%</td>
<td>94.1%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Initial Health Assessments late</td>
<td>Aug-18</td>
<td>90.0%</td>
<td>94.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>LAC assessments reported &lt;20 days</td>
<td>Aug-18</td>
<td>65.0%</td>
<td>93.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Referral Slot Issues Rate</td>
<td>Sep-18</td>
<td>4.0%</td>
<td>47.4%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Emergency Caesarean Section Rate</td>
<td>Sep-18</td>
<td>16.5%</td>
<td>13.4%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>MRI Seara bacteriaemia rate per 100,000 bed days</td>
<td>Sep-18</td>
<td>0.6%</td>
<td>1.92</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Staphylococcal MRSA rates</td>
<td>Sep-18</td>
<td>43.3%</td>
<td>35.3%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Potential readmissions</td>
<td>Sep-18</td>
<td>13.3%</td>
<td>11.3%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>VTE Assessment Completion %</td>
<td>Sep-18</td>
<td>95.0%</td>
<td>96.3%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Outpatients (Non Elective 28 day)</td>
<td>Aug-18</td>
<td>13.3%</td>
<td>11.3%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Outpatient New</td>
<td>Sep-18</td>
<td>95.0%</td>
<td>96.3%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Incident Reporting Culture - % Incidents Severe</td>
<td>Sep-18</td>
<td>0.35%</td>
<td>0.21%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Incursion from Plan</td>
<td>Sep-18</td>
<td>0.0%</td>
<td>0.30%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Proportion of Temporary Staff</td>
<td>Sep-18</td>
<td>4.99%</td>
<td>6.55%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Sickness Rates (12 Month Rolling)</td>
<td>Sep-18</td>
<td>3.95%</td>
<td>4.11%</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>Staff Turnover</td>
<td>Sep-18</td>
<td>0.88%</td>
<td>0.63%</td>
<td>TBC</td>
<td></td>
</tr>
</tbody>
</table>

#### Top Achievements

- **18 weeks (RTT Incomplete)**: Performance for September has shown a slight decline on August as the reduced elective activity volumes over summer affect the waiting times. However performance remains in the national top 10 and as the activity picks up in the coming months so will performance.

#### Most Improved

- **Hip Fracture Best Practice Compliance**: Performance for September demonstrated continued excellence on the trauma pathway. This raises the 12 month rolling performance to 81% (15th best nationally).

#### Key Concerns

1. **Urgent Care (4 Hour Standard)**: The percentage of patients seen admitted or discharged from A&E within 4 hours declined to 84.7% (ranking 91 of 133). This remains a priority focus and work is ongoing with teams to improve and recover the performance.

2. **% LAC assessments reported <20 days**: The reduced performance in completion of Initial Health Assessments for Looked After Children is reflective of the backlog and this remains an area of key concern. Actions to address this are being implemented and have been discussed at the Quality Assurance Committee.

3. **Dementia Assessment**: Following a review of processes throughout the organisation the completion of dementia assessments have exceeded the previous best performance at TRFT and is better than national average.

4. **Mortality (HSMR 12 Month Rolling)**: The 12 month rolling adjusted mortality rates have continued to reduce, dropping from 104.9 in July 2017 to 104.3 in July 2018. This is excellent progress but there is still someway to go to have rates lower than national average.

5. **Diagnostics DM01**: Whilst performance continues to be in the national top quartile and TRFT is actively supporting other organisations with endoscopy backlogs a small backlog in sleep studies has resulted in 17 breaches of the 6 week waiting time standard.

#### In Month Activity (M6)

<table>
<thead>
<tr>
<th>In Month Activity (M6)</th>
<th>YTD Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Inpatient</td>
<td>426</td>
</tr>
<tr>
<td>Elective Day case</td>
<td>2,123</td>
</tr>
<tr>
<td>Non Elective</td>
<td>2,147</td>
</tr>
<tr>
<td>ED Attendance</td>
<td>8,243</td>
</tr>
<tr>
<td>Outpatient New</td>
<td>4,584</td>
</tr>
<tr>
<td>Incident Reporting</td>
<td>8,224</td>
</tr>
<tr>
<td>Outpatient Procedures</td>
<td>4,240</td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td>327</td>
</tr>
<tr>
<td>Paediatric Critical Care</td>
<td>418</td>
</tr>
<tr>
<td>Assessments</td>
<td>946</td>
</tr>
</tbody>
</table>

#### Data Quality

- **In Month Activity (M6)**: The percentage of referrals that are not able to be booked into an appointment has risen to the highest levels recorded at TRFT. A review has found there to be no correlation between AIS and waiting times. Actions to address this are being explored with partners.

- **e-Referral Slot Issues Rate**: The reduced elective activity volumes over summer affect the waiting times. However performance remains in the national top 10 and as the activity picks up in the coming months so will performance.

#### Most Deteriorated

- **% LAC assessments reported <20 days**: The reduced performance in completion of Initial Health Assessments for Looked After Children is reflective of the backlog and this remains an area of key concern. Actions to address this are being implemented and have been discussed at the Quality Assurance Committee.

#### Top Achievements

- **18 weeks (RTT Incomplete)**: Performance for September has shown a slight decline on August as the reduced elective activity volumes over summer affect the waiting times. However performance remains in the national top 10 and as the activity picks up in the coming months so will performance.

#### Most Improved

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#### Key Concerns

1. **Urgent Care (4 Hour Standard)**: The percentage of patients seen admitted or discharged from A&E within 4 hours declined to 84.7% (ranking 91 of 133). This remains a priority focus and work is ongoing with teams to improve and recover the performance.

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<table>
<thead>
<tr>
<th>METRIC</th>
<th>Target</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>YTD 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Stroke patients who spend at least 90% of their time on a stroke unit</td>
<td>&gt;= 80%</td>
<td>84%</td>
<td>92%</td>
<td>89%</td>
<td>85%</td>
<td>92%</td>
<td>70.7%</td>
<td>82.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23/36</td>
<td>23/25</td>
<td>33/37</td>
<td>33/39</td>
<td>33/36</td>
<td>28/37</td>
<td>173/210</td>
</tr>
<tr>
<td>% of non-admitted higher risk TIA cases who are treated within 24 hours of first contact with any healthcare professional</td>
<td>&gt;= 60%</td>
<td>60%</td>
<td>70%</td>
<td>66%</td>
<td>75%</td>
<td>62%</td>
<td>64%</td>
<td>63%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9/15</td>
<td>7/10</td>
<td>2/3</td>
<td>6/8</td>
<td>8/15</td>
<td>9/14</td>
<td>32/85</td>
</tr>
<tr>
<td>% of People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital</td>
<td>&gt;= 90%</td>
<td>33%</td>
<td>80%</td>
<td>81%</td>
<td>54%</td>
<td>63%</td>
<td>43.2%</td>
<td>52.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12/36</td>
<td>15/25</td>
<td>22/36</td>
<td>21/39</td>
<td>24/38</td>
<td>16/37</td>
<td>94/211</td>
</tr>
<tr>
<td>Proportion of patients presenting with stroke with AF anti-coagulated on discharge</td>
<td>&gt;= 60%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3/3</td>
<td>5/5</td>
<td>8/8</td>
<td>3/3</td>
<td>6/6</td>
<td>4/4</td>
<td>29/29</td>
</tr>
<tr>
<td>Proportion of stroke patients scanned within one hour of hospital arrival</td>
<td>&gt;= 50%</td>
<td>44%</td>
<td>45%</td>
<td>58%</td>
<td>59%</td>
<td>60%</td>
<td>38%</td>
<td>51.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15/34</td>
<td>10/22</td>
<td>22/38</td>
<td>23/39</td>
<td>22/37</td>
<td>14/37</td>
<td>106/207</td>
</tr>
<tr>
<td>Proportion of stroke patients scanned within 24 hrs of hospital arrival</td>
<td>&gt;= 100%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33/34</td>
<td>22/22</td>
<td>38/38</td>
<td>38/39</td>
<td>37/37</td>
<td>37/37</td>
<td>205/207</td>
</tr>
<tr>
<td>Proportion of patients who have received psychological support for mood, behaviour or cognitive disturbance by six months after stroke</td>
<td>&gt;= 40%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9/9</td>
<td>28/26</td>
<td>19/19</td>
<td>15/15</td>
<td>13/13</td>
<td>11/11</td>
<td>93/93</td>
</tr>
<tr>
<td>Proportion of patients and carers with joint care plans on discharge from hospital</td>
<td>&gt;= 85%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8/8</td>
<td>7/7</td>
<td>3/3</td>
<td>6/6</td>
<td>5/5</td>
<td>8/8</td>
<td>37/37</td>
</tr>
<tr>
<td>Proportion of stroke patients that are reviewed six months after leaving hospital</td>
<td>&gt;= 95%</td>
<td>91%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>98.55%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21/23</td>
<td>28/28</td>
<td>26/28</td>
<td>25/25</td>
<td>20/20</td>
<td>14/14</td>
<td>136/138</td>
</tr>
<tr>
<td>Proportion of patients supported by a stroke skilled ESD team</td>
<td>&gt;= 40%</td>
<td>19%</td>
<td>52%</td>
<td>64%</td>
<td>52%</td>
<td>30%</td>
<td>34.4%</td>
<td>41.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0/32</td>
<td>11/21</td>
<td>21/33</td>
<td>14/27</td>
<td>8/27</td>
<td>11/32</td>
<td>71/172</td>
</tr>
<tr>
<td>% of patients who receive thrombolysis following an acute stroke</td>
<td>&gt;= 11%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5%</td>
<td>10.0%</td>
<td>5.3%</td>
<td>5.1%</td>
<td>4.59%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0/37</td>
<td>0/25</td>
<td>2/39</td>
<td>4/40</td>
<td>2/38</td>
<td>2/39</td>
<td>10/218</td>
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</table>
## Appendix 2 - August Tumour Site Breakdown*

<table>
<thead>
<tr>
<th>Tumour Site</th>
<th>62 Day from 2ww Target 85%</th>
<th>62 day CUG Target TBC</th>
<th>62 Day Screening Target 90%</th>
<th>31 Day 1st Treated Target 96%</th>
<th>31 Day Subsequent Surgery Target 94%</th>
<th>31 Day Subsequent Drug Target 98%</th>
<th>31 Day Subsequent Palliative Target TBC</th>
<th>2WW Target 93%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before reallocations</td>
<td>After reallocations</td>
<td>Before reallocations</td>
<td>After reallocations</td>
<td>Before reallocations</td>
<td>After reallocations</td>
<td>Before reallocations</td>
<td>After reallocations</td>
</tr>
<tr>
<td>Acute Leukaemia</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Brain/Central Nervous System</td>
<td></td>
<td></td>
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<tr>
<td>Breast</td>
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<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Children</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Gynaecological</td>
<td>83.3%</td>
<td>71.4%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
<td>90.9%</td>
</tr>
<tr>
<td>Haematological</td>
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<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
<td>100.0%</td>
</tr>
<tr>
<td>Head and Neck</td>
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<td>0.0%</td>
<td>0.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
<td>94.9%</td>
</tr>
<tr>
<td>Lower Gastrointestinal</td>
<td>71.4%</td>
<td>62.5%</td>
<td>75.0%</td>
<td>75.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Lung</td>
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<td>100.0%</td>
<td>95.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
<td>100.0%</td>
</tr>
<tr>
<td>Sarcoma</td>
<td>100.0%</td>
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<td>100.0%</td>
<td></td>
<td></td>
<td>100.0%</td>
</tr>
<tr>
<td>Skin</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>83.3%</td>
<td>100.0%</td>
<td>88.3%</td>
</tr>
<tr>
<td>Testicular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Gastrointestinal</td>
<td>80.0%</td>
<td>72.7%</td>
<td>93.8%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
<td>93.5%</td>
</tr>
<tr>
<td>Urological</td>
<td>92.3%</td>
<td>92.3%</td>
<td>30.8%</td>
<td>30.8%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>97.7%</td>
</tr>
<tr>
<td>Total</td>
<td>85.2%</td>
<td>82.0%</td>
<td>78.7%</td>
<td>81.9%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>97.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Pre-validation - subject to change
### Appendix 3 - September 2018 - 18 Week RTT Return Data

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Rotherham CCG Admitted</th>
<th>Rotherham CCG Non Admitted</th>
<th>Rotherham CCG Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>122</td>
<td>671</td>
<td>1573</td>
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<tr>
<td>Urology</td>
<td>61</td>
<td>214</td>
<td>775</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>142</td>
<td>569</td>
<td>1400</td>
</tr>
<tr>
<td>Ear, Nose &amp; Throat (ENT)</td>
<td>43</td>
<td>402</td>
<td>1022</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>89</td>
<td>518</td>
<td>1332</td>
</tr>
<tr>
<td>Oral Surgery</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General Medicine</td>
<td>0</td>
<td>28</td>
<td>136</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>7</td>
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<td>356</td>
</tr>
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<td>Cardiology</td>
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<td>131</td>
<td>598</td>
</tr>
<tr>
<td>Dermatology</td>
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<td>137</td>
<td>969</td>
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<td>Thoracic Medicine</td>
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<tr>
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<tr>
<td>Rheumatology</td>
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<td>31</td>
<td>180</td>
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<td>Other</td>
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<td>103</td>
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<tr>
<td><strong>Total</strong></td>
<td>623</td>
<td>1035</td>
<td>4906</td>
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<table>
<thead>
<tr>
<th>Specialty</th>
<th>Trust Total Admitted</th>
<th>Trust Total Non Admitted</th>
<th>Trust Total Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
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<td>728</td>
<td>1702</td>
</tr>
<tr>
<td>Urology</td>
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<td>235</td>
<td>876</td>
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<td>Trauma &amp; Orthopaedics</td>
<td>158</td>
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<td>1570</td>
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<td>Ear, Nose &amp; Throat (ENT)</td>
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<td>441</td>
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<tr>
<td>Ophthalmology</td>
<td>94</td>
<td>560</td>
<td>1430</td>
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<tr>
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<td>292</td>
<td>1054</td>
</tr>
<tr>
<td>Neurosurgery</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>General Medicine</td>
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<tr>
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<td>207</td>
<td>676</td>
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<td>143</td>
<td>776</td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>Neurology</td>
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<td>7</td>
<td>512</td>
</tr>
<tr>
<td>Rheumatology</td>
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<td>518</td>
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<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>Other</td>
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<td>530</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>889</td>
<td>3959</td>
<td>13632</td>
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</table>

**TARGETS**

- Admitted: 90%
- Non Admitted: 95%
- Incomplete: 92%
## Diagnostics (DM01) - Patients Still Waiting at Month End
### September 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Investigation</th>
<th>&lt;6 weeks</th>
<th>≥ 6 weeks</th>
<th>Performance (% breaches)</th>
<th>Total WL</th>
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<td>Computed Tomography</td>
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<td>Cardiology - electrophysiology</td>
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<tr>
<td>Neurophysiology - peripheral neurophysiology</td>
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<tr>
<td>Urodynamics - pressures &amp; flows</td>
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<td><strong>Endoscopy</strong></td>
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<td>Flexi sigmoidoscopy</td>
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<tr>
<td><strong>Total</strong></td>
<td>3838</td>
<td>17</td>
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<td>0.44%</td>
<td>3855</td>
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</tbody>
</table>
Report: Quality Report

Presented by: Angela Wood, Interim Chief Nurse
Callum Gardner, Interim Medical Director

Author(s): Helen Dobson, Deputy Chief Nurse

Strategic Objective: Patients: Excellence in healthcare
Colleagues: Engaged, accountable colleagues
Governance: Trusted, open governance
Partners: Securing the future together

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring /responsive / well-led

Risk Reference:
BAF: B1, B4, B7
Corporate Risk Register: 3908, 4733, 4174, 4080

Purpose of this paper:
To summarise a set of quality indicators and to provide assurance to the Board of Directors. This report complements the information presented in the Integrated Performance Report. A range of quality indicators are included in this report. Over time they may change as the narrative changes to reflect the content of the Integrated Performance Report.

Summary of Key Points:
The key points arising from the report are:

- Complaints responded to within the agreed timescale has increased to 87%.
- Of the 91 student nurses initially offered posts, 24 commenced in September with a further 10 to start in October. This reflects the late withdrawal of 10 expected new starters.
- The Care Quality Commission inspection process has been taking place throughout the month with actions from feedback starting to be embedded into practice.
- Although not hospital acquired, there has been a cluster of Tuberculosis cases reported which are under investigation.
- There has been an improved position, and Trust is no longer within the upper quartile nationally, for mortality. Work has commenced to invigorate the Mortality Group.

Board action required: For noting
1.0 Harm Free Care

1.1 The Classic ‘Harm Free’ Care score for the Trust is similar this month at 94.2% to 94.5% in August. This is still slightly below the national average score which is currently at 94.3%.

1.2 The breakdown of the scores shows that the acute areas had a harm free score of 94.36% with 94.05% for the community. The reduction in the score can be attributed to a slight increase this month in pressure ulcers and new catheter related urinary tract infections.

1.3 There has been a significant increase in the combined harm free care score for Maternity in September 2018 to 91.7% from 83.3% in August 2018. This is mainly attributed to the patient’s responses relating to their perception of safety during labour and a reduction in the number of patients with a post-partum haemorrhage of over 1000mls.

2.0 Complaints

2.1 The Trust received 77 concerns (85 in August) and 31 formal complaints (33 in August) in the month of September. Of the formal complaints received 3% (1) was risk rated as red, 23% (7) as amber and 74% (23) as yellow. The red complaint has been removed from this process due to the declaration of a Serious Incident.

2.2 23 complaints were closed in September with 87% of written responses (20 of 23) being completed within 30 working days.

3.0 Friends and Family Test (FFT)

3.1 The Trust FFT positive score for September is 95.3% for inpatients (97% in August), and 99.5% for day case (98.4% in August). The combined national average for these two areas remains at 96%. Maternity services achieved 99% in September (99% in August /97% national average), 97.3% for outpatients (97.6% in August/national average 94%). The Urgent and Emergency Care Centre achieved 88.5% against a target of 85% in September (94.1% in August /national average 88%).

3.2 The Community positive score for September is 97.8% (99.1% in August/national average 96%).

4.0 Nurse Staffing Report

4.1 There has been an increase in Registered Nurse fill rates on both days and nights when compared to those for August. There has also been an increase in Healthcare Support Worker shift fill rates on both days and nights in September. Please see appendix 1.

4.2 The overall vacancy rate has slightly reduced during September 2018; the largest number of vacancies continues to be in the Division of Medicine.

4.3 24 newly qualified nurses started in the Trust during September, with a further 10 due to start during the coming weeks.

4.4 Recruitment events took place during August and September particularly aimed at nurses due to qualify in March 2019. 26 conditional offers have been made.
4.5 The Trust has successfully recruited 7 Band 5 nurses and 14 Band 2 Support Workers to an ‘Arrive and Allocate’ Team. These team members will be available to work flexibly to meet demand. The attraction for applicants to these teams is the ability to offer more flexibility in terms of contracts and shift patterns than can normally be accommodated within a ward rota.

4.6 On a shift by shift basis senior nurses redeploy staff to ensure that wards and additional capacity areas are appropriately staffed, including moving staff from areas which have actual staffing higher than required for the actual occupancy and case mix. These moves aim to consider seniority of staff and avoid moving newly qualified nurses if at all possible.

5.0 Looked After Children (LAC)

5.1 The number of Initial Health Assessments (IHA) completed within 20 working days (statutory) has decreased between August (62%) and September (42%). This decrease was predicted last month due to the inherent backlog for this service.

5.2 26 IHAs were completed in September, of which 11 were within 20 working days.

5.3 A more detailed assessment of progress towards the LAC IHA target will be presented at the November meeting of the Quality Assurance Committee.

6.0 Care Quality Commission (CQC)

6.1 The Trust received the core service unannounced inspection on 25-27 September 2018. The CQC inspected the following four core services;
- Acute - Maternity
- Acute – Children and Young People
- Acute – Medicine
- Acute – Urgent and Emergency Services

6.2 The use of resources inspection was held on 28 September 2018.

6.3 There were further unannounced inspections 16-18 October;
- Community – Children and Young People
- Acute – Urgent and Emergency Services (Out of hours)
- Acute – Medicine

6.4 The CQC well led inspection will be held on 22-24 October 2018.

6.5 Work is continuing to address concerns raised by the CQC during their initial feedback and to prepare for the well-led inspection.

7.0 CQC Action Plans

7.1 Following the unannounced inspection visit in July 2018, action plans were developed which are being submitted and monitored by the CQC fortnightly. The areas of focus being Non- Invasive Ventilation (NIV) and Paediatric Emergency Department.

7.2 NIV plans are progressing and the business case developed to support the service development required has been agreed and recruitment and equipment procurement has commenced.
7.3 A number of actions have been taken with regards to the Paediatric Emergency Department over the last month on top of actions identified in the action plan.

7.4 These include:

7.4.1 Meetings with Ward, UECC and Paediatricians to review the patient pathway and identify ways to support Paediatric ED.

7.4.2 Listening Events with staff to gauge satisfaction with progress and identify any new concerns or ideas to support development.

7.4.3 Commencement of a daily huddle in the area, supported by unit managers and the executive team, to gain assurance of staffing levels and identify any issues/concerns.

7.4.4 Submission of actual and planned staffing levels to CQC bi weekly.

7.4.5 Development of a Paediatric Dashboard to triangulate data around throughput, acuity and escalation requirements.

7.4.6 Recruitment of a Band 7, a Band 6 and four Band 5 Registered Sick Children’s Nurses (RSCN) for the department, with recruitment of further staff ongoing.

7.4.7 Recruited further nursing agencies into the Trust portfolio to increase access to the RSCN workforce locally.

7.4.8 Secured an extra 14 European Paediatric Life Support Training places for the department.

7.4.9 Additional administration staff put in place to help do child safeguarding checks.

7.4.10 Additional administration staff put in place, where required.

7.4.11 Dedicated paediatric ED doctor now based within the paediatric ED area, where at all possible; where this is not possible and/or when paediatric ED is quiet and adult ED is busy, this doctor carries a dedicated contact phone with a generic number, and can therefore be contacted at all times.

7.4.12 “Quick win” estates and facilities adjustments being identified and progressed, such as changing frosting on doors to part-frosting to increase visibility into rooms for staff, and the addition of a work bench in paediatric ED. Further work is also in hand to identify if any larger estates work is required.

8.0 Quality Assurance Committee Update

8.1 The Committee received reports on three of the 2018/19 Quality Improvement Priorities, outlining the progress made during Quarter 1 and how the actions are being adjusted to ensure continued improvement. Reports presented this month related to end of life care, the deteriorating patient (sepsis) and preparing for the CQC inspection.

8.2 Monthly reports were received and discussed regarding Infection Control, Looked After Children, Serious Incidents and Mortality.

8.3 Quarterly reports were received in relation to Patient Safety and Clinical Effectiveness.

8.4 The Deputy Head of Midwifery presented the plan for the Maternity Clinical Care Pathway Review.

8.5 A brief presentation was given to demonstrate the pending Ward Quality Dashboard. It was agreed to have a live demonstration at the October meeting.

8.6 It was confirmed that a Clinical Ethics Group has now been established with the inaugural meeting planned for mid-October.
9.0 CQUIN

9.1 Progress is currently being made with all but two of the CQUIN schemes. These two schemes, Sepsis and indicators relating to Tobacco and Alcohol, have been discussed with the Interim Medical Director, who is the Executive Lead for the schemes, to enable him to provide further leadership support to these areas. The Interim Medical Director has since had several meetings with key staff to ensure focussed efforts are being made to improve our compliance with the respective CQUIN objectives.

9.2 The income for 2018/19 for CQUIN is £3,852,487 and Local Incentive Schemes is £1.2m. Currently the quarter 2 data is being collated ready for submission to commissioners.

9.3 It is recognised that more rigour is required with regards to monitoring the delivery timescales and achievement of the schemes. The Interim Chief Nurse will be holding regular meetings with the Executive and Operational Leads for each scheme to ensure achievement of milestones and to ensure the required information is submitted to the Clinical Commissioning Group at the appropriate submission times.

9.4 Most of the CQUIN programme is now on track, however further focused work is required on the specific schemes identified.

10.0 Hospital Acquired Infections

10.1 The 2018/19 trajectory is for zero cases of Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia. The Trust continues to report 1 hospital acquired case from April.

10.2 Blood culture contamination: as highlighted in previous reports, reduction in blood culture contamination is being monitored via the Infection Prevention and Control Committee. The national benchmark for blood culture contamination is a maximum of 3%; TRFT are reporting 4.12% for August (5.15% in July). A review of line colonisation versus line contamination is being completed to ensure the Trust is only reporting contaminated samples.

10.3 Clostridium difficile infection: The 2018/19 hospital trajectory is 25 cases. There have been 4 hospital acquired cases under the 2018/19 Public Health England (PHE) reporting algorithm which is what will be reported nationally.

10.4 Gram negative bacteraemia: National mandatory surveillance of gram negative bacteraemia is for the specific organisms of E.coli, Klebsiella species and Pseudomonas aeruginosa. No trajectory for providers was set but CCG’s were challenged to reduce cases within each CCG by 10%.

Q1-11 hospital acquired cases (50 community acquired cases)
Q2-11 hospital acquired cases (56 community acquired cases)
Q3- 0 cases to date.

There are a number of risk factors for gram negative bacteraemia with the best recognised being urinary catheterisation. A review of each case includes checking if the patient is under the care of the Continence team and very few of the cases identified through the Rotherham Microbiology laboratory have been under the team’s care.
10.5 Tuberculosis (TB) - Three cases are under current investigation as the probable TB was diagnosed after admission but which are not hospital acquired. Initial microbiology results indicate mycobacteria presence however the culture results and confirmation from a reference laboratory will give the final confirmation of the species. The cases are being followed up as mycobacteria Tuberculosis with contact tracing commenced. There is a delay in occupational health exposure risk checking linked to the move to the new provider which has been added to the risk register. The IPC Team took actions to mitigate the risk and supported potentially exposed staff to be reviewed.

10.6 Influenza (Flu) - The annual flu season covers Q3 and Q4. All positive cases identified from in-patients will be reported to PHE as TRFT is a voluntary sentinel reporting site. Point of care testing for flu in the UECC department is planned for this year to support rapid identification, effective isolation where indicated and to improve patient flow. Staff vaccination plans are fully in place using the recommended quadrivalent vaccine and vaccination has commenced.

11.0 Mortality

11.1 The Trust is currently sitting with an HSMR of 104. The Trust has seen a decrease in the HSMR trend for many months running now and this month shows continued stability, which is encouraging. The CUSUM chart supports this.

11.2 The national peer rate is 99 following a rebasing of the figure. The Trust no longer sits in the upper quartile for mortality, which is also encouraging. However, the crude rate of mortality in proportion to discharges has seen an increase this month, with 89 deaths as opposed to 74 last month. Nevertheless, weekend crude rate is 2.89%; this has consistently been below 3% for a significant time now.

11.3 Of all the highest HSMR diagnosis codes, the number of observed deaths, are less than the 20-25 to warrant a deeper review of these, as the number are not a significant cohort. However, on review of the CUSUM charts published by CHKS, there are a few alerts which need further discussion. The first diagnosis code which will be reported on and explained is sepsis (except in labour); there is an ongoing review of these cases and will be reported when results are known. Secondly, the CUSUM chart clearly shows an acute spike in “other upper respiratory disease”. These cases are only a few in number but, as it is an acute spike, will need further interpretation and explanation.

11.4 The mortality group have been struggling for quoracy due to clinical commitments for the group and has since changed to a more suitable time on Thursdays. The new Interim Medical Director is also in the process of reviewing the group’s Terms of Reference, standing agenda items and membership, with a view to reinvigorating the group’s purpose, focus and effectiveness. A formal report will be presented by the Interim Medical Director to the November Board detailing progress and improvement to date, in particular surrounding mortality reviews in medicine.

12.0 Dementia, Delirium and Person-Centred Care

12.1 Two new Frailty nurses have been appointed substantively to the team with further interviews being held later in October for the remaining post.
12.2 51 sets of notes have been submitted for the National Audit of Dementia and 25 staff surveys have been returned to the head office in London. Results will be available in the New Year.

12.3 The Trust’s new Quality Improvement Fellow has commenced and is working half time clinically and half-time supporting person-centred Quality Improvement projects across the Trust.

12.4 The Associate Medical Director for Person-Centred Care and Innovation and colleagues has met with representatives from the charity Camaradoes to consider the introduction of a person-centred collaborative space for the Trust.

12.5 The Associate Medical Director for Person-Centred Care and Innovation chaired a session of the Yorkshire and Humber Clinical Network for Dementia Whole Systems event in Wakefield. Topics covered included social isolation, Wellbeing Teams and clinical interventions for dementia.

12.6 The Trust achieved 90% completion rate for dementia and delirium assessments in the hospital last month but more work is required to raise awareness.

13.0 Research & Development (R&D) – Research Activity Report

13.1 The number of recruits into clinical research studies on the National Institute for Health Research (NIHR) Clinical Research Network portfolio at The Rotherham NHS Foundation Trust is 792, including 363 for Yorkshire Health Study, against a target of 550 for the financial year 2018/19 [data cut 08 October 2018, taken from NIHR].

13.2 There are 86 studies that are currently active (recruiting or in follow up). There are 12 new studies in set up including 3 commercially sponsored studies.

13.3 Current funding for R&D includes the Clinical Research Network 17/18 allocation of £218,780, £20,000 Research Capability Funding and commercial and non-commercial research income of £40,208 in the financial year 18/19 to date.

14.0 Conclusion

14.1 The majority of areas are reporting similar performance to last month with some minor variation.

14.2 There was a disappointing spike in late attrition of newly qualified nurses although 24 have now commenced with a further 10 expected.

14.3 The Care Quality Commission inspection process has been taking place throughout the month which actions from early feedback starting to be embedded into practice.

14.4 The Trust is no longer within the upper quartile nationally, for mortality. Work has commenced to invigorate the Mortality Group.

14.5 The Interim Medical Director and Interim Chief Nurse plan to review the current governance and patient safety structure, to ensure that we have robust governance and scrutiny processes in place to support quality.
Nurse Staffing report

1. Registered Nurse/Midwife (RN/M) shift fill rates (daytime) were 90.6% in September 2018 compared to 90.2% in August 2018 and 94.7% on nights compared with 93.6%. Healthcare Support Worker (HCSW) fill rates were 106.1% on days compared with 102.2% in August and for nights were 111.18% compared with 101.2%.

The improvement in RN fill rates can in part be attributed to the ward and staffing reconfigurations which took place in the Division of Medicine during July 2018. The revised planned staffing has been amended on the roster templates to reflect the reconfigurations and as a result fill rates have improved. In addition, actual staffing figures for unity are now being collected from eRoster for the Division of Medicine. The data suggested an improved fill rate in the Division, this has been scrutinised and has highlighted some discrepancies in relation to the care staff to be included. On-going work is taking place with the e-roster team to ensure that care staff dedicated to the inpatient area are included in the actual staffing data.

2. Eight in-patient areas had Registered Nurse fill rates (days) below 90%. These were A1, A2, A5, A7, Stroke Unit, B4, Fitzwilliam and Keppel. Of these, four had a day time shift fill rate less than 80% and these were; A1 at 75.2% compared with 81.0%, A2 at 73.7% compared with 83.3%, A5 at 77.3% compared with 74.4% and Keppel at 68.3% compared with 64.0% in August.

3. One area had a fill rate below 80% on nights this was Keppel at 79.1%.

4. There were 0 shifts in the month with over 50% of RNs on duty being within the 12 month preceptorship period compared to 1 in August. There has been an increase in the percentage of Registered Nurses/Midwives flexible staffing (internal bank) in the Divisions of Medicine and Family Health and a reduction in the Division of Surgery resulting in an overall slight increase. RN/M agency usage has increased across all divisions during September. The percentage of shifts not staffed to plan has increased to 23.59% in September as compared with 22.43% in August.

5. There were no internal staffing never events relating to one Registered Nurse on duty during September 2018.

6. In the Community, sickness absence has marginally reduced with 8.2% currently absent from work compared with 8.4% last month. The majority of which are long term sickness, maternity related sickness and colleagues having planned surgery/treatment. There was 2.4% of District Nursing day shifts below plan, the number of nurses that this equates to is 1.4% of nurses against plan, which represents a slightly worse position compared with August.

7. Care Hours per Patient Day (CHpPD) is a metric introduced following Lord Carter’s review of efficiency in the NHS\(^1\) to record a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. During September the overall actual CHpPD remained the same as August at 7.2.

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\(^1\) Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Department of Health by Lord Carter of Coles (February 2016)
8. The overall nursing and HCSW vacancy remains in a negative position at -175.33 wte compared with -202.44 wte last month. The position when recruitment plans are included is -106.33 wte as at 30 September 2018 compared with -110.38 wte at 31 August 2018.

The overall band 5 vacancy remains in a negative position of -80.74 wte compared with -80.71 wte at 31 August 2018. There are 19.95 wte band 5s in the recruitment process.

The band 2 vacancy is in a negative position at -43.00 wte, this remains high as a result of the reconfiguring of ward establishments in the Division of Medicine during July. Recruitment to these posts is currently underway.

The large number of vacancies continues to pose a challenge across the divisions to ensure safe, effective and sustainable staffing. The substantive workforce is supported by bank and agency staff to ensure safe and effective staffing. There is a correlation between safe staffing and patient outcomes and this is monitored on a daily basis by the Matrons and all incidents reported by the trusts Datix system.

9. 24 newly qualified nurses started in the Trust during September, with a further 10 to start during the next month.

10. A recruitment open day took place on 18 August 2018 particularly aimed at nurses due to qualify in March 2019. 18 conditional offers were made on the day and further interviews took place on 19 September 2018 with a further 8 conditional offers made. Colleagues are maintaining regular contact with those offered posts in an attempt maintain their interest in TRFT as their preferred place to work and to covert the conditional offers to actual starters.
Report: Operational Performance Report

Presented by: George Briggs, Chief Operating Officer
Author(s): George Briggs, Chief Operating Officer

Strategic Objective:
Patients: Excellence in healthcare
Colleagues: Engaged, accountable colleagues
Governance: Trusted, open governance
Finance: Strong, financial foundations
Partners: Securing the future together

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring /responsive / well-led

Risk Reference:
BAF: B1 B2 B4
Corporate Risk Register: As appropriate

Purpose of this paper
This paper provides an overview of performance, for each key operational indicator, for September 2018, summarising headline progress and actions being taken to address operational objectives.

Summary of Key Points
Sustainability and Transformation Standards

- Emergency 4-hour Access target –September 2018 position: 84.7% the submitted trajectory was 90.%. The year to date position is 87.42% down from 88.7% previous month.
- The Rotherham Cancer 62 Day position for quarter 1 2018 is 83.3% after reallocations quarter 2 is showing 85.2% un-validated against the 85% compliance target.
- Diagnostics (DMO1) – the un-validated position for DMO1 for September 2018 is 0.60% this reflects 17 breaches.
- 18 week RTT incomplete pathway – un-validated position for August 2018 is sustained at 94.0%.

Action Required
For noting.
1.0 Introduction:

This paper covers key operational indicators, an overview of performance in September 2018, summarising headline progress and actions being taken to address areas of concern and deliver improvements.

2.0 Four-hour emergency access target

2.1 Performance for September 2018 against the 4-hour access target was 84.7% and this shows a deterioration in the last month. The trajectory is 90% we are below our locally agreed trajectory.

2.2 The year to date position is at 87.4% (as at end of September 2018).

2.3 This shows disappointing performance compared to May and June when we hit the 90% trajectory. Performance has been reliant upon staffing in Primary Care and the Emergency Department, as well as flow across wards. Over the last 2 weeks a number of wards have been closed due to confirmed Norovirus with up to 37 beds closed and 7-10 empty. The activity has remained on plan and within expected parameters.

2.4 The ability to get GP cover for shifts has shown in the fill percentage which has deteriorated within the Urgent and Emergency Care GP services over the last month at 63%. Other grades have remained consistent.
Shifts filled

<table>
<thead>
<tr>
<th>Type</th>
<th>Fill Rate Aug</th>
<th>Fill Rate Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANP</td>
<td>85.71%</td>
<td>85.71%</td>
</tr>
<tr>
<td>UECC GP</td>
<td>72.73%</td>
<td>63.64%</td>
</tr>
<tr>
<td>OOH GP</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>ED Consultant</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Middle Grade</td>
<td>78.26%</td>
<td>83.30%</td>
</tr>
<tr>
<td>STR Lower</td>
<td>96.43%</td>
<td>94.60%</td>
</tr>
</tbody>
</table>

The waiting time by specialty as below shows an average wait of 1 hour 19 minutes, with General Medicine patients having to wait longest. (The Haematology wait was due to a specific issue.) Gynaecology waits are reducing with the GAU.

<table>
<thead>
<tr>
<th>Treatment Function Local Description</th>
<th>16/09/2018</th>
<th>Grand Total over previous 6 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>82.75</td>
<td>81.60</td>
</tr>
<tr>
<td>General Medicine</td>
<td>98.41</td>
<td>99.91</td>
</tr>
<tr>
<td>General Surgery</td>
<td>52.28</td>
<td>54.07</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>41.48</td>
<td>45.16</td>
</tr>
<tr>
<td>Paediatric</td>
<td>57.83</td>
<td>49.62</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>40.45</td>
<td>17.53</td>
</tr>
<tr>
<td>Stroke</td>
<td>115.43</td>
<td>64.43</td>
</tr>
<tr>
<td>Ear, Nose &amp; Throat</td>
<td>0.35</td>
<td>26.00</td>
</tr>
<tr>
<td>Haematology Clinical</td>
<td></td>
<td>194.33</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>78.96</strong></td>
<td><strong>78.78</strong></td>
</tr>
</tbody>
</table>

The number of breaches as below show the marked difference in General Medicine numbers compared to other specialties.

<table>
<thead>
<tr>
<th>Treatment Function Local Description</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>16</td>
</tr>
<tr>
<td>General Medicine</td>
<td>503</td>
</tr>
<tr>
<td>General Surgery</td>
<td>87</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>70</td>
</tr>
<tr>
<td>Paediatric</td>
<td>20</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>11</td>
</tr>
<tr>
<td>Stroke</td>
<td>11</td>
</tr>
<tr>
<td>Ear, Nose &amp; Throat</td>
<td>1</td>
</tr>
<tr>
<td>Haematology Clinical</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>720</strong></td>
</tr>
</tbody>
</table>
The Trust 4-hour transit time position for the past 4 years as below SPC graph:

The Graph shows performance since April 2014. In April 14 and again in April 15 we hit >95% at no other period did we go above 95%. Our mean performance for this period was 91%.

In January 2017 we showed a step change in performance our mean going down to 86% where it has remained for the past 2 years. In the past 2 years we have had 2 periods of 90% performance and above Feb 2017 and June 2018. We have had a number of good day’s performance every month but nothing that has sustained the performance enough to raise our mean. The previous initiatives have not led to sustained change, as previously discussed a new approach is required to improve our performance.

**Action 1**

Development of a winter team to drive short term improvements

**Action 2**

Engage with the NHS Improvement academy. To develop a longer paced continuous improvement program. Discussion and the planning for such a program has commenced in line with trust board agreement last month with the initial discussions on the 5th of November 2018.
3.0 **Winter Team**

A team of 8-10 staff have been recruited to develop the Winter Team.

The team will be in place from October 2018 acting as delivery and support for key actions and deliverables, reinforcing actions and driving changes in processes. The focus will need to be on 5-7 key actions over the medium term taken from the long list being developed.

The General Manager for Integrated Medicine will be pulled full time to drive the team and the site, focusing on delivery of the short term actions. Executive colleagues will be identified to support the key medium term actions, within agreed timescales.

3.1 Junior Doctors are now in place and developing the familiarity and skills required to support the UECC and other departments and wards. The picture below is of the middle grades we have recruited from India over the summer who as you can see are now on site.

3.2 The Trust has 8 beds closed in the acute wards (A4) to facilitate a maintenance of staffing levels this necessitated increasing community beds from 6 at the end of June to 14 in July 2018 this has continued.
4.0 Cancer

4.1. The Rotherham 62-day cancer position for Quarter 2 is 85.2%. Quarter 2 is planned to achieve the national 85% compliance target

<table>
<thead>
<tr>
<th>Q2 2018/19 SUMMARY</th>
<th>Expected achievement (%) - includes treated and confirmed cancers with a planned treatment date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>JUL 2018 Validated</td>
</tr>
<tr>
<td></td>
<td>Before reallocations</td>
</tr>
<tr>
<td>2ww</td>
<td>93.8</td>
</tr>
<tr>
<td>2ww Breast Symptoms</td>
<td>89.8</td>
</tr>
<tr>
<td>62 Day from GP</td>
<td>85.5</td>
</tr>
<tr>
<td>62 Day Consultant Upgrade</td>
<td>87.5</td>
</tr>
<tr>
<td>62 Day from Screening</td>
<td>95.7</td>
</tr>
<tr>
<td>31 Day First Treatment</td>
<td>98.2</td>
</tr>
<tr>
<td>31 Day Subs Treatment for Chemotherapy</td>
<td>100</td>
</tr>
<tr>
<td>31 Day Subs Treatment for Palliative Care</td>
<td>100</td>
</tr>
<tr>
<td>31 Day Subs Treatment for Surgery</td>
<td>100</td>
</tr>
<tr>
<td>Faster Diagnosis Standard</td>
<td>82.4</td>
</tr>
</tbody>
</table>

The biggest internal risk is remains delays with histopathology.

Summary – The Trust, as per last month, is on the limit of Q2 being achievable. The highest level of proactive escalation remains in place with most specialties on deep dive level review through weekly PTL

4.2 Recovery Actions

Increased support for cancer trackers

Additional staff advertised for and staff working overtime at weekends

Additional MRI facility 5 days per week moving to 3 days in November
Collective work of the cancer trackers

Daily scrutiny of the PTL

Weekly PTL meetings and updates

5.0 18 Week RTT Incomplete

5.1 The invalidated position for September 2018 is 94.0% against the 92% 18 week RTT incomplete target. This represents a continued strong operational performance against this performance metric.

5.2 This puts TRFT in the upper quartile performance in the country. Over 60% of Trusts are failing the standard nationally

5.3 Gynaecology

Gynaecology is the main area of concern within our 18-week programme, with a performance of 84.4%. The service has implemented the following actions to ensure recovery

The additional full day list has continued on alternate weeks within our theatres which has maintained the long waits without deterioration but has not markedly reduced the numbers.

Gynaecology theatre staff have commenced additional theatre sessions.

We commenced additional lists on Saturday the 22nd September 2018. These have continued weekly.

6.0 6 Week Wait Diagnostic Tests

6.1 The un-validated position for DMO1 for September 2018 is 99.4%, which shows 17 people waited 6 weeks or longer for sleep diagnostic tests. In September we have identified these patients who have breached specifically due to staff issues linked to senior cover the PTL team have met with Medicine and Clinical support to ensure this issue is resolved. This is still well within the national target but the team are keen to support respiratory to resolve the issue.

7.0 Improvement Planning

7.1 The Trust continues in its “Action on AE” Programme with a focus on Home First “Why not today why not now”. Recruitment is planned to start this month of therapists and nursing staff, if funding can be agreed.

7.2 Planned Internal Bed Reconfiguration update

The Acute plans centre on creating a Surgical Assessment Unit (SAU) on Ward B1 next to AMU and Ambulatory Care, which will allow the closure of Ward B5. The Surgical Team will move the present SAU and admission beds on Ward B5 to Ward B1. A Business Case has been written which has been presented to Business
investment on September the 5th. The national bid for £2.1 million is confirmed by NHSE.

The Gynaecology Assessment Unit is open and an initial review is planned for the end of October 2018.

7.3 ICS Data and overview ICS performance scorecard

The ICS is now recording and circulating the data as below which shows we are making good progress on the NHS Constitution commitments to our populations. The attached scorecard show’s our collective position at July 2018 as compared with other areas in the North of England and also the other ICSs. There are two areas where we are red: 31-day cancer standard (we are 95.3%, the standard is 96%) and 62-day cancer standard (we are 82.9%, the standard is 85%).

8.0 Conclusion

Performance against the 4-hour access standard in September 2018 has been challenged considerably and we are under trajectory. We have seen some failures in performance over the last 2 months, with key operational points of failure around
capacity within the ED and increased numbers of medically fit patients. Performance against the DMO1 diagnostic target in month has remained good.

Performance against the Cancer 62-day target has remained challenged as a result of both activity demand and access across a number of pathways delays. Whilst action continues, to achieve quarter 2 as per revised plan this remains a high risk.

Trust performance against the 18-week RTT incomplete target for the month continues to perform well.

G Briggs
Chief Operating Officer
22 October 2018
Agenda item: 395/18(c)

Report: Workforce Report

Presented by: Simon Sheppard, Director of Finance on behalf of Paul Ferrie, Acting Director of Workforce
Author(s): Danielle Hardy, Workforce Information Analyst

Strategic Objective:
Patients: Excellence in healthcare
Colleagues: Engaged, accountable colleagues
Governance: Trusted, open governance
Finance: Strong, financial foundations
Partners: Securing the future together

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring / responsive / well-led

Risk Reference:
BAF: B4, B5
Corporate Risk Register: 2978, 2979, 4762, 4959, 3520, 3908, 4877, 5068, 5226, 4516, 4935

Purpose of this paper:
This paper provides the Board of Directors with an update on key workforce issues.

Summary of Key Points:

- The staff in post figure for September 2018 is 3750.29 whole time equivalent (WTE), an increase of 43.14 WTE compared to August 2018.
- Another strong performance in relation to this month’s sickness absence, 3.70% for September 2018, this is 0.25% below the 3.95% target.
- The Trust delivered the PDR operational objective; achieving an overall compliance rate of 92.04% by the end of September; against the target of 90%.
- The Trust improved its overall Mandatory and Statutory Training (MaST), performance is currently 89% against the 85% target.
- National Staff Survey (NSS) launched on the 08 October 2018.
- The Flu campaign commenced in October, with over 1300 colleagues vaccinated during the first week.
- Permanent Secretary for the Department of Education visited the Trust to meet with apprentices.

Board action required: For Noting
1.0 Recruitment and Retention

1.1 Turnover in September 2018 is 0.63% (99.37% retention), 0.05% increase against September 2017. The Trust’s staff retention rate continues to compare favourably with national benchmarks.

1.2 Surgery have had the most leavers in September 2018, 13 (11.10 WTE) followed by Family Health, 9 (7.01 WTE). The most popular leaving reason was relocation, 8 (6.61 WTE).

1.3 Five of the doctors from India have now completed their period of orientation and induction; they now move on to a period of shadowing in their respective clinical areas. There have been slight delays in the registration process, the remaining doctors will arrive from mid-October to early November, and they will also undertake the necessary induction programme.

2.0 Sickness Absence

2.1 The Trust’s sickness absence for September 2018 is 3.70%, which is below the 3.95% target. The Trust continues to perform well in comparison with peer and national averages.

2.2 Short term absence has increased to 1.15% from previous month (0.92%) and long term sickness absence has decreased to 2.55% from (2.63%).

3.0 Mandatory and Statutory Training (MaST)

3.1 The Trust core MaST compliance has increased by 1% (89%), 4% above the Trust target of 85%.

3.2 The table below highlights the Trust’s overall mandatory and statutory core training compliance by division, against the 85% target at the end of September 2018.

<table>
<thead>
<tr>
<th>Division</th>
<th>Compliance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Support Services</td>
<td>92.37</td>
</tr>
<tr>
<td>Corporate Operations</td>
<td>90.07</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>90.27</td>
</tr>
<tr>
<td>Family Health</td>
<td>91.86</td>
</tr>
<tr>
<td>Integrated Medicine</td>
<td>84.63</td>
</tr>
<tr>
<td>Surgery</td>
<td>86.99</td>
</tr>
</tbody>
</table>

3.3 The table below highlights the Trust’s mandatory and statutory core training compliance for each subject by division at the end of September 2018. Information Governance (IG) RAG rating is based upon divisional performance against the national target of 95%. The HR team are working with the IG team to develop an overall approach and divisional plan to ensure delivery of the IG compliance target.
3.4 Two new competencies (Health, Safety and Welfare and Freedom to Speak Up) will be required from 01 April 2019. If these two new competencies were included in the target now the MaST compliance rate would be 83.65%. (Improved from 82.23% last month).

3.5 Work continues to introduce both Annual MaST and 3 Year MaST classes. These programmes have been developed in response to feedback from managers about how difficult it is to release staff to attend short training courses.

3.6 The aim of these classes is to align the competence expiry dates for all Core MaST training required annually to be the same date and those required 3 yearly to be the same date. From then on staff will be placed on a rolling programme to re-attend the following year prior to their expiry date.

4.0 Personal Development Review (PDR)

4.1 The Personal Development Review (PDR) compliance is now at 92.04% for the Trust. The table below shows overall PDR compliance by division at the end of September 2018 against the 90% target.

<table>
<thead>
<tr>
<th>Division</th>
<th>Compliance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Support Services</td>
<td>94.28</td>
</tr>
<tr>
<td>Corporate Operations</td>
<td>94.74</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>92.50</td>
</tr>
<tr>
<td>Family Health</td>
<td>91.54</td>
</tr>
<tr>
<td>Integrated Medicine</td>
<td>88.14</td>
</tr>
<tr>
<td>Surgery</td>
<td>93.45</td>
</tr>
</tbody>
</table>

4.2 All the divisions continue to review their outstanding PDR data at their respective Clinical Service Unit (CSU) performance meetings. The divisional leadership teams are ensuring that planned PDR dates are in place for colleagues not yet appraised. Integrated Medicine have made significant improvement during the month to increase from 64% to over 88%.

5.0 Leadership, Culture and Engagement

5.1 209 colleagues have now attended the Leadership, Exploration and Discovery (LEAD) training; this represents 8 cohorts. A further 4 cohorts are planned between now and the end of this financial year to ensure there is appropriate capacity and opportunity to deliver this objective.
5.2 The LEAD Forums are becoming well established, with events booked in until 2020. The events have included celebrations, values, quality, improvement and innovation. The presenters have been Public Health England, Health Education England, Leadership Academy, and Improvement Academy. The next event will be led by an external organisation Grimm & Co looking at leadership working beyond boundaries. In 2019 these events will include ‘Time For Us’ whereby the LEAD alumni have an opportunity to present alongside speakers.

5.3 The Trust welcomed Jonathan Slater, the Permanent Secretary for the Department of Education to the Trust on 08 October. The visit was an opportunity for the Trust to showcase our apprentices and the diversity of roles they are performing at TRFT. The feedback was extremely positive and the Permanent Secretary highlighted this on social media.

5.4 A new cohort of 16 Assistant Practitioners started this month bringing our total of apprentices up to 79 across 14 different qualification subjects.

5.5 Delivery plans are being finalised for the Senior Clinical Leadership Development Programme which will be jointly launched at the Lunchtime Lecture on 25 September by the Trust and Maguire (provider). Pre-joining evaluation of delegates will be undertaken by Maguire to capture aspirations, goals and identify specific situations to address during the programme. Our application review will aim to build cohorts that have synergy to co-create change, a key programme outcome.

6.0 Medical Workforce

6.1 Analysis of Allocate e-Job Plan indicates that 163 job plans are recorded on the system, an increase of 7. The plans are at the following stages:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Total</th>
<th>Draft</th>
<th>Discussion</th>
<th>Awaiting 1st Sign-Off</th>
<th>Awaiting 2nd Sign-Off</th>
<th>Signed off or Locked Down</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>129</td>
<td>5</td>
<td>79</td>
<td>19</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>SAS</td>
<td>34</td>
<td>0</td>
<td>24</td>
<td>4</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

7.0 Communication & Engagement

7.1 Plans for the Trust's 2018 Proud Week are now in the final stages with a week of activities planned to recognise colleagues from across the Trust. The week will include a volunteer celebration, long-service event and learner’s celebration with the week culminating in the annual Proud Awards ceremony at Magna on the evening of 08 November.

7.2 The seasonal Flu campaign commenced on 03 October. Over 35 peer vaccinators have been trained to support divisional delivery of the flu programme. In the first week of the campaign over 1300 colleagues were vaccinated.

7.3 The Trust’s approach is to offer vaccination to its entire workforce and is compliant with best practice (NICE guidance 2018).
7.4 As part of our commitment to work across the Rotherham health community we continue to support the Five Ways to Wellbeing which is a RMBC led initiative to support good mental health. TRFT worked with the RCCG in delivery of the “Take Notice” element of this programme.

7.5 The National Staff Survey was launched on 08 October. The launch was delayed due to technical challenges outside the control of TRFT. These have now been resolved; however, additional delays are still posing challenges to some colleagues who receive their survey by email. This is being addressed by the NHS coordination centre and continues to effect a number of NHS organisations.

8.0 **Strategic Workforce Committee**

8.1 The Strategic Workforce Committee met on Monday 22 October 2018 to discuss the year to date financial and operational performance. The meeting focussed on;

- Division of Integrated Medicine providing an overview of their key workforce achievements and challenges
- Discussion around AHP strategy and alignment with ICS workstream
- The baseline workforce analysis (current state) which will support the 5 year plan
- REWS and the workforce implications for the Trust
- Action being taken in relation to weekly/monthly pay changes. A letter is being sent to all affected members of staff asking their payment preference which will then be implemented; this approach has been agreed with staff side colleagues.

Paul Ferrie  
Acting Director of Workforce  
October 2018
Report: Finance Report

Presented by: Simon Sheppard, Director of Finance
Author(s): As above

Strategic Objective: Colleagues: Engaged, accountable colleagues
Governance: Trusted, open governance
Finance: Strong, financial foundations
Partners: Securing the future together

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring /responsive / well-led

Risk Reference:
BAF: B9, B10
Corporate Risk Register: 4379, 4380, 4629, 4363, 4516

Purpose of this paper:
This paper provides the Board of Directors with an update on performance against the Trust’s key financial duties in the context of the 2018/19 financial plan, namely:

- Delivery against the planned income and expenditure plan for the 2018/19 financial year
- Cost Improvement Programme Performance
- Capital Expenditure
- Cash Position

Summary of Key Points:

- The Trust is delivering ahead of plan for the year to date by £180k, and forecasting delivery of the year-end financial plan.
- The Trust deficit to September is £11.75m against a plan of £11.93m, a favourable variance from plan of £0.18m year to date.
- The Trust is underspent against the capital programme year to date. A year end monthly forecast re-profile has been provided by the programme leads to ensure delivery of the year end capital programme.
- The Trust is ahead of its Cost Improvement Programme at the end of September by £949k and forecasting delivery in excess of the year-end target, £9.7m.
- The Trust ended September 2018 with a cash balance of £1.39m compared to a planned level of £1.35m which is an £0.04m favourable variance
- At the end of September 2018 the Trust incurred agency costs of £6,105k inclusive of supporting the additional capacity. This year to date spend is marginally in excess of the internal budget and significantly above the NHSI agency ceiling. Actions to support delivery of the agency budget are detailed in the report.

Board action required:
For noting of the financial position
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
- Performance against the internal agency spend and against the NHSI ceiling
- Cost Improvement Programme
- Capital
- Cash

<table>
<thead>
<tr>
<th></th>
<th>In Month Plan £ms</th>
<th>In Month Actual £ms</th>
<th>In Month Variance £ms</th>
<th>YTD Plan £ms</th>
<th>YTD Actual £ms</th>
<th>YTD Variance £ms</th>
</tr>
</thead>
<tbody>
<tr>
<td>I&amp;E Performance</td>
<td>(1.95)</td>
<td>(1.96)</td>
<td>(0.02)</td>
<td>(11.93)</td>
<td>(11.75)</td>
<td>0.18</td>
</tr>
<tr>
<td>TRFT Agency Spend</td>
<td>0.93</td>
<td>1.00</td>
<td>(0.06)</td>
<td>5.86</td>
<td>6.11</td>
<td>(0.25)</td>
</tr>
<tr>
<td>NHSI Agency Ceiling</td>
<td>0.73</td>
<td>1.00</td>
<td>(0.27)</td>
<td>4.42</td>
<td>6.11</td>
<td>(1.68)</td>
</tr>
<tr>
<td>Efficiency Programme (CIP)</td>
<td>0.72</td>
<td>0.79</td>
<td>0.07</td>
<td>3.28</td>
<td>4.23</td>
<td>0.95</td>
</tr>
<tr>
<td>Capital Expenditure</td>
<td>0.59</td>
<td>0.19</td>
<td>0.40</td>
<td>2.21</td>
<td>0.71</td>
<td>1.51</td>
</tr>
<tr>
<td>Cash Balance</td>
<td>1.35</td>
<td>1.39</td>
<td>0.03</td>
<td>1.35</td>
<td>1.39</td>
<td>0.03</td>
</tr>
</tbody>
</table>

1.2. As at the end of September 2018 (month 6) the Trust is reporting favourable variances against all of the key metrics with the exception of agency spend. The following sections provide further information against these financial metrics.

2. **Income & Expenditure (in month)**

2.1. As the Board of Directors is aware, the Trust submitted its final operational and financial plan on the 30 April 2018. The financial plan for 2018/19 is to deliver a £20.3m deficit or better.

2.2. Month 6 performance is shown in the table below

**Table 1 – Income & Expenditure (April 2018-March 2019)**

<table>
<thead>
<tr>
<th>Summary Income and Expenditure Position</th>
<th>18/19 Annual Plan £000s</th>
<th>Monthly Position (September - Month 6)</th>
<th>Year to Date Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan £000s</td>
<td>Actual £000s</td>
<td>Variance £000s</td>
</tr>
<tr>
<td>Total NHS Clinical Income</td>
<td>225,549</td>
<td>18,563</td>
<td>18,517</td>
</tr>
<tr>
<td>Other Operating Income</td>
<td>19,215</td>
<td>1,591</td>
<td>1,803</td>
</tr>
<tr>
<td>Total Income</td>
<td>244,764</td>
<td>20,154</td>
<td>20,320</td>
</tr>
<tr>
<td>EXPENDITURE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Pay Costs</td>
<td>(177,225)</td>
<td>(14,824)</td>
<td>(15,185)</td>
</tr>
<tr>
<td>Total Non Pay Costs</td>
<td>(74,197)</td>
<td>(6,109)</td>
<td>(6,145)</td>
</tr>
<tr>
<td>Total Operating Costs</td>
<td>(251,422)</td>
<td>(20,933)</td>
<td>(21,330)</td>
</tr>
<tr>
<td>EBITDA</td>
<td>(6,658)</td>
<td>(779)</td>
<td>(1,010)</td>
</tr>
<tr>
<td>Non Operating Costs</td>
<td>(10,519)</td>
<td>(871)</td>
<td>(860)</td>
</tr>
<tr>
<td>Central Costs</td>
<td>(3,169)</td>
<td>(297)</td>
<td>(92)</td>
</tr>
<tr>
<td>RETAINED SURPLUS / (DEFICIT)</td>
<td>(20,345)</td>
<td>(1,947)</td>
<td>(1,962)</td>
</tr>
<tr>
<td>Agency % Total Pay</td>
<td>6.5%</td>
<td>6.3%</td>
<td>6.6%</td>
</tr>
<tr>
<td>EBITDA % Income</td>
<td>(2.7%)</td>
<td>(3.9%)</td>
<td>(5.0%)</td>
</tr>
<tr>
<td>Net Deficit % Income</td>
<td>(8.3%)</td>
<td>(9.7%)</td>
<td>(9.7%)</td>
</tr>
</tbody>
</table>

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2.3. The key points to highlight to the Board at the end of September are;

- A year to date favourable position of £180k against the £11,930k deficit plan

**Clinical Income & Activity**

- Clinical income is £1,319K favourable to Plan at the end of September. Adjusting for the additional pay award funding and GP schemes (see Pay and Non Pay section), the Trust is showing a small under-performance to date (£230k), predominately due to critical care activity.

- The activity performance year to date is shown in the table below. The key points to draw from the table are;
  - For the main points of delivery, elective, non-elective and ED attendances, the Trust is on Plan at the end of September. This reflects the robust planning process and profiling by the clinical management teams.
  - Under performance on critical care, both paediatrics and adults.
  - Over-performance on outpatients and assessments – these areas continue to be the focus for ongoing discussions and actions with the internal teams and Rotherham CCG, linked to referral trends.

<table>
<thead>
<tr>
<th></th>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
<th>Diff. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Inpatient</td>
<td>2,636</td>
<td>2,682</td>
<td>46</td>
<td>2%</td>
</tr>
<tr>
<td>Elective Day case</td>
<td>13,228</td>
<td>13,357</td>
<td>129</td>
<td>1%</td>
</tr>
<tr>
<td>Non Elective</td>
<td>13,030</td>
<td>12,956</td>
<td>-</td>
<td>-1%</td>
</tr>
<tr>
<td>ED Attendance</td>
<td>50,136</td>
<td>50,066</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Outpatient New</td>
<td>28,625</td>
<td>28,420</td>
<td>205</td>
<td>-1%</td>
</tr>
<tr>
<td>Outpatient FU (CL)</td>
<td>51,342</td>
<td>54,140</td>
<td>2,798</td>
<td>5%</td>
</tr>
<tr>
<td>Outpatient Procedures</td>
<td>26,456</td>
<td>28,148</td>
<td>1,692</td>
<td>6%</td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td>1,990</td>
<td>1,718</td>
<td>-272</td>
<td>-14%</td>
</tr>
<tr>
<td>Paediatric Critical Care</td>
<td>2,510</td>
<td>1,950</td>
<td>-560</td>
<td>-22%</td>
</tr>
<tr>
<td>Assessments</td>
<td>5,761</td>
<td>8,728</td>
<td>2,967</td>
<td>51%</td>
</tr>
</tbody>
</table>

**Pay and Non Pay**

- Pay costs are showing an overspend of £1,195k year to date. However, the following factors must be noted;
  - The Agenda for Change (AfC) pay award was agreed in July, with back pay in August. The Trust is receiving additional income above the planned level to fund this (£1,290k year to date). This was in addition to the new pay rates being paid in July.
  - The Trust is now the lead employer for the GP Vocational Training Scheme. This is fully funded for the pay costs incurred, £260k for August and September.
The total impact of the 2 factors above year to date is £1,550k. In line with the agreed financial reporting budgets are fixed for the financial year to align with the 2018/19 submitted financial and operational plan, and so the £1,235k is showing as an over-performance on income. Adjusting for these factors would show the pay position being favourable to budget by £355k.

- Non pay costs are showing an adverse position, £1,136k against budget predominately due to excluded drugs and devices and premises, which is offset by income.

2.4. To support delivery of the financial plan, there are now monthly Financial Operational Meetings with each Division, led by the Director of Finance and supported by the Chief Operating Officer and senior members of the finance team.

2.5. These meetings with Divisional teams have focused on;

- Year-end forecast including risks and opportunities. These risks and opportunities, including actions to mitigate the risk or secure the opportunity have been discussed at the Finance & Performance Committee.
- Accuracy of forecasts for both the monthly reports and year end position
- Clear actions required to improve performance and/or mitigate any risks.
- Escalation of any issues to the Executive Management Committee

2.6. Whilst the financial performance to date is encouraging there is continued focus on delivering the monthly profiles throughout the remaining months of 2018/19. Performance to date and the monthly plans are shown in the table below. It is critical to the delivery of the overall financial plan that the Trust continues to deliver against the monthly profiles.

2. Agency Expenditure

2.1. As was the case in 2016/17 and 2017/18 providers have received an agency target from NHSI for the new financial year. The target for 2018/19 is an annual spend of £8.8m which is a reduction of £1.4m from the £10.2m target in 2017/18.

2.2. Whilst the Trust will strive to meet the target, this ambition needs to be set in the context of 2017/18 costs being in excess of £11m. These costs were predominately driven by medical vacancies and the requirement to use agency staff. In light of the spend in 2017/18 the Trust has therefore set an internal budget for agency expenditure profiled across the financial year to reflect forecast costs.

2.3. During 2018/19 performance against both the NHSI ceiling and internal budget will be monitored.

2.4. At the end of September 2018 the Trust incurred costs of £6,105k inclusive of supporting the additional capacity. This year to date spend is slightly above the internal budget, £247k, and £1.8m adverse to the NHSI ceiling.

2.5. Further actions implemented to support delivery against these targets include;

- Agreement and monitoring of the key vacant posts – individual recruitment strategies
• Working with external partners to secure permanent recruitment including from overseas
• Expansion of the direct engagement model
• Overseas recruitment to key posts
• Enhanced controls in certain areas

Progress against these actions and the impact on the agency spend will be reported through the operational committees and assurance committees.

3. Cost Improvement Programme

3.1. The Trust has a cost improvement (CIPs) target for 2018/19 of £9.7m, 3.6% of costs.

3.2. The month end and year to date position is shown below and includes both cash releasing and efficiency schemes, the headlines being;

• Performance in September of £789k, £66k favourable to plan.
• Year to date performance £949k above the plan of £3,275k

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>199</td>
<td>186</td>
<td>-13</td>
<td>786</td>
<td>690</td>
<td>-96</td>
<td>62</td>
<td>41</td>
<td>23</td>
<td>12</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Surgery</td>
<td>199</td>
<td>154</td>
<td>-45</td>
<td>720</td>
<td>1,012</td>
<td>292</td>
<td>15</td>
<td>12</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Family, Health</td>
<td>119</td>
<td>106</td>
<td>-13</td>
<td>608</td>
<td>559</td>
<td>-49</td>
<td>15</td>
<td>12</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Clinical, Support, Services</td>
<td>28</td>
<td>113</td>
<td>85</td>
<td>104</td>
<td>497</td>
<td>393</td>
<td>20</td>
<td>18</td>
<td>16</td>
<td>14</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Corporate</td>
<td>55</td>
<td>107</td>
<td>52</td>
<td>320</td>
<td>727</td>
<td>407</td>
<td>23</td>
<td>21</td>
<td>18</td>
<td>16</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Central</td>
<td>123</td>
<td>123</td>
<td>0</td>
<td>737</td>
<td>738</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>723</td>
<td>789</td>
<td>66</td>
<td>3,275</td>
<td>4,224</td>
<td>949</td>
<td>56</td>
<td>48</td>
<td>40</td>
<td>36</td>
<td>24</td>
<td>24</td>
</tr>
</tbody>
</table>

In Month Performance to Plan: 109 %  
YTD Performance to Plan: 129 %

3.3. In addition to the in-month performance, continued focus and action is being taken to secure the £9.7m in year target and the full year effect of £13.1m

3.4. Total schemes identified for 2018/19 are now £10.72m in excess of the annual target, with a full year effect value of £11m.

4. Capital

• Total capital expenditure plans have been produced in accordance with the maximum internally generated funds available to the Trust and in conjunction with appropriate colleagues throughout the Trust
• The Trust has a planned capital expenditure programme for 2018/19 of £5,800K
• Expenditure year to date (to 30 September 2018) is £707K representing an underspend of £1,507K against the year to date budget.

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• Lead officers have provided a monthly profiled year-end forecast as at the end of September 2018 to provide assurance the capital programme will be fully delivered.
• The Trust as part of the South Yorkshire & Bassetlaw Integrated Care System is currently awaiting feedback on several draft business cases as part of the national capital programme.
• The Trust has been successful in securing an additional £2.1m to support increased capacity in winter and improved emergency care performance.
• Work continues to produce a longer-term view of capital requirements together with subsequent funding options that will be used to inform the Trust’s five-year financial planning outlook. This will be reported to the Board in line with the agreed timetable.

5. Cash

• The trust ended September 2018 with a bank balance of £1.39m compared to a planned level of £1.35m which is an £0.04m favourable variance
• All non NHS and NHS suppliers are paid within the payment terms approved by the Board of Directors (45 days)

6. Finance & Performance Committee

6.1. The Finance & Performance Committee met on Wednesday 25 October 2018 to discuss the year to date financial and operational performance. The meeting focussed on;

• Financial performance year to date and forecast, including risks and mitigating actions.
• Operational performance against the constitutional standards.
• Performance against CQUIN (Commissioning for Quality and Innovation)
• Winter Planning
• Corporate Risk Register
• 5 Year Plan

Simon Sheppard
Director of Finance
October 2018
Report: Governance Report

Presented by: Anna Milanec, Director of Corporate Affairs/ Company Secretary

Author(s): Anna Milanec, Director of Corporate Affairs/ Company Secretary

Strategic Objective:
- Patients: Excellence in healthcare
- Colleagues: Engaged, accountable colleagues
- Governance: Trusted, open governance
- Finance: Strong, financial foundations
- Partners: Securing the future together

Regulatory relevance:
- NHSI: Licence Condition FT4 / Single Oversight Framework
- CQC Domain: safe / effective / caring / responsive / well-led

Risk Reference:
- BAF: B6
- Corporate Risk Register: none

Purpose of this paper:
This paper intends to provide the Board with details of progress against various governance issues, and provides a horizon scan of governance based matters that are pertinent to the Board / the Trust.

Summary of Key Points:

- The CQC public their annual report, ‘The state of health and social care in England 2017/18’ (2.0)
- NHSI Consultation on wholly owned subsidiaries has been published (3.0). The Trust intends to submit a response;
- NHSI survey results of the make-up and diversity of provider boards has been published, and will be considered by the Nominations Committee (4.0);
- Update from the Department of Health and Social Care’s cyber security programme (5.0);
- Development in case law has implications for all Trusts (6.0);
- Open consultations (7.0)
- NHS Providers’ briefings issued in month (8.0)

Board action required: The Board is asked to note this report.
1.0 Introduction

1.1 This report provides an update on governance, and regulatory matters affecting board governance, for the period from mid-September 2018.

2.0 CQC: The State of Health and Social Care in England 2017/18

2.1 The CQC published their annual report into the state of health and social care on 10 October 2018:

3.0 NHS Improvement - consultation on wholly owned subsidiaries

3.1 NHSI has open up the consultation process over how wholly owned subsidiaries (WOS) are approved and regulated, proposing that NHS providers submit a business case to the regulator for approval. (For link, see 7.0 below.)

3.2 This comes after trusts were told by NHSI to halt all plans to establish subsidiaries last month, ahead of the consultation being launched.

3.3 It is proposed that Trusts will need to submit a business case to show that setting up a WOS yields value beyond VAT savings, with NHSI potentially blocking unsatisfactory business plans. There will be no impact on the existing 65 WOS in their current form.

3.4 It is proposed that plans will be classified by the regulator as either ‘material’ or ‘significant’.

3.5 Updated guidance is expected to be submitted in December 2018.

4.0 NHS Improvement – make up and diversity of NHS provider boards

4.1 On 8 October 2018, NHSI published the results of its first ever national survey relating to the make-up and diversity of NHS provider boards in 2017:
https://improvement.nhs.uk/documents/2620/NHSI_board_membership_2017_survey_findings_Oct2018a_ig.pdf

4.2 A total of 2,689 board directors answered the survey, and findings were much as expected:
- NHS Provider board sizes range between 10 and 20 members;
- More voting NEDs than EDs (executive directors) exist – although data showed there to be more EDs (1666) numerically, compared to NEDs (1603);
- 49% of EDs and 25% of NEDs declared a clinical background;
- The NHS meets the EU Commission definition of board gender parity (between 40% and 60% men or women) with just under 43% of provider board members comprising women. However, the NHS has signed up to this being between 45% - 55% by 2020;
- There are currently 27 Chair and 96 NED positions held by men who have each served over six years whose appointments are coming to an end between 2018-2020. The report suggests that this would be an opportunity for boards to review their board gender make up;
• Results indicate that only 7.7% of provider boards members are from BAME (black, Asian and minority ethnic) groups; and
• 90% of NEDs were aged 50 or more, compared with just 65% of EDs.

4.3 The Nominations Committee continues to monitor the make-up of the Board of Directors and further work is to be undertaken in this regard.

5.0 Department of Health – Securing cyber resilience in health and care


5.2 Since February 2018, progress includes,
• agreement of £150 million of investment over the next three years;
• procured a new Cyber Security Operations Centre boosting the national capability to prevent, detect and respond to cyber-attacks; and
• launched the Data Security and Protection Toolkit (replacing the information governance toolkit).

5.3 The Data Security and Protection Toolkit allows organisations to track progress in implementing the National Data Guardian’s ten data security standards (board agenda item 105/18). The initial toolkit submission must be made by March 2019 and work on this has been in progress for some time, with the internal auditors currently undertaking a review (annual).

5.4 Since September 2017, the CQC has been responsible for assessing whether NHS Trusts and Foundation Trusts are ‘well led’. The regulator has been working with NHS Digital to understand how unannounced cyber security inspections can take place.

5.5 The Trust has been proactive in raising awareness of cyber security and recently held a formal training exercise for those involved in ‘on call’ arrangements, in assessing the robustness of a potential cyber-attack.

6.0 Legal Developments (case law)

6.1 In Darnley v Croydon Health Services NHS Trust, the Supreme Court allowed a patient's appeal, by holding that non-medical staff working in A&E departments do owe a duty of care to patients to provide accurate information relating to the provision of medical assistance. The inaccurate information provided in this case, which the Court found to have been negligent, had a causal link to the Appellant's subsequent brain damage and hemiplegia.

6.2 Whilst the Court accepted that those working within an A&E department are under significant pressure and that it is difficult to operate in such circumstances, it has however clarified the law that hospitals, through their receptionists or other clerical staff, do owe a duty of care to patients to provide accurate information regarding the provision of medical care, which extends to information regarding waiting times in A&E.

6.3 Such staff need to be trained as to the protocol for triage and must take reasonable care when providing such information to patients.
7.0 Consultations

7.1 The following public consultations are currently open:
Contracting arrangements for integrated care providers (ICPs), NHS England, closing on 26 October 2018.

- Proposed changes on the 2019/20 national tariff (this is not a statutory consultation exercise, but is intended to gather feedback), closing 29 October.

- Consulting on our proposed extension to the review of subsidiaries, NHS Improvement, closing on 16 November 2018

- Directions for integrated care providers (ICPs) seeks the views on draft directions about the mandatory requirements of GP service providers who chose to participate in a new ICP contract, closing 7 December 2018

- Regulatory fees: have your say – proposals for fees from April 2019 for all providers that are registered under the Health and Social Care Act 2008, CQC, closing on 17 January 2019

8.0 NHS Providers Briefings

8.1 The following briefings have been issued in month by NHS Providers (NHSP) and can be found on the NHSP website:
- Steeling ourselves for winter 2018/19 (22 October)
- Consultations on the review of subsidiary companies (18 October)
- The state of health care and adult social care in England 2017/18 (11 October)
- National Tariff Proposals 2019/20 (11 October)
- NHS Operational productivity: unwarranted variations in ambulance trusts (28 September)
- Technical papers on preparations for a no deal Brexit scenario (26 September)

Anna Milanec
Director of Corporate Affairs / Company Secretary
October 2018
Report: Outcome of implementation of e-Rostering Report

Presented by: Simon Sheppard, Director of Finance on behalf of Paul Ferrie, Acting Director of Workforce

Author(s): Stephen Sellars, HR Systems Manager

Strategic Objective:
- Colleagues: Engaged, accountable colleagues
- Governance: Trusted, open governance
- Finance: Strong, financial foundations

Regulatory relevance:
- NHSI: Single Oversight Framework
- CQC Domain: safe / effective / well-led

Risk Reference:
- BAF: B4
- Corporate Risk Register: 2978, 4762, 4959, 3520, 3908, 4740, 5442, 4064

Purpose of this paper:
The purpose of this paper is to outline the benefits realised from the implementation and utilisation of e-Rostering. It will also cover the journey to achieving Allocate Academy accreditation and national award nominations.

Summary of Key Points:
- Implementation of non-medical E-Rostering commenced in May 2016 and completed for all ward areas in April 2017. All other areas are using the system for annual leave and sickness input.
- Review and Approve meetings have been able to ensure efficient rostering is being achieved across the Trust, rosters are kept up-to-date and maintained, training needs are recognised, ensure better clinical workforce utilisation, better leave management and better use of bank and agency.
- February 2017 the Trust agreed to the formation of the Workforce Programme Group to oversee all staffing expenditure and developed a sophisticated report suite to support this.
- The Trust took advantage of the Allocate Academy accreditation to upskill our staff and catch up as an organisation in terms of knowledge and understanding of what e-rostering meant. The Trust has been short-listed for an Allocate Award.
- The Trust has received a HPMA award for HR Analytics for using data from HR Systems to achieve savings across Bank & Agency usage.

Committee action required:
For noting
1.0 Introduction

1.1 Implementation of non-medical E-Rostering commenced in May 2016 and completed for all ward areas in April 2017. All other areas are using the system for annual leave and sickness input.

1.2 In 2016 the decision was made to terminate the neutral vendor non-medical temporary staffing contract as it incentivised agency fill and so bank fill had decreased in the 12 months the neutral vendor had been in place.

1.3 The in house Bank Office was resurrected with the use of Allocate Bankstaff and a new team set about introducing Trustwide processes and procedures, allowing the Trust to ensure 100% NHSI rate cap compliance as well as providing Trustwide data about usage.

1.4 As part of this implementation, the Bank Office fully utilised the agency management capabilities of BankStaff, introducing agency bookings via the system, giving full oversight of temporary staffing usage in one place and allowing the introduction of Self Billing by the Trust, eliminating the submission of invoices and timesheets by agencies, and reducing the potential for overcharges and fraud.

1.5 In February 2017 the Trust agreed to the formation of the Workforce Programme Group to oversee all staffing expenditure and developed a sophisticated report suite to support this.

1.6 The Trust gained organisational accreditation from the Allocate Academy and was the first Trust in the country to do so. This involved individual team members completing high-level training provided by Allocate, and demonstrates that we have a team who are appropriately trained and skilled to implement and support the system.

2.0 Benefits Realisation

2.1 Benefits realisation was carried out as part of the implementation and ensured best practice was adhered to from the outset.

2.2 We are currently embedding the ‘Review and Approve’ process agreed by the Trust. The aim of the Review and Approve process is to support managers with the maintenance and use of the e-Rostering system as well as ensuring the creation and approval of safe and effective rosters in line with the Trust’s KPIs.

2.3 The Workforce Programme Group was charged with ensuring that wards were safely staffed, expenditure on bank and agency staff was controlled and leave management best practice was adhered to.

3.0 Outcomes of implementation

3.1 Through the implementation of rostering and the formation of the Workforce Programme group the trust was able to cut non-medical bank and agency expenditure by 28%, £1.2M last year (2017/18). This was achieved by:

- Ensuring areas were safely staffed e.g. early warning of gaps
- Pay expenditure was controlled and areas remained within their budget
- Only key shifts were sent to agency
- The Trust remained under the NHSi agency expenditure cap
- Annual leave was spread appropriately throughout the year
- Requests to recruit were actioned in a timely manner and were scrutinised prior to advertising

3.2 Through implementing e-Rostering, the Trust has significantly reduced the amount of manual entry into the payroll system, reducing the risk of pay errors and reducing the amount of time spent by managers producing manual rosters and data. The central availability of roster data has also allowed for better assurance regarding the management of headroom throughout the year.

3.3 Review and Approve meetings have been able to ensure efficient rostering is being achieved across the Trust, rosters are kept up-to-date and maintained, training needs are recognised, ensure better clinical workforce utilisation, better leave management and better use of bank and agency. Sign off of rostering rotas has improved from 3 weeks to 5.5 weeks against a target of 6 weeks.

3.4 The Trust implemented an accelerated rollout, due to joining the e-Rostering programme late as an organisation, the Trust took advantage of the Allocate Academy accreditation to upskill our staff and catch up as an organisation in terms of knowledge and understanding of what e-Rostering meant. We now compete as one of the top organisations for rostering best practice despite only starting implementation in 2016. The benefits of becoming an Allocate accredited organisation are:

- The upskilling of the HR Systems team to deliver an accelerated and efficient rollout.
- Benefits realisation could be undertaken while rollout was being delivered to embed processes e.g. reviewing unused contracted hours
- The Rotherham NHS Foundation trust administrators and users of the software were empowered with knowledge, in-depth understanding and confidence to deliver a working system and high quality training.
- Maintain High standards of rostering through Review and approve meetings.
- Maintain High standards of system configuration when implementing upgrades and fixes to ensure minimum disruption to the trust.
- 3 Members of the HR Systems team are accredited as Allocate Certified Professionals.
- 1 Member of the HR Systems team is accredited as an Allocate Certified Specialist - currently the highest credit available from the Allocate Academy.

3.5 The HR Systems manager is the regional chair for the ICS Working together group for e-rostering which has been tasked with finding efficiencies through e-rostering best practice.

3.6 The Trust has been short-listed for an Allocate Award. The winner will be announced at the Allocate National user group conference gala dinner on the 17th October 2018. The Trust has been short-listed in the “impacting clinical and performance targets” category for its use of e-Rostering data to influence staffing decisions.

3.7 The Trust has already received a HPMA award for HR Analytics for using data from HR Systems to achieve savings across Bank & Agency usage.
3.8 The Trust has recently purchased Allocate’s Medical modules, which will be implemented in 2018-20. Work will also continue on SafeCare implementation and optimisation and ongoing maintenance and optimisation of rosters.

Stephen Sellars
HR Systems Manager
October 2018
Report: Responsible Officer Report

Presented by: Dr Callum Gardner, Interim Medical Director
Author(s): Dr Alison Cooper, Interim RO

Strategic Objective: Colleagues: Engaged, accountable colleagues

Regulatory relevance:
NHSI: Licence Condition FT4 / Single Oversight Framework
CQC Domain: safe / effective / caring /responsive / well-led

Risk Reference:
BAF: B5
Corporate Risk Register: 3989

Purpose of this paper:
To present to the Board details of activity related to Medical Appraisal and Revalidation as per NHS England and GMC Regulations.

Summary of Key Points:
- Advert for new Appraisers has been circulated
- Quarter 1 figures (Appendix 1)
- The Statement of Compliance has been submitted on time
- Need to review and refresh Case Investigators

Board action required:
The Board is asked to note the quarterly data.
1.0 Introduction

1.1 Medical Revalidation was established in 2012 underpinned by annual appraisal. The first 5 year cycle was completed in December 2017. The Appraisal and Revalidation Office has now been running for just over 4 years, with enhanced information now available as a consequence of improved data collection.

2.0 Performance

2.1 NHS England Recommendation

2.1.1 Better support for case investigators/case management.

2.1.2 The last training for Case Investigators was run in 2015 and many of those trained have since left the organisation. Those that remain have not been offered any updates. Offering training as both an update and for new staff is therefore necessary.

2.1.3 Better monitoring and support for doctors under GMC conditions. There may be variation in the way concerns are managed across the specialties and this needs to be addressed. The Enhanced Support Policy incorporates up to date best practice guidance. The local variation of MHPS is being withdrawn with the agreement of LNC, to be replaced by the national policy.

2.1.4 Highlight the impact of vacancies. There are currently gaps across many specialties with a high number of doctors employed as locums via agencies, trust locums or as bank doctors. All trust employed doctors need an appraisal including those on bank. This represents a challenge as many have limited opportunity to participate in the full range of activities required for Appraisal and revalidation.

2.2 Due to sickness and retirements there are currently 13 Appraisers vs 20 required. An advert has been placed and interviews scheduled for 4th December 2018.

2.3 Appraisers have been provided with the GMC guidance on reflection.

2.4 Themes from Appraisal

2.4.1 Review of comments from doctors working in A & E over last 12 months provides the following information about the top 2 themes

- Intensity of work and maintaining personal wellbeing in the face of such intensity is the top concern.
- Balancing requirements for non-clinical work with maintaining CPD is challenging.

2.4.2 Comments from doctors working in Anaesthesia provides the following information:

- Maintaining a broad range of skills and developing new skills at a time of staff shortage and leave restriction is the top concern.
- Ensuring a suitable work/life balance and changing this as required to reflect changing life circumstances (maternity leave, sick leave, age etc.) is next major concern.
2.4.3 The proposed new structure incorporating human factors, mentoring and CESR into new roles at a senior level may help to address these concerns.

3.0 Action Plan

3.1 Review all areas of RO responsibilities to establish current practice and ensure all are meeting current best practice.

Dr Alison Cooper
Interim RO
October 2018
Appendix 1

Medical Appraisal Figures for 2018/19

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Q1 01/04/2018-30/06/2018</th>
<th>Q2 01/07/2018-30/09/2018</th>
<th>Q3 01/10/2018-31/12/2018</th>
<th>Q4 01/01/2019-31/03/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of designated body (or NHS England Area Team or Region)</td>
<td>TRFT</td>
<td>TRFT</td>
<td>TRFT</td>
</tr>
<tr>
<td>Note: Please ensure your organisation’s name is written exactly as it is recorded on GMC Connect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Number of doctors with whom the designated body has a prescribed connection</td>
<td>186</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Number of doctors(^1) due to hold an appraisal meeting in the reporting period Note: This is to include appraisals where the appraisal due date falls in the reporting period or where the appraisal has been re-scheduled from previous reporting periods (for whatever reason). The appraisal due date is 12 months from the date of the last completed annual appraisal or 28 days from the end of the doctor’s agreed appraisal month, whichever is the sooner.</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Number of those within #3 above who held an appraisal meeting in the reporting period</td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Number of those within #3 above who did not hold an appraisal meeting in the reporting period [These to be carried forward to next reporting period]</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.1</td>
<td>Number of doctors(^1) in 3.2 above for whom the reason is both understood and accepted by the RO</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.2</td>
<td>Number of doctors(^1) in 3.2 above for whom the reason is either not understood or accepted by the RO</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Report: Guardian of Safe Working Hours Report

Presented by: Dr Callum Gardner, Interim Medical Director
Author(s): Dr Gerry Lynch, Guardian of Safe Working Hours

Strategic Objective:
- Patients: Excellence in healthcare
- Colleagues: Engaged, accountable colleagues
- Governance: Trusted, open governance

Regulatory relevance:
- NHSI: Licence Condition FT4 / Single Oversight Framework
- CQC Domain: safe / effective / caring / responsive / well-led

Risk Reference:
- BAF: B1, B2
- Corporate Risk Register: No risks on Risk Register

Purpose of this paper:
The Guardian of Safe Working is required to report to the Board on a quarterly basis that working in the Trust is safe for Junior Doctors and patients; or, where this is not the case, that measures are taken to address this, with the Board’s help if necessary.

Summary of Key Points:
- The number of Exception Reports has greatly increased in this quarter than the previous one. The areas of concern are AMU and Obs/Gynae, where rota gaps have caused deviations from work schedules and missed educational opportunities.

Board action required:
The Board is asked to note and support the initiatives to ease conditions in the areas above.
1. **Introduction**

1.1 The Junior Doctor Contract 2016 has been in force in TRFT since 7 Dec 2016 and all junior doctors not on run-through training at the time of introduction are now on the contract. Excess hours and educational issues which breach the trainees’ personalised work schedule are dealt with by exception reporting. Breaches to 48 hour average, missed breaks > 25%, and 72 hour total working week attract Guardian fines.

2. **Exception report update**

2.1 The number of exception reports has increased to 82 (as of 16th October) compared to 25 and 64 in the last 2 quarters due mainly to new issues in Obstetrics and Gynaecology.

3. **Exception Report details (with regard to working hours)**

3.1 21 doctors including 9 Foundation Year 1 doctors (F1), 9 Core Trainees (CT), 2 StR and one FY2 have submitted 82 exception reports related to hours and rest in the last quarter. There were also 9 exceptions related to education, which are dealt with by the DME. Time off in lieu was granted for 4.5 hours and payment for 48.15 hours.

3.2 9 Exception reports were felt by their 5 originators to represent immediate threat to safety but these are not treated differently owing to the retrospective nature of the reporting.

<table>
<thead>
<tr>
<th>Specialty by Supervisor</th>
<th>No. exceptions raised (Hours/Hours plus education)</th>
<th>Number of Hours/quarter</th>
<th>No. exceptions closed</th>
<th>No. exceptions outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine (total)</td>
<td>54</td>
<td>71.8</td>
<td>41</td>
<td>13</td>
</tr>
<tr>
<td>Surgery</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>General Practice</td>
<td>1</td>
<td>2.5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Obstetrics and gynaecology</td>
<td>24</td>
<td>9.5</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>1</td>
<td>1.5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Haematology</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>92.75</td>
<td>67</td>
<td>15</td>
</tr>
</tbody>
</table>
4. **Work Schedule Reviews**

4.1 Work schedule reviews are mandated by Terms and Conditions of Service when exceptions within a post are persistent.

4.2 Work schedule reviews are due in Obstetrics and gynaecology at ST level.

5. **Fines**

5.1 No fines have been imposed this quarter for exceeding 48 hours average or 72 hours total weekly hours but trainees have been reminded to flag this up in exception reporting if it occurs.

6. **Qualitative Information**

6.1 Examples of commentary provided by junior doctors, redacted for anonymity, are presented below.

   “Assisting in C section. Left 50 minutes late.”

   “Covering two bleeps - labour ward and gynaecology acutes from 8.30-13.00 due to short staffing”

   “Friday normal 9-5 ward shift. Sadly due to all other staff being on leave or on call/post on call was the only junior. Busy ward with multiple sick patients; many new patients and 6 outliers..... I had taken only a small break for lunch and had come in early to prep the list as we were without an FY1. Consultant informed I would likely have to stay a bit late to finish off.”

   “I was the only doctor on my team - consultant on annual leave; the rest of the team in induction. It was the first day working as a.. and was unsafe and inappropriate. Although a locum doctor was on the rota; nobody was present and it left a new junior doctor completely unsupported looking after roughly 25 patients. It was stressful for myself; who was new both to the hospital and to the role and unsafe for patients. I very much hope that no other ..are put in that situation; with induction for all other juniors scheduled on the day that we start the job.”

7. **Actions taken to resolve issues**

7.1 Contractual junior doctor forum and informal feedback sessions with Medical Workforce are a useful way to raise issues.

7.2 Timeliness in dealing with Exception Reports has been addressed by meeting with individual consultants in addition to the usual reminders from workforce, who are planning to review ER daily going forward.

7.3 Advice to the trainees regarding appropriate escalation when there is perceived to be immediate threat to safety has been given, and the interim Medical Director has lent his support to be notified in this instance.
7.4 The Trust's recent recruitment effort abroad has successfully employed additional medical staff who will soon be able fill gaps in A/E and AMU in time for the predicted increased winter pressures.

7.5 Obstetrics have an action plan which it is hoped will ease some of the issues there.

7.6 The Interim Medical Director is hoping to attend forum meetings going forward.

8. Conclusion

8.1 Medicine, as previously, and Obstetrics and Gynaecology are the main areas of concern and the measures outlined above will hopefully provide some easing of the workload.

Dr Gerry Lynch
GSW TRFT.
Purpose of this paper:
This paper outlines the Trust’s annual self-assessment against NHS England’s Emergency Preparedness, Resilience & Response (EPRR) Core Standards.

Summary of Key Points:

- EPRR Assurance is completed by all Trusts. Of the 64 individual standards, TRFT have self-assessed 60 as fully compliant, the remaining 4 as partially compliant with evidence of progress and in the EPRR work plan to be agreed by the Board for the next 12 months. The improvement plan is included with this paper.

- Work undertaken since the last assessment has resulted in the Trust’s statement of compliance remaining at substantial.

- The Trust Management Committee have considered and approved the self-assessment, statement of compliance and improvement plan.

Board action required:
1. To receive and approve the Trust’s self-assessment statement of compliance and improvement plan against NHS England’s EPRR Core Standards.
1. Introduction

1.1 All NHS organisations are required to complete a self-assessment process of compliance with regards EPRR core standards, the minimum requirements commissioners and providers of NHS funded services must meet. The number of standards organisations are required to meet is dependent upon function and statutory requirements. Acute Trusts are required to undertake a self-assessment against 64 standards.

1.2 Following submission of the Trust’s statement of compliance, regional NHS England Teams submit their consolidated data to facilitate the preparation of a national report for consideration by the NHS England Board. Once accepted by the Board, NHS England will provide national EPRR assurance for 2018/19 to the Department of Health & Social Care and the Secretary of State.

1.3 Declaration of compliance is categorised as full, partial or non-compliant against each core standard. An overall assurance rating is then assigned to the organisation on the percentage of standards the organisation has assessed itself as being fully compliant against.

1.4 The overall assurance rating should be signed off by the Board, presented at a public Board meeting and published in the Trust annual report.

1.5 Each year a ‘deep dive’ self-assessment is conducted to gain additional assurance into a specific category which this year is Command & Control. The self-assessment does not contribute to the organisation’s overall EPRR assurance rating and is reported separately to NHS England. This has been assessed as fully compliant in the two domains, namely Incident Coordination Centres and Command Structures and is attached at Appendix D for information.

1.6 At its meeting on 2 October 2018, the Trust Management Committee considered the assessment and approved the statement of compliance, improvement plan and deep dive self-assessment

2. Performance Against the 2018/19 Core Standards

2.1 The core standards this year are separated into ten domains. The self-assessment resulted in 60 fully compliant and 4 partially compliant as can be seen in the table below.

<table>
<thead>
<tr>
<th>Core Standards</th>
<th>Total standards applicable</th>
<th>Fully compliant</th>
<th>Partially compliant</th>
<th>Non compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Duty to risk assess</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Duty to maintain plans</td>
<td>14</td>
<td>13</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Command and control</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Training and exercising</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Response</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Warning and informing</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cooperation</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Business Continuity</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CBRN</td>
<td>14</td>
<td>13</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64</strong></td>
<td><strong>60</strong></td>
<td><strong>4</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>
2.2 The Trust’s overall compliance is assessed as ‘Substantial’, defined as:

‘The organisation is 89-99% compliant with the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation’s Board has agreed an action plan to meet compliance within the next 12 months’

2.3 Those standards assessed as partially compliant are included within the 2018/1019 improvement plan at Appendix A. Core Standards 20 and 59, numbered in last year’s self-assessment as 8 & 56 respectively were also listed on last year’s improvement plan shown at Appendix B which includes an update on progress to date.

3. Recommendation

3.1 The Trust Board is requested to consider and approve this year’s statement of compliance (Appendix C) and the Improvement Plan for consideration by the Trust Board.

George Briggs
Chief Operating Officer
15 October 2018
### Domain: Duty to Maintain Plans

In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to perform a whole site shelter and/or evacuation.

<table>
<thead>
<tr>
<th>Core standard reference</th>
<th>Core standard description</th>
<th>Self Assessment Compliance</th>
<th>Improvement required to achieve compliance</th>
<th>Actions to deliver improvement</th>
<th>Lead</th>
<th>Target date</th>
</tr>
</thead>
</table>
| 20                      | **Domain: Duty to Maintain Plans** | Partially Compliant | Finalise the onsite evacuation & shelter process | • Progress multi-agency planning  
• Equip an additional proportionately sized off site command suite to accommodate both tactical and strategic teams  
• Establish onsite evacuation and shelter planning team  
• Develop an appropriate on site alert mechanism to supplement activation of the plan  
• Develop Yorkshire & The Humber memorandum of Understanding to facilitate the distribution of patients  
• Develop training & exercising schedule | Business Resilience Manager | 30/9/2019 |

### Domain: Training & Exercising

Strategic and tactical responders must maintain a continuous

<table>
<thead>
<tr>
<th>Core standard reference</th>
<th>Core standard description</th>
<th>Self Assessment Compliance</th>
<th>Improvement required to achieve compliance</th>
<th>Actions to deliver improvement</th>
<th>Lead</th>
<th>Target date</th>
</tr>
</thead>
</table>
| 28                      | **Domain: Training & Exercising** | Partially Compliant | Develop individual portfolios for on call staff | • Prepare portfolios in line with relevant National Occupational Standards  
• Agree role specific training for on call colleagues to ensure they are adequately prepared | Business Resilience Manager | 30/6/2019 |
<table>
<thead>
<tr>
<th></th>
<th>Domain: Cooperation</th>
<th>The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.</th>
<th>Partially Compliant</th>
<th>The AEO or appropriate Deputy to attend a minimum of 75% of LHRP Meetings per annum</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td><strong>Domain: Cooperation</strong></td>
<td>The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.</td>
<td>Partially Compliant</td>
<td>The AEO or appropriate Deputy to attend a minimum of 75% of LHRP Meetings per annum</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Domain: CBRN</strong></td>
<td>The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four per hour), 24 hours a day, 7 days a week.</td>
<td>Partially Compliant</td>
<td>Finalise training delivery to ensure rotas provide a minimum of 4 trained staff 24/7</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td><strong>Domain: CBRN</strong></td>
<td>The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four per hour), 24 hours a day, 7 days a week.</td>
<td>Partially Compliant</td>
<td>Finalise training delivery to ensure rotas provide a minimum of 4 trained staff 24/7</td>
<td></td>
</tr>
</tbody>
</table>
## ACTIONS ARISING FROM 2017 / 2018 ASSURANCE PROCESS

<table>
<thead>
<tr>
<th>Core standard reference</th>
<th>Core standard description</th>
<th>Improvement required to achieve compliance</th>
<th>Action to deliver improvement</th>
<th>Update on progress since last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Corporate Level Business Continuity (BC) Plan</td>
<td>Produce an organisation wide BC plan</td>
<td>Undertake review of Trust wide Business Impact Analysis (BIA)</td>
<td>The production of Divisional level BIAs has been delayed, largely due to operational demands and associated priorities. This has been escalated to TMC and a deadline agreed for the completing of BIAs to enable the plan to be produced. TMC have agreed the Trust Critical Functions which will be the focus of the Trust plan. NOT YET COMPLETED</td>
</tr>
<tr>
<td>8</td>
<td>Evacuation Plan / Arrangements in place</td>
<td>Review the current evacuation plan against revised national guidance when published</td>
<td>Publish an evacuation plan supplemented by a training and exercising programme</td>
<td>National Evacuation &amp; Shelter Guidance being reviewed – expected September 2017 yet still not published. Multi-Agency planning team established and arrangements in place for off-site evacuation and shelter of in patients. The management and coordination of the on-</td>
</tr>
<tr>
<td>56</td>
<td>Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.</td>
<td>Delivery of training plan.</td>
<td>Urgent Care trainers to deliver training plan</td>
<td>site evacuation &amp; shelter process is being developed which includes work to provide an appropriate sizeable command and control suite at Woodside NOT YET COMPLETED</td>
</tr>
</tbody>
</table>
Yorkshire and the Humber Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2018-2019

STATEMENT OF COMPLIANCE

The Rotherham NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, The Rotherham NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial against the core standards.

<table>
<thead>
<tr>
<th>Overall EPRR assurance rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully</td>
<td>The organisation is 100% compliant with all core standards they are expected to achieve.</td>
</tr>
<tr>
<td></td>
<td>The organisation's Board has agreed with this position statement.</td>
</tr>
<tr>
<td>Substantial</td>
<td>The organisation is 89-99% compliant with the core standards they are expected to achieve.</td>
</tr>
<tr>
<td></td>
<td>For each non-compliant core standard, the organisation’s Board has agreed an action plan to meet compliance within the next 12 months.</td>
</tr>
<tr>
<td>Partial</td>
<td>The organisation is 77-78% compliant with the core standards they are expected to achieve.</td>
</tr>
<tr>
<td></td>
<td>For each non-compliant core standard, the organisation’s Board has agreed an action plan to meet compliance within the next 12 months.</td>
</tr>
<tr>
<td>Non-compliant</td>
<td>The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.</td>
</tr>
<tr>
<td></td>
<td>For each non-compliant core standard, the organisation’s Board has agreed an action plan to meet compliance within the next 12 months.</td>
</tr>
<tr>
<td></td>
<td>The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.</td>
</tr>
</tbody>
</table>

I confirm that the above level of compliance with the core standards has been agreed by the organisation’s board / governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation’s Accountable Emergency Officer

Date signed

Date of Board/governing body meeting

Date presented at Public Board

Date published in organisations Annual Report
### Deep Dive - Command and control

**Domain: Incident Coordination Centres**

<table>
<thead>
<tr>
<th>Ref</th>
<th>Domain</th>
<th>Standard</th>
<th>Detail</th>
<th>Acute Providers</th>
<th>Evidence - examples listed below</th>
<th>Self-assessment RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Red = Not compliant with core standard. In line with the organisation’s EPRR work programme, compliance will not be reached within the next 12 months.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Amber = Not compliant with core standard. The organisation’s EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Green = Fully compliant with core standard.</td>
</tr>
</tbody>
</table>

<p>| 1   | Incident Coordination Centres | Communication and IT equipment | The organisation has equipped their ICC with suitable and resilient communications and IT equipment in line with NHS England Resilient Telecommunications Guidance. | Y | Fully compliant |</p>
<table>
<thead>
<tr>
<th></th>
<th>Incident Coordination Centres</th>
<th>Resilience</th>
<th>The organisation has the ability to establish an ICC (24/7) and maintains a state of organisational readiness at all times.</th>
<th>Y</th>
<th>Up to date training records of staff able to resource an ICC</th>
<th>Fully compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Incident Coordination Centres</td>
<td>Equipment testing</td>
<td>ICC equipment has been tested every three months as a minimum to ensure functionality, and corrective action taken where necessary.</td>
<td>Y</td>
<td>Post-test reports Lessons identified EPRR programme</td>
<td>Fully compliant</td>
</tr>
<tr>
<td>4</td>
<td>Incident Coordination Centres</td>
<td>Functions</td>
<td>The organisation has arrangements in place outlining how it's ICC will coordinate it's functions as defined in the EPRR Framework.</td>
<td>Y</td>
<td>Arrangements outline the following functions: Coordination Policy making Operations Information gathering Dispersing public information.</td>
<td>Fully compliant</td>
</tr>
</tbody>
</table>

**Domain: Command structures**

<p>|   | Command structures | Resilience | The organisation has a documented command structure which establishes strategic, tactical and operational roles and responsibilities 24 / 7. | Y | Training records of staff able to perform commander roles EPRR policy statement - command structure Exercise reports | Fully compliant |
|   | Command structures | Stakeholder interaction | The organisation has documented how its command structure interacts with the wider NHS and multi-agency response structures. | Y | EPRR policy statement and response structure | Fully compliant |</p>
<table>
<thead>
<tr>
<th></th>
<th>Command structures</th>
<th>Decision making processes</th>
<th>The organisation has in place processes to ensure defensible decision making; this could be aligned to the JESIP joint decision making model.</th>
<th>Y</th>
<th>EPRR policy statement inclusive of a decision making model Training records of those competent in the process</th>
<th>Fully compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Command structures</td>
<td>Recovery planning</td>
<td>The organisation has a documented process to formally hand over responsibility from response to recovery.</td>
<td>Y</td>
<td>Recovery planning arrangements involving a coordinated approach from the affected organisation(s) and multi-agency partners</td>
<td>Fully compliant</td>
</tr>
</tbody>
</table>